



Office of Homeless Services
 215 N. D Street • San Bernardino, CA 92415
 Phone: (909)501-0610 • Fax: (909)501-0622
 Email: homelessrfp@hss.sbcounty.gov • Website: <http://www.sbcounty.gov/dbh/sbchp/>

Agenda: General Meeting of the Bylaws and Membership Committee

Meeting date,
time, and place

THIS MEETING WILL BE CONDUCTED PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 54953(e).

Date: **June 13, 2022**

Time: **2:00 pm – 3:00 pm**

Place: **WebEx Meeting:**

<https://hs-sbcounty.webex.com/hs-sbcounty/j.php?MTID=mb36a874c16ae1abb96f62ea063a2392f>

- **Access #:** **1-408-418-9388**
- **Access Code:** **2482 131 1433**

Note: Please remember to MUTE your phones. DO NOT place this call on hold should you get another call. Hang up and then rejoin the meeting.

Time

Call to Order

Chair or Designee will call the meeting to order

2:00 – 2:01 pm

Introductions

Chair or Designee will lead the Introductions of the Bylaws & Membership Committee Members by roll call.

2:01 – 2:05 pm

Agenda Items:

The following items are presented for informational, consent, and discussion purposes.

Public Comment	Open to the public for comments. Members of the public wishing to address the committee will need to submit a request to speak prior to the time the Chair calls for public comment by typing in the chat box that you have a public comment. The Chair will call on you in the order the requests are received. Once your name has been called please unmute yourself and you will then have up to 3 minutes to speak.
Discussion	
1	Review applications and make a recommendation for membership for the Youth with Lived Experience of Homelessness seat. <u>Applicants:</u> <ul style="list-style-type: none"> • Ashley Jones • Meghan Lloyd Allow applicants 3 minutes to introduce themselves and provide additional background information.
Adjournment	
3:00 pm	



San Bernardino County Homeless Partnership
Office of Homeless Services
 215 North D Street, Suite 301, San Bernardino, CA 92415-0044
 (909) 501-0610 Fax (909) 501-0622
 Internet: wp.sbcounty.gov/DBH/SBCHP

**APPLICATION FOR APPOINTMENT TO COUNTY
 INTERAGENCY COUNCIL ON HOMELESSNESS (ICH)**

Please fill out each section that applies to you as completely as possible.

Personal Information:			
Your Name:	First: _____	Last: _____	Middle Initial: _____
Home Address: _____	City: _____	Zip: _____	
Mailing Address: _____	City: _____	Zip: _____	
Home Phone: _____	Alternate Phone No.: _____		
Email Address: _____			

Occupation:			
Occupation/Title: _____			
Name of Employer: _____			
Address: _____		City: _____	
State: _____	Zip: _____	Business Phone #: _____	
Email Address: _____			

Citizenship/Supervisory District Information:	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of citizenship: _____	
Are you a registered voter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, county where you are registered: _____	
Check the supervisory district in which you reside: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> N/A <input type="checkbox"/>	

Convictions:			
As an adult (age 18) have you ever been convicted of, or pled guilty or no contest to, a misdemeanor or felony? Do not include: (1) any convictions for possession of marijuana (except for convictions for possession of marijuana on school grounds or possession of concentrated cannabis) that are more than two years old; or (2) any information concerning a referral to, and participation in, any pretrial or post trial diversion program.			
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide the following for each incident:			
Date of Conviction	Location	Penal Code Section	Explanation (Attach a Separate Sheet if Necessary)

Explain why you would like to serve on this council:

Qualification for appointment (Check the appropriate membership type)

- | | | |
|--|--|--|
| <input type="checkbox"/> Member of the Board of Supervisors | <input type="checkbox"/> Deputy Executive Officer Or designee - Community Development & Housing Agency | <input type="checkbox"/> Assistant Executive Officer or designee of Human Services |
| <input type="checkbox"/> County Law & Justice | <input type="checkbox"/> Director or designee – Department of Behavioral Health | <input type="checkbox"/> Director or designee – Housing Authority of San Bernardino County |
| <input type="checkbox"/> City Elected Official or designee – Central Valley | <input type="checkbox"/> City Elected Official or designee – Desert | <input type="checkbox"/> City Elected Official or designee – Mountain Region |
| <input type="checkbox"/> City Elected Official or designee – Mountain | <input type="checkbox"/> City Elected Official or designee – West Valley | <input type="checkbox"/> Homeless Provider Network Representative |
| <input type="checkbox"/> Superintendent of San Bernardino County Schools or designee | <input type="checkbox"/> Youth with Lived Experience of Homelessness | <input type="checkbox"/> Other: _____ |

Please submit the following with the application:

- **Signed Letter of Recommendation from sponsoring ICH Member or Agency**

I hereby certify that all statements in this application are true and complete to the best of my knowledge. I further certify that if I am appointed, I will serve fairly, impartially, and to the best of my ability.

Signature: _____ Date: _____

Please submit completed form to:
Office of Homeless Services
215 North D Street, Suite 301
San Bernardino, CA 92415-0044
Or by email at:
homelessrfp@hss.sbcounty.gov

County Use Only – Do Not Write Below This Line

Office of Homeless Services

Date Received: _____ Received By: _____ Date Referred to ICH: _____

Interagency Council on Homelessness Bylaws and Membership Committee

Received By: _____ Interviewed By: _____ Interview Date: _____

Recommend to Appoint: Yes No Committee Chair: _____ Date: _____

Chair Signature

Comments: _____



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Home Address:	_____	City:	_____ Zip: _____
Mailing Address:	_____	City:	_____ Zip: _____
Home Phone:	_____	Alternate Phone No.:	_____
Email Address:	_____		

Occupation:			
Occupation/Title:	_____		
Name of Employer:	_____		
Address:	_____	City:	_____
State:	_____	Zip:	_____ Business Phone #: _____
Email Address:	_____		

Citizenship/Supervisory District Information:			
Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, country of citizenship: _____
Are you a registered voter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, county where you are registered: _____
Check the supervisory district in which you reside:	1 st <input type="checkbox"/>	2 nd <input type="checkbox"/>	3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> N/A <input type="checkbox"/>

Convictions:			
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| <input type="checkbox"/> City Elected Official or designee – Central Valley | <input type="checkbox"/> City Elected Official or designee – Desert | <input type="checkbox"/> City Elected Official or designee – Mountain Region |
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Signature: _____ Date: _____

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Date Received: _____ Received By: _____ Date Referred to ICH: _____

Interagency Council on Homelessness Bylaws and Membership Committee

Received By: _____ Interviewed By: _____ Interview Date: _____

Recommend to Appoint: Yes No Committee Chair: _____ Date: _____

Chair Signature

Comments: _____