



# 2025 CoC Committees & Workgroups Application

Please complete the entire form and submit it either via email to [CoC.Questions@kcrha.org](mailto:CoC.Questions@kcrha.org) or drop-off in person at 400 Yesler Way, Suite 600, Seattle, WA 98104.

If you need support or require accommodation to complete this form, please contact Catherine Todd, [catherine.todd@kcrha.org](mailto:catherine.todd@kcrha.org) or 206-795-3846.

Applicants are accepted on a rolling basis. All applicants will be notified when there are openings on selected committees and workgroups. Selected applicants will have up to five days to confirm their interest in joining a committee/workgroup.

**PLEASE NOTE:** Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). The applicant's contact information will be redacted.

## Applicant Information

Full Name & Pronouns: \_\_\_\_\_

### ***Contact Information***

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### ***Preferred Method of Contact:***

- Email
- Phone
- Text

***You must answer all general application questions along with the relevant committee or workgroup questions. Incomplete applications will not be considered.***

***While you may apply for as many committees or workgroups as you are interested in, you may be selected for no more than two committees or workgroups to ensure the CoC has a broad representation across all work areas.***

Please select the Committee(s) and/or Workgroup(s) you are interested in joining:

- Coordinated Entry Committee
- System Performance Committee
- Cross Cutting Policy Workgroup
- CoC Charter Review Workgroup
- Convening Workgroup
- NOFO Application Workgroup
- Data Standards & Metric Development Workgroup
- Point-in-Time Count Planning Workgroup

## Representation and Affiliations

Are you a member of the WA-500 Continuum of Care (CoC)?

You must be a member of the CoC to participate on a committee or workgroup, if you are not yet a CoC Member, you can sign up [here](#).

- Yes
- No

Please select your or your CoC member organization affiliation:

- |  |   |
|--|---|
| <input type="checkbox"/> Lived or living experience of homelessness  | <input type="checkbox"/> Law Enforcement  |
| <input type="checkbox"/> Youth Action Board member   | <input type="checkbox"/> LGBTQ+ Service Organizations   |
| <input type="checkbox"/> CoC Board member  | <input type="checkbox"/> Local Government Staff/Officials   |
| <input type="checkbox"/> Affordable Housing Developer(s)   | <input type="checkbox"/> Local Jail(s)  |
| <input type="checkbox"/> CDBG/HOME/ESG Administrator   | <input type="checkbox"/> Mental Health Service Organizations  |
| <input type="checkbox"/> Disability Advocates  | <input type="checkbox"/> Mental Illness Advocates   |
| <input type="checkbox"/> Disability Service Organizations  | <input type="checkbox"/> Organization led by and serving Black, Brown, Indigenous and other People of Color |
| <input type="checkbox"/> EMS/Crisis Response Team(s)   | <input type="checkbox"/> Organization led by and serving LGBTQ+ persons                                     |
| <input type="checkbox"/> Faith-based organization  | <input type="checkbox"/> Organization led by and serving people with disabilities                           |
| <input type="checkbox"/> Homeless housing service provider   | <input type="checkbox"/> Public/Private funder  |
| <input type="checkbox"/> Hospital(s)   | <input type="checkbox"/> Public Housing Authorities   |
| <input type="checkbox"/> Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations) | <input type="checkbox"/> School Administrators/Homeless Liaisons  |



- Street Outreach Team(s)
- Substance Use Advocates
- Substance Use Service Organizations
- Agency Serving Survivors of Human Trafficking
- Victim Service Providers

- Domestic Violence Advocates
- State Domestic Violence Coalition
- State Sexual Assault Coalition
- Youth Advocates
- Youth Homeless Organizations
- Youth Service Providers

**Please select the sub-population you or your CoC member organization represents:**

- Youth/Young Adults
- Families
- Chronic Homelessness
- Single Adults (Not experiencing chronic homelessness and non-Veteran)
- Domestic Violence
- Veterans
- Immigrant and Refugees
- American Indian/Alaska Native/Indigenous Communities
- Black/African American Communities
- LGBTQIA2S+ Communities

**Please select the region you or your CoC member organization represent (only select one):**

- Regional (King County – non-specific)
- Seattle
- North King County
- South King County
- East King County
- Other: \_\_\_\_\_

## General Application Questions

1. Committee and workgroup requirements include 4-6 hours per month attending the meetings, review and respond to materials, and ad hoc work as needed.

Are you able to commit to this?       Yes       No

2. Do you require any accommodation to fully participate in a CoC committee or workgroup in accordance with the ADA?

- Yes
- No



3. **Reviewing the Theory of Change below, briefly describe how you will center the theory of change in the committee/workgroup and how you plan to uplift the communities you represent and support?**

If we create a homeless response system that centers people with lived experience, then we will be able to focus on responding to needs and eliminating inequities, in order to end homelessness for all.

4. **Describe your vision or understanding of a successful Continuum of Care committee and/or workgroup. Please speak to the specific committee(s) and/or workgroup(s) you selected above.**



5. Please list any skills, experience, or familiarity you have with homeless housing services/program delivery, funding, and the Continuum of Care that make you a strong candidate for the selected committee(s) and/or workgroup(s).

6. Interest Areas:

Please share your specific areas of interest – what you want to bring or learn through participating on a CoC Committee and/or Workgroup

Topic	Interested?
Data Analysis and Interpretation	
Policy Development, Analysis and Evaluation	
Project Management	
Training and Capacity Building	
Governance and Oversight	
Knowledge of Homelessness Services	
Collaborative Leadership	
Community Engagement	
Critical Thinking and Problem-Solving	
HMIS Proficiency	
Surveys and Methodology	
Performance Measurement and Outcomes Evaluation	
Peer Engagement and Support Strategies	
Accessibility and Inclusion	
Public Speaking and Advocacy	
Ethical Decision-Making	



## Specific Committee & Workgroup Questions.

Please answer all questions related to the committee(s) and/or workgroup(s) you selected above.

7. Coordinated Entry Committee: What is the purpose of a Coordinated Entry System?

8. System Performance Committee: What data or information do you think would be helpful to better understand the challenges of our homeless response system and how can that be used to improve our system?



9. Cross-Cutting Policy Workgroup: What current policies, codes, or practices within the CoC boundaries (King County WA-500) would you like to see this workgroup review? Why?

10. CoC Charter Review Workgroup: What is the purpose of a CoC Charter?

11. Convening Workgroup: Please share your experiences or skills related to event planning, training, or workshop development.



12. NOFO Application Workgroup: A core function of the NOFO workgroup includes reviewing the local application and rating matrix. Please provide 1-2 questions you would recommend asking projects to best evaluate their performance.

13. Data Standards & Metric Development Workgroup: Please share your experience evaluating program outcomes. What data would you review to determine "success?"

14. Point-in-Time Count Workgroup: What is the purpose of the Point-in-Time Count?







**KCRHA**  
King County Regional Homelessness Authority

## Agreement and Signature

By submitting this application, I affirm that my application responses are true and complete to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature