

**Colorado Springs/El Paso County CoC CO-504
Governance Charter – Approved 10/2/2014;
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Section I: Introduction and Purpose

Introduction:

In accordance with the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (the “HEARTH Act”) which was enacted into law on May 20, 2009, the Colorado Springs/El Paso County Continuum of Care has developed, a governance charter, which includes procedures and policies needed to comply with the HEARTH Act requirements as prescribed by U.S. Department of Housing and Urban Development (HUD); and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board.

In general, and unless otherwise specified, all sections of this charter apply to the Continuum of Care at-Large (also referred to as the General Membership) with the exception of Section VI which applies to the Continuum of Care Board specifically.

Name:

Colorado Springs/El Paso County Continuum of Care, CoC-CO-504 was named the Pikes Peak Continuum of Care, hereinafter referred to as the “PPCoC”.

Geographic Boundaries:

The PPCoC covers all the geography within the boundaries of El Paso County, Colorado, including all unincorporated areas.

Purpose:

The PPCoC serves as the locally-designated primary decision-making group whose purpose and scope is to implement the Continuum of Care program (the “CoC”) which is authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389). As noted in CFR 24 Part 578.1 Purpose and scope of the HEARTH Act, the program is designed to:

- A. Promote communitywide commitment to the goal of ending homelessness through regional coordination and collaboration
- B. Advocate for funding and resources to end homelessness and provide funding for proven efforts by nonprofit providers, States, and local governments to quickly rehouse people experiencing homelessness, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness
- C. Promote access to and effective utilization of mainstream programs by homeless individuals and families
- D. Promote implementation of best practices and evidence-based approaches to homeless programming and services

Section II: Responsibilities

PPCoC Responsibilities

1. Operate the Continuum of Care
2. Designate a Lead Agency to operate the Homeless Management Information System (HMIS)
3. Designate the Administrative Lead
4. Conduct planning for the Continuum of Care

A. Operating the Continuum of Care

The PPCoC will:

1. Hold annual membership meetings, with published agendas, at least semi-annually
2. Make public invitations for new members to join annually
3. Adopt and follow a written process to select a board to act on behalf of the CoC. This process will be reviewed, updated, and approved by the CoC at least once every five years
4. Develop, follow, and update the CoC governance charter, including all procedures and policies needed to comply with HUD mandates, HEARTH Act regulations; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board annually in consultation with the Collaborative Applicant and the HMIS lead. Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor Continuum of Care and Emergency Solutions Grant funded agencies performance, evaluate outcomes, and take action to address poor performers. Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report performance measures to HUD as required
5. Operate a coordinated assessment system that provides an initial, comprehensive housing and services needs assessment for individuals and families. The Continuum must maintain specific policies to guide the operation of the coordinated assessment system on how its system addresses the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from nonvictim service providers. This system must comply with any requirements established by HUD Notice
6. In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:
 - a) Policies and procedures for evaluating individuals' and families' eligibility for assistance

- b) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance
- c) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance
- d) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance
- e) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance
- f) Where the Continuum is designated a high-performing community, as described in Subpart G, policies and procedures set forth in 24 CFR 576.400(e)(vi), (e)(vii), (e)(viii), and (e)(ix).

B. Designating and Operating a Homeless Management Information System

The PPCoC will:

1. Designate a single Homeless Management Information System (HMIS) for the geographic area
2. Designate an eligible applicant to manage the Continuum's HMIS, which will be known as the HMIS Lead; Community Health Partnership (CHP) currently serves as the HMIS Lead Agency
3. Review, revise, and approve a privacy plan, security plan, and data quality plan for the PPCoC HMIS
4. Ensure consistent participation of recipients and subrecipients in the HMIS
5. Ensure the HMIS is administered in compliance with requirements prescribed by HUD
6. Ensure the HMIS operates efficiently and effectively to promote HUD funded and nonfunded agency participation, system coordination, utilization and performance is achieved
7. Ensure that HMIS captures the Coordinated Entry Core Elements of Access, Assessment, Prioritization and Referral through program participation by recipients
8. Work cooperatively with the Metro Denver Homeless Initiative and Balance of State CoC's to ensure statewide consistency

