



# CoC Charter Revision Workgroup

## Scope of Work

**Introduction** The Continuum of Care program rule, 24 CFR 578, includes Section 7, titled '*Responsibilities of the Continuum of Care*'. 24 CFR 578.7 details the actions required by the Continuum, including guidance on the annual maintenance of the CoC's governance charter. The program rule reads as follows:

*24.578.7(a)(5) - In consultation with the collaborative applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with subpart B of this part and with HMIS requirements as prescribed by HUD; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board;*

**Background** The Continuum of Care program is authorized by subtitle C of title IV of the McKinney-Vento Act. The program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

In Seattle-King County, King County Regional Homelessness Authority is the Collaborative Applicant, Homeless Management Information System (HMIS) Lead, and the manager of the Coordinated Entry system for the WA500 Continuum of Care.

## Workgroup Logistics

### Name

The workgroup will be titled, "*CoC Charter Revision Workgroup*."

### Timeframe

The workgroup will begin recruiting members once ratified by the Continuum of Care

board. The cadence of meetings and time length will be decided once workgroup members are identified.

### **Suggested Workgroup Members**

To ensure diverse perspectives and people's experiences are meaningfully represented, the workgroup will consist of CoC board members, registered CoC members, and will include the HMIS Lead and Collaborative Applicant representation. Below is a suggested initial composition, which may be adjusted to accommodate members' capacity and availability. The makeup of the workgroup may change based on suggested workgroup members' capacity and availability.

It's important to note that the workgroup reports to the CoC board, however any committee or workgroup may designate a lead. While four CoC board members are suggested in this scope, the max number of CoC Board members is five, because seven members is quorum for the CoC Board. One additional board member is participating as the liaison, not a voting member in the workgroup. The CoC Charter limits the number of workgroup members to 12 (at maximum). The following is the anticipated makeup of the workgroup:

- 4 CoC Board members
- 4 Representatives of the CoC Membership
- 1 KCRHA Staff representing the Collaborative Applicant
- 1 KCRHA Staff Member representing the HMIS Lead
- 2 Youth Action Board members

### **Deliverables**

**Revised CoC Charter** The workgroup will review and recommend revised language to the CoC Membership. The recommendations will be presented to the full Continuum membership at one of our two convenings of the whole membership. This process will align with the CoC's commitment to equity, ensuring all voices—particularly those of marginalized and underserved communities—are amplified and integrated into governance practices.

**This iteration of the workgroup will not be reviewing or amending the revisions made by the 2024 Charter Revision Workgroup.**



## Definitions

*All definitions used in the CoC program rule available [here](#).*

**Collaborative applicant** means the eligible applicant that has been designated by the Continuum of Care to apply for a grant for Continuum of Care planning funds under this part on behalf of the Continuum.

**Continuum of Care and Continuum** means the group organized to carry out the responsibilities required under this part and that is composed of representatives of organizations, including nonprofit homeless 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, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

**Homeless Management Information System (HMIS)** means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

**HMIS Lead** means the entity designated by the Continuum of Care in accordance with this part to operate the Continuum's HMIS on its behalf.

**Centralized or coordinated assessment system** means a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

