# Table of Contents

Continuum of Care Background .................................................................................................................. 3
Overview ......................................................................................................................................................... 3

I. Establishing the Pinellas Continuum of Care .............................................................................................. 4

Membership in the Pinellas Continuum of Care ............................................................................................ 4
Meetings ............................................................................................................................................................ 6
Quorum ............................................................................................................................................................ 6
Decision-Making .......................................................................................................................................... 6

Code of Conduct / Conflict of Interest / Recusal Process for Continuum of Care Members .......................... 6
Responsibilities ............................................................................................................................................ 7

II. Establishing the Pinellas Continuum of Care Board ................................................................................ 7

Board Membership .................................................................................................................................... 7
Board Officers ........................................................................................................................................... 9
Executive Committee ................................................................................................................................. 10

Vacancy, Removal and Resignation ............................................................................................................. 11
Meetings ....................................................................................................................................................... 11
Quorum ......................................................................................................................................................... 12
Decision-Making ......................................................................................................................................... 12
Responsibilities .......................................................................................................................................... 12

III. Establishing the Pinellas Continuum of Care Committees ..................................................................... 12

Committee Membership ............................................................................................................................. 14
Meetings ....................................................................................................................................................... 15
Quorum ......................................................................................................................................................... 15
Decision-Making ......................................................................................................................................... 15
Responsibilities .......................................................................................................................................... 15

IV. Roles of the Designated Entities ............................................................................................................ 15

Continuum of Care Lead Agency ................................................................................................................ 15
Collaborative Applicant ............................................................................................................................... 16
HMIS Lead Agency .................................................................................................................................... 16

Table 1. Responsibilities of Continuum of Care Entities ............................................................................. 17
Continuum of Care Background

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amended the McKinney-Vento Homeless Assistance Act. The HEARTH Act amendments to the McKinney-Vento Homeless Assistance Act codified in law the role and functions of the Continuum of Care (CoC); thus each community must establish a CoC in compliance with the new CoC Program interim rule. HUD published the Continuum of Care Program interim rule (24 CFR Part 578) in the Federal Register on July 31, 2012. The rule now governs the CoC Program.

Overview

The FL-502 – St. Petersburg, Clearwater, Largo/Pinellas County Continuum of Care (herein referred to as the Pinellas Continuum of Care) coordinates the implementation of a housing and service system that meets the needs of all persons experiencing homelessness throughout its geography.

The Homeless Prevention and Response System includes:
- Outreach, engagement, and assessment;
- Homelessness prevention and diversion strategies; and
- Shelter, housing, and supportive services.

This Governance Charter outlines the roles and responsibilities of the Pinellas Continuum of Care, the Pinellas Continuum of Care Board, Continuum of Care Committees, the Continuum of Care Lead Agency, the Collaborative Applicant, and the Homeless Management Information System (HMIS) Lead Agency. Below is a brief description of each entity:

- The Pinellas Continuum of Care General Membership is a year-round planning body of representative stakeholders in the community’s work toward ending homelessness. Its work includes gathering and analyzing information in order to determine the local needs of people experiencing homelessness, implement strategic responses, and measure results.
- The Continuum of Care Board is a group of elected and appointed leaders of the Continuum of Care who have authority to make decisions on behalf of the Continuum of Care.
- The Continuum of Care Committees are the action planning components of the Continuum. In the Committees, strategies are developed, deepened and expanded into timed work plans.
- The Continuum of Care Lead Agency provides technical, administrative and meeting support to the Continuum of Care, Continuum of Care Board and the Committees.
- The Collaborative Applicant is designated by the Continuum of Care to prepare and submit the Continuum of Care funding application to HUD each year.
- The HMIS Lead Agency is designated to provide oversight and implementation support to the Pinellas Continuum of Care’s HMIS.
Additional roles and responsibilities for each of these entities can be found in Table 1.

This Governance Charter was developed by the members of the Pinellas Continuum of Care in consultation with the CoC Lead Agency, the Collaborative Applicant, and the HMIS Lead Agency. The Pinellas Continuum of Care’s primary responsibilities include the following:

- Establishing the Continuum of Care
- Operating the Continuum of Care
  - Continuum of Care Governance and Management
  - System and Project-Level Performance
  - Coordinated Assessment System
  - Written Standards
- Designating an HMIS for the Continuum of Care
- Planning for the Continuum’s Geographic Area
  - Coordinated System of Care

I. Establishing the Pinellas Continuum of Care

Representatives from relevant organizations within a geographic area shall establish a Continuum of Care for the geographic area to carry out the duties outlined in this Governance Charter. The Pinellas Continuum of Care is a community group of stakeholders with a shared vision.

Membership in the Pinellas Continuum of Care

Membership in the Continuum of Care should ensure community wide commitment to preventing and ending homelessness and must represent the entire geographic area covered by the Pinellas Continuum of Care. The Pinellas Continuum of Care’s mission is to coordinate all community partners, systems and resources available with the goal of helping individuals and families to prevent, divert, and end homelessness in Pinellas County.