C. Designate a Collaborative Applicant

The PPCoC will:

1. Designate a Collaborative Applicant to submit the application for funding. Community Health Partnership (CHP) serves as the Collaborative Applicant for the PPCoC
2. Design, operate, and follow a collaborative process for the development of applications and approve the submission of

- applications in response to a Notice of Funding Availability (NOFA) published by HUD
3. Establish priorities for funding proposals to meet needs within in the geographic area
 4. Support the collaborative applicant who is designated to collect and combine the required application information from all projects within the geographic area that the Continuum has selected for funding and apply for Continuum of Care planning activities

The PPCoC retains all of its responsibilities, even if it designates one or more eligible applicants other than itself to apply for funds on behalf of the PPCoC. This includes approving the Continuum of Care application.

D. Continuum of Care Planning

The PPCoC and the Collaborative Applicant, Community Health Partnership (CHP) will develop a plan that includes:

1. Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals, including unaccompanied youth, and families. At a minimum, this system encompasses the following:
 - a) Outreach, engagement, and assessment
 - b) Shelter, housing, and supportive services
 - c) Prevention and diversion strategies
2. Planning for and conducting an annual sheltered and unsheltered homeless count that meets the following requirements:
 - a) Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons
 - b) Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons
 - c) Other requirements established by HUD Notice or to meet local objectives.
3. Conducting an annual gaps analysis of the homeless needs and services available within the geographic area
4. Providing information required to complete the Consolidated Plan(s) within the Continuum's geographic area
5. Consulting with local government Emergency Solutions Grants program recipients within the Continuum's geographic area on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of Emergency Solutions Grants program recipients and subrecipients.

Section III: Membership Framework

Continuum of Care General Membership:

Membership in the Pikes Peak Continuum of Care (PPCoC) is open to all stakeholders in El Paso County including, nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals by having organizational representatives. Members will actively participate in the PPCoC board, committees, and working groups. Such organizations will be required to fill out a membership form prior to recognition as an active organization.

Additionally, the PPCoC will strive to ensure representation from diverse and public agencies including those dedicated to substance abuse recovery, employment training and development, youth and the LGBTQ community.

There are two categories of PPCoC members: “Organizational Members” and “Individual Members.” Both CoC-funded and non CoC-funded organizations are eligible to be voting members.

A. Organizational Members

1. May designate up to three (3) persons annually who are authorized to represent the organization
2. Each organization holds only one vote
3. An organizational representative may represent only one organization

B. Individual Members

1. May not designate additional persons to represent them
2. Individuals who have a recognized role in a member organization (such as employees, board members, consultants or current service recipients) may become individual members but may not vote
3. Individuals with formal organizational affiliations such as those noted above may be selected to represent the organization with which they are affiliated
4. These provisions create an opportunity for individual stakeholders to participate without duplicating organizational representation.

C. General Membership Terms

A public invitation for new members to join will be extended annually in accordance with the HEARTH Act as described in § 578.7

New member may enroll at any time during the year by providing to the PPCoC Lead, his or her name, contact information, and any relevant affiliations.

There is no term limit. Membership, however, may be terminated by the PPCoC in accordance with Section H – “Removal”.

Responsibilities of Membership

1. Per this charter, most of the responsibilities of the PPCoC will be carried out by the Board, with the following exceptions:
 - a) Members will vote directly to approve the governance framework set forth in this Governance Charter and any subsequent changes or additions to the Governance Charter
 - b) Members will review, update, and approve changes to the Governance Charter at least annually
 - c) Unless the Board selection process is changed by a subsequent amendment to the Governance Charter, members will vote annually to elect Directors to available PPCoC Board positions.

