

# Request for Nominations for Executive Committee Officers

The Executive Committee of the Missouri Balance of State Continuum of Care shall be Chair, Vice Chair, and Secretary. All officers shall be regular members of Coe in good standing. There are currently three positions up for renewal on the Executive Committee of the Board; Chair, Vice Chair, and Secretary. The following are the duties and terms of office for these officers:

## Chair

The Chair shall facilitate board meetings; acts as a spokesperson for the Board; schedule meetings; ensure other officers perform duties as assigned; assign members of the Board to a committee; establish work groups, as needed, and appoint a chair for those work groups; and delegate other Coe duties as necessary.

## Vice Chair

The Vice Chair shall fulfill the duties of the Executive Committee when the Chair or Secretary are unavailable; serve as the Interim Chair should the Chair resign or leave office; and coordinated with committee chairs to ensure work plans are implemented.

## Secretary

The Secretary shall: Record meeting minutes and motions, 2nd, and votes. Ensure all Board and Coe meeting minutes and voting results will be maintained by the Collaborative Applicant; ensure that all books, records, lists and information, required to be maintained by Collaborative Applicant are so maintained and safeguarded; provide Board and Coe meeting notices as required by law and the Governance Charter; and perform such other duties as assigned. Some, all or any of these duties may be delegated to the Collaborative Applicant.

## Terms of Office

Term limits shall be as follows: Board Executive Committee members shall serve a term of two years. If a board member's first term is a partial-year term, the partial-year term will not count toward the term. Board terms shall run January 1 to December 31 the 2nd year. Officers shall serve no more than two consecutive two-year terms.

Any eligible individual who wishes to nominate an individual, or self nominate, for an Executive Committee position shall submit the Board Nomination Form to the Collaborative Applicant. The Collaborative Applicant will share the candidates' interest with Executive Committee.

Procedures for Elections:

The Executive Committee will determine from the list of eligible candidates provided by the Collaborative Applicant who will be nominated, and this nominee will be referred to the Board of Directors. The Board will either accept or reject the nomination through a majority vote. If the nominee is rejected, the Executive Committee must provide another nominee from the eligible list to the Board.

# Board Nomination Form

Nominee Name: Martha Sander-----

Nominated For: Board Chair

Nominee's Agency: Council on Families in Crisis Inc

Nominee's Title: Executive Director-----

Nominee's Address/City/State/Zip: 415 N Main, Nevada, MO 64772

Nominee's Phone: 417-667-7171-----

Nominee's Email: marthas@themosshouse.org

Please give a brief biography stating your nominee's qualifications.

I have served the last 6 years as the Board Chair. I am also the Region 9 board representative, CE Lead, non-HMIS Prioritization List holder, and the regional PIT Chair. I serve on the Policy and Planning Committee, Funding and Performance Committee, and Special Populations Committee-Victim Services. The Board is in transition on staggering terms and this will be a one-year term. I would like to continue leading the Board through this transition as we bring on a new Collaborative Applicant, independent contractors, and stagger leadership terms.

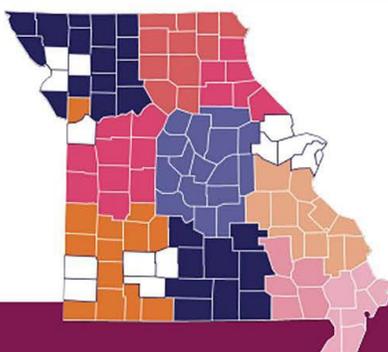
Nominator Name: Martha Sander-----

Nominator Agency: \_\_\_\_\_

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

Nominator Phone: -----

Is the Nominator aware of this nomination? Yes-----



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# Board Nomination Form

Nominee Name: Reginald Jennings-----

Nominated For: Board Vice-Chair

Nominee's Agency: Habitat for Humanity-Cape Area

Nominee's Title: Chief Operating Officer-----

Nominee's Address/City/State/Zip: 2365 Rust Ave, Cape Girardeau, MO 63703

Nominee's Phone: 573-382-1136-----

Nominee's Email: reginald@capeareahabitat.org

Please give a brief biography stating your nominee's qualifications.

I have served on the Board for the past 5 years. I have been the Region 6 Lead for 4 years and served as Vice-Chair of the Board for the past 2 years. I have served as Vice-Chair and now Chair of Funding and Performance for the past 3 years.

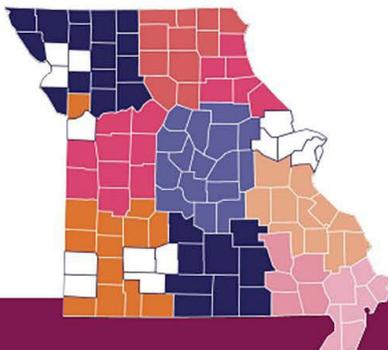
Nominator Name: Reginald Jennings-----

Nominator Agency: \_\_\_\_\_

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

Nominator Phone: -----

Is the Nominator aware of this nomination? Yes-----



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# Board Nomination Form

Candidate Name: \_\_\_\_\_

Applying For: \_\_\_\_\_

Candidate's Agency: \_\_\_\_\_

Candidate's Title: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

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

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

Please give a brief biography stating your qualifications.

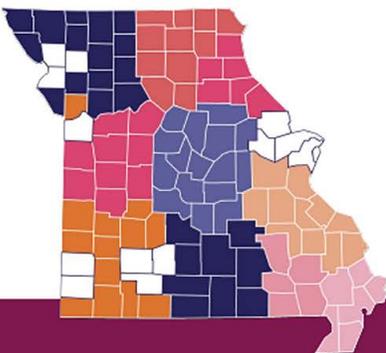
Nominator Name: \_\_\_\_\_

Nominator Agency: \_\_\_\_\_

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

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

Is the Nominator aware of this nomination? \_\_\_\_\_



# Board Nomination Form

Candidate Name: Ann Gosnell

Applying For: Executive Committee

Candidate's Agency: House of Hope, Inc.

Candidate's Title: Executive Director

Address/City/State/Zip: Lexington, Mo 64067 ~ Region 10

Phone: 816.419.2726 (cell)

Email: anngosnell@lexingtonhouseofhope.org

Please give a brief biography stating your qualifications.

Since 2018, I have served as the Board Representative for Region Ten, as well as the Regional Lead and Coordinated Entry (CE) Lead. Over the years, I have taken on various leadership roles within the PITC, CE, Membership, and Victim Services Committees.

I currently serve on the Executive Committee, where I support the Chair and Co-Chair with overflow responsibilities and step in as interim Secretary when needed. I was recently appointed to the newly formed NOFO Workgroup and am assisting with managing the timeline leading up to the submission of the application to HUD.

I am committed to continuing my service on the Executive Board to support our leadership team and contribute to ongoing and upcoming projects.

Nominator Name: \_\_\_\_\_

Nominator Agency: \_\_\_\_\_

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

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

Is the Nominator aware of this nomination? \_\_\_\_\_