D. Membership Meetings

1. Two meetings will be held annually in April and October. The agenda for the meetings will be distributed at least 30 days in advance of the meeting and will include:
 - a) The election of directors to serve on the Board based on open or vacant seats (October meeting)
 - b) A review of any proposed changes to the PPCoC Governance Charter followed by a vote on those changes (April meeting)
 - c) Any other business the Board chooses to put before its members.
 - d) Members may propose to the Board in advance topics or areas of business
2. Location, date and time of member meetings shall be sent to members by email or other reasonable means of communication at least 30 business days before the meeting date
3. The meeting agenda, to include any voting matters, will be distributed at least 10 business days of the meeting
4. Voting matters may also be added to the agenda by suggestion of the Board within the final 10 days if such a matter presents that it requires immediate action
5. The membership meetings shall include a report on the PPCoC’s activities, funding, and progress toward meeting goals

E. Quorum

A number equal to a majority of present, voting members will constitute a quorum for the transaction of business at any general membership meeting.

F. Voting

At all membership meetings, business items may be decided by arriving at a consensus. If a vote is necessary, all votes will be by voice or ballot at the will of the majority in attendance. The exception to this rule is a vote to elect PPCoC Board members, in this case a vote will be held by secret ballot. Each active organization will have one vote given by one representative even when more than one organizational representative is present. No active organization may vote on any item that presents a real or perceived conflict-of-interest.

G. Conflict of Interest

Members must comply with the conflict of interest and recusal process found in the § 578.95 Conflicts of interest of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act).

(a) Procurement. For the procurement of property (goods, supplies, or equipment) and services, the recipient and its subrecipients must comply with the codes of conduct and conflict-of-interest requirements under 24 CFR 85.36 (for governments) and 24 CFR 84.42 (for private nonprofit organizations)

(b) Continuum of Care board members. No Continuum of Care board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents

(c) Organizational conflict. An organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or subrecipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under this part, or when a covered person's, as in paragraph (d)(1) of this section, objectivity in performing work with respect to any activity assisted under this part is or might be otherwise impaired. Such an organizational conflict would arise when a board member of an applicant participates in decision of the applicant concerning the award of a grant, or provision of other financial benefits, to the organization that such member represents. It would also arise when an employee of a recipient or subrecipient participates in making rent reasonableness determinations under § 578.49(b)(2) and § 578.51(g) and housing quality inspections of property under § 578.75(b) that the recipient, subrecipient, or related entity owns.

(d) Other conflicts. For all other transactions and activities, the following restrictions apply:

(1) No covered person, meaning a person who is an employee, agent, consultant, officer, or elected or appointed official of the recipient or its subrecipients and who exercises or has exercised any functions or responsibilities with respect to activities assisted under this part, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under this part, may obtain a financial interest or benefit from an assisted activity, have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity, or have a financial interest in the proceeds derived from an assisted activity, either for him or herself or for those with whom he or she has immediate family or business ties, during his or her tenure or during the one-year period following his or her tenure.

(2) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of this section on a case-by-case basis, taking into account the cumulative effects of the criteria in paragraph (d)(2)(ii) of this section, provided that the recipient has satisfactorily met the threshold requirements of paragraph (d)(2)(ii) of this section.

(i) Threshold requirements. HUD will consider an exception only after the recipient has provided the following documentation:

(A) Disclosure of the nature of the conflict, accompanied by a written assurance, if the recipient is a government, that there has been public disclosure of the conflict and a description of how the public disclosure was made; and if the recipient is a private nonprofit organization, that the conflict has been disclosed in accordance with their written code of conduct or other conflict-of-interest policy

(B) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law, or if the subrecipient is a private nonprofit organization, the exception would not violate the organization's internal policies.

(ii) Factors to be considered for exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the threshold requirements under paragraph (c)(3)(i) of this section, HUD must conclude that

the exception will serve to further the purposes of the Continuum of Care program and the effective and efficient administration of the recipient's or subrecipient's project, taking into account the cumulative effect of the following factors, as applicable:

(A) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available

(B) Whether an opportunity was provided for open competitive bidding or negotiation

(C) Whether the affected person has withdrawn from his or her functions, responsibilities, or the decision-making process with respect to the specific activity in question

(D) Whether the interest or benefit was present before the affected person was in the position described in paragraph (c)(1) of this section

(E) Whether undue hardship will result to the recipient, the subrecipient, or the person affected, when weighed against the public interest served by avoiding the prohibited conflict

(F) Whether the person affected is a member of a group or class of persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class

(G) Any other relevant considerations.

H. Proxies

The use of proxies is not allowed for members of the general membership.

I. Removal

Any member of the PPCoC may be removed by a two-thirds majority of all organizations present during a scheduled membership meeting.

Section IV: Board Framework

Continuum of Care Board:

As noted in §578.5(b) of the HEARTH Act, “The Continuum of Care must establish a board to act on behalf of the Continuum using the process established as a requirement by § 578.7(a)(3) and must comply with the conflict-of-interest requirements at § 578.95(b).”

The Continuum of Care Board is therefore charged with responsibilities and authorities on behalf of the voting members of the Pikes Peak Continuum of Care (PPCoC). The PPCoC will strategically comprise a governing board that represents the stakeholder groups enumerated in The HEARTH Act which requires the Board to be representative of relevant organizations and of projects serving homeless subpopulations within Colorado Springs/El Paso County, including at least one (1) homeless or formerly homeless individual to act on behalf of that population.

A. Continuum of Care Board Responsibilities

The Continuum of Care Board will:

1. Direct PPCoC work defined in this Governance Charter
2. Conduct the hands-on work and facilitate the standing and ad hoc Committees of the PPCoC. Every member of the PPCoC Board is encouraged to serve on at least one (1) committee
3. Build community awareness of the needs of all homeless and at-risk populations
4. Ensure, to the greatest extent possible, access to services by the subpopulations enumerated in this charter
5. Ensure relevant organizations and projects serving various homeless and at-risk subpopulations are represented in the planning and decision-making for the overall coordination of homeless services Continuum of Care
6. Ensure Regional Coordination and collaborative work across the Continuum through the use of the Coordinated Entry System.

B. Continuum of Care Board Authority

The PPCoC Board has the authority to:

1. Coordinate the PPCoC Programs and set goals and priorities for ending homelessness
2. Approve PPCoC policies as recommended by service providers and/or Committees
3. Create Committees, sub-Committees, ad hoc Committees, and workgroups necessary for the proper and efficient functioning of the PPCoC as long as these committees do not interfere with or duplicate the duties of any existing committee

4. Dissolve Committees, sub-Committees, ad hoc Committees, or workgroups, if they are determined to be unnecessary for the proper and efficient functioning of the PPCoC

C. Continuum of Care Board Composition

The PPCoC Board is comprised of at least thirteen (13) and up to twenty-one (21) members elected by the Voting General Membership. A quorum consists of a simple majority of board members present. The PPCoC Board designations are:

1. PPCoC Board Officers
 - a) Chair (Officer)
 - b) Vice-Chair (Officer)
 - c) Secretary (Officer)
2. Required PPCoC Board Members, one for each category
 - a) Homeless / formerly homeless person
 - b) Education / McKinney Vento representative
 - c) Veteran or Veteran service agency representative
 - d) Emergency Solutions Grant (ESG) Program funded agency or recipient agent – Ex Officio
 - e) Public Housing Agency (PHA) representative -Ex-Officio
 - f) Domestic Violence Agency representative
3. At-Large PPCoC Board Members
At-large members should be representative of the relevant organizations and subpopulations set-forth in the membership section of this Governance Charter.

D. Continuum of Care Board Selection Process

PPCoC Board Members will be elected by the Voting Members at the October Full Membership meeting and seated in January annually.

1. The Membership shall be informed when the nomination period opens and closes.
2. A Nominating Committee comprised of three (3) to five (5) Voting Members will be appointed annually by the Board Chair and confirmed by the PPCoC Board. The Committee will identify and screen potential candidates and conduct the election by secret ballot at the October Membership Meeting
3. The Nominating Committee will:
 - a) Recruit candidates and confirm willingness to serve.
 - b) Verify qualifications of all candidates to serve as Board Members or Officers.
 - c) Ensure adequate representation of sub-populations listed in this Charter

4. Terms: Governing Board members may serve up to two (2), three-year terms.
5. Vacancies: In the event of a vacancy, the Board may appoint such qualified person(s) necessary to fill the vacancy. The person(s) appointed shall serve the unexpired term of the previous Board Member and is subject to re-election by the PPCoC Board. The PPCoC Board desires to maintain a composition representative of the community closely following guidelines provided by HUD for CoC boards. Therefore, priority for filling vacancies of sitting PPCoC Board members shall be given to candidates representing either the same, or a closely related category, as that of the vacated position. In the absence of such a candidate, priority shall be given to candidates from other categories which are unrepresented by the sitting members of the CoC Board. Priority for filling any newly created board positions shall be from any unrepresented category the PPCoC Board deems necessary to fulfill its purpose.
6. The nominating and election timeline is as follows:
 - July – Board Chair appoints Nominating Committee
 - August – Nominating Committee convenes
 - September – Nominations made to the Board
 - October – Full membership meeting vote to elect the PPCoC Board
 - December – Outgoing PPCoC Board and Board staff will provide training for incoming Board
 - January – Board seating takes place.
7. At the first meeting each January, the PPCoC Board will elect the Board Officers (Chair, Vice-Chair, Secretary,) to serve for one (1) year terms. Board Officers may serve for more than one (1) but not more the three (3) consecutive terms as an Officer.

E. Continuum of Care Board Qualifications

1. The PPCoC Board Members and Officers are selected to represent various constituencies. As a whole, the Board should:
 - a) Be diverse, including philosophical and socio-economic diversity
 - b) Represent a balance of community stakeholders in the region
 - c) Be able to network with existing and other potential PPCoC Board Members
 - d) Willingness and ability to consistently attend meetings
2. All Board members must attend at least seventy-five percent (75%) of meetings each year and not be absent for two (2) consecutive meetings in order to remain in good standing. Board Members and Officers failing to meet the attendance standard shall be subject to removal and replacement.

F. Continuum of Care Board Meetings

1. Discussion and voting during meetings shall be held in accordance with Robert's Rules of Order
2. A quorum will be considered met when a simple majority of the board membership is present
3. When a quorum does not exist, the business of the voting entity can still be conducted subject to formal approval by use of telephonic or emailed votes
4. Proxy voting is not permitted
5. Recusal by members on an agenda item, will not adversely affect the ability of the Board to declare a quorum

All meetings will be open to the public. Any person who attends PPCoC meeting may be asked by the Board Chair to leave if the person is disruptive; if a conflict of interest applies; or if an agenda business item(s) is deemed by the PPCoC Board Chair to be of such nature that it involves closed session business.

G. Continuum of Care Board Documentation

The PPCoC Board will conduct and transact business in a fair and transparent manner. The PPCoC Board will maintain records of all PPCoC agendas and minutes and make these available upon request.

The Collaborative Applicant will keep record of all HEARTH Act policies, calendars, meeting minutes, and records.

H. Continuum of Care Board Conflict of Interest and Recusal Process

Members must comply with the conflict of interest and recusal process found in §578.95 Conflicts of interest in the HEARTH Act and any additional requirements per the Continuum of Care Board Governance Charter.

1. Conflict of Interest – Members of the PPCoC Board and any of its committees or subcommittees shall abstain from voting on any issue in which they may be personally vested to avoid a conflict of interest in accordance with County, State and Federal laws, regulations and ordinances and shall refrain from engaging in any behavior that conflicts with the best interest of the PPCoC.
 - a) Members of the PPCoC Board shall not vote nor attempt to influence any other Board member on a matter under consideration by the Board or any of its committees or subcommittees as follows:
 - i. Regarding the provision of services by such member (or by an entity that such member represents); or
 - ii. By providing direct financial benefit to such member or the immediate family of such member; or

- iii. Engaging in any other activity determined by County, State or Federal law, regulations and ordinances to constitute a conflict of interest.
- b) Neither the PPCoC Board nor any of its members shall promote, directly or indirectly, any political party, political candidate or political activity using the name, emblem or any other identifier of the PPCoC Board.
- 2. Code of Conduct – The members of the PPCoC Board are entrusted with specific responsibilities related to use of public funds invested in addressing homelessness. Board Members are expected to observe the highest standards of ethical conduct in the execution of these responsibilities. In the performance of their duties, PPCoC Board Members are expected to carry out the mandate of the PPCoC to the best of their ability and to maintain the highest standards of integrity while interacting with other members of the Board, PPCoC Members, service recipients, service providers, and the public.
 - a) The PPCoC prohibits the solicitation and acceptance of gifts or gratuities by the PPCoC Board, Ranking Committee, Voting Members, or employees and agents of the Collaborative Applicant from anyone who intends to receive personal benefit or preferential treatment. Violation of any portion of this code could subject a Voting Member to immediate termination from membership as determined by the PPCoC Board
 - b) The PPCoC promotes impartiality in performing official duties and prohibits any activity representing a conflict of interest. Individuals should not act on a matter if a reasonable person who knew the circumstances of the situation could legitimately question fairness. Individuals will act in a manner that is in the best interest of the PPCoC
 - c) Officers, Voting Members and Committee Members shall:
 - i. Put forth honest effort in the performance of their duties
 - ii. Not knowingly make unauthorized commitments or promises of any kind purporting to bind the PPCoC without previous Board approval
 - iii. Disclose waste, fraud, abuse and corruption to the appropriate authorities
 - iv. Adhere to all laws and regulations that provide equal opportunity to all United States citizens regardless of race, color, religion, sex, gender, sexual orientation, national origin, age, or disability, or any other protected category
 - v. Conduct themselves with courtesy and respect. Personal relationships should not result in special considerations that influence the performance of their official duties in a manner contrary to the interest of the broader PPCoC Membership. PPCoC Board Members and Officers are expected to exercise adequate control and supervision over matters for which they are individually responsible

- vi. Assure that the resources entrusted to them are used for conducting official business only. Members and Officers of the PPCoC Board must abide by the Conflict of Interest Policies established for PPCoC Board operations
- vii. Protect any confidential information provided to, or generated by, the activities of the PPCoC
- viii. Not use confidential information of PPCoC for any purpose or disclose such confidential information to any third party, except as necessary to perform their duties and responsibilities as members of the Board.

I. Termination Policy

Any CoC Board Member, or the entire CoC Board, may be removed for cause (Cause is constituted by a violation of the conflict of interest regulations or a violation of the Code of Conduct and ethics) by two thirds (2/3) vote of the PPCoC Voting Membership at a specially called meeting. The Administrative Lead will be asked to announce and publicize the time and location of the meeting to the entire PPCoC membership at least seven (7) days in advance of the meeting

J. Continuum of Care Board Support

Administrative Lead – As the Administrative Lead, the PPCoC Program Manager and/or other Community Health Partnership (CHP) staff will facilitate the PPCoC board business.

A representative from the HMIS Lead Agency – As the HMIS Lead Agency, Community Health Partnership (CHP) will assist the Collaborative Applicant in providing PPCoC utilization, performance and gaps data and regional Service Planning Area resource information to the PPCoC Board.

As the Planning Grant recipient, Community Health Partnership (CHP) will utilize resources to continue the development of the PPCoC system, including the support of the various functions and activities.

Section V: Legal Entity

Continuum of Care Legal Entity:

Community Health Partnership (CHP), is the legal applicant who will submit grants to HUD on behalf of the project applicants comprised in the PPCoC. Each applicant funded through the CoC competition contracts directly with HUD and serves as the fiscal agent for the award. Submission of the CoC application will be in compliance with § 578.9

Section VI: Media Guidelines

Public Statement and Media Policy:

In the interest of presenting a unified voice in the community, the Administrative Lead, Community Health Partnership (CHP), is the designated spokesperson(s) and media point of contact for the PPCoC for inquiries or official statements related to the PPCoC.

Members will refrain from making public comments or speaking to the media on behalf of the PPCoC, unless the Administrative Lead determines that the interests of the PPCoC are best served by another member speaking on behalf of the group. When making public statements or speaking to the media on issues related to homelessness, members will make clear, to the best of their ability, whether they are speaking on behalf of their own organization, as an individual, or on behalf of the PPCoC.

Section VII: Inclusivity

Non-Discrimination

The PPCoC does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.