The following parties are represented on the Pinellas Continuum of Care. An official membership list is documented and published by the CoC Lead Agency.

- Non-Profit Homeless Assistance Providers
- Victim Service Providers
- Faith-Based Organizations
- Governments
- Businesses
- Advocates
- Public Housing Agencies
- School Districts
- Workforce Agencies
- Social Service Providers
- Mental Health Agencies
- Hospitals
- Universities
- Affordable Housing Developers
- Law Enforcement
- Veteran Service Organizations
- Persons who are/have experienced Homelessness
- Healthcare Agencies

The Pinellas Continuum of Care invites new members to join at any time during the year. Annually, the
Pinellas Continuum of Care will issue a public invitation for any interested person within the geographic area to become a member of the CoC. The invitation is made public through the CoC Lead Agency’s website and an email message to all interested parties on the Pinellas Continuum of Care email listserv.

**Membership must be established two weeks prior to the voting. Agencies must designate their voting member two weeks in advance.**

**Government Entities:** By virtue of membership, government entities automatically have a seat on the Pinellas Continuum of Care Board. Each governmental entity shall appoint an elected or appointed official with policy making authority.

**Agency/Organization Members:** In order to become a member of the Pinellas Continuum of Care, a representative of an agency must be a member of the Pinellas Continuum of Care in good standing, be located or provide services in the CoC’s geographical area, and complete a Pinellas Continuum of Care Member Application Form. Each application will be reviewed and certified by the Continuum of Care Lead Agency and Secretary of the Continuum of Care Board, or another Pinellas CoC Board Member as designated by the Chair or Executive Committee, following CoC-approved application standards. Once the application form has been certified and the attendance requirements met, the CoC Lead Agency will notify the person/agency of their acceptance or denial. There is no minimum or maximum number of members on the Pinellas Continuum of Care. Grievances regarding membership denials will be addressed by the Grievance Committee as defined under CoC Charter section “Executive Committee – Grievance Committee”.

An agency, organization or government entity may submit an application after attendance at one Continuum of Care meeting. An agency/organization may identify two (2) persons who may vote on behalf of the agency/organization, but only one shall cast a vote. Only one (1) representative of an agency/organization may cast a vote on each action. If a Continuum of Care member is unable to routinely conduct business, the agency/organization should seek to assign representation to another individual. Agencies must designate their voting members two weeks in advance.

After an agency/organization’s membership has been approved, the members will be encouraged to join at least one CoC Committee.

**Individual Members:** An individual who does not work for or represent an agency/organization may be nominated and elected as a member of the Pinellas Continuum of Care to represent themselves. An individual must live or work in the CoC’s geographical area, and may submit an application to become a member after their attendance at one Continuum of Care meeting (excepting the first year).

**Terms of Service**

Members of the Pinellas Continuum of Care will retain their membership and voting status as long as they are in good standing. To remain in good standing, members must attend 50% of the regularly scheduled meetings within a calendar year. Attendance at meetings is tracked by member sign-in. Therefore, in order to remain in good standing, all Voting Members must attend at least 50% of General Membership Meetings. A regularly scheduled meeting includes meetings that are on the annual meeting schedule and are publicly announced at the beginning of the calendar year. Members must also complete the annual written disclosure statement based on the Continuum of Care Conflict of Interest policy.
Meetings
The Pinellas Continuum of Care will hold four quarterly meetings of the full membership. At the beginning of each calendar year, the annual meeting schedule including dates, times and location of the meetings will be made publicly available. Meetings are open to the public and they are welcome to attend.

The agendas must be published at least two (2) weeks in advance of the meeting date through the CoC Lead Agency’s website and an email message to all interested parties on the Pinellas Continuum of Care email listserv. Meeting materials that require a vote must be shared at least one week in advance of the meeting date following the same process mentioned above (Exceptions to this may occur during HUD CoC Funding Competition and when special meetings are called). All other meeting materials are strongly encouraged to be shared a week in advance as well. Meeting minutes will be posted publicly within seven business days of the meeting on the CoC Lead Agency’s website by the CoC Lead Agency.

Quorum
A majority of 51% of the Pinellas Continuum of Care membership constitute a quorum at all meetings of the Pinellas Continuum of Care. No new business will be conducted unless a quorum is present.

Decision-Making
Robert’s Rules of Order will be followed to open and close each meeting and to bring a motion to the floor. Decisions shall be made by a vote of the majority of members present.

Code of Conduct / Conflict of Interest / Recusal Process for Continuum of Care Members
In accordance with HUD regulations (24 CFR 578.95), no member may participate in or influence decisions concerning the award of a grant or other financial benefits to the organization that the member represents or to themselves as individuals. Therefore, any individual participating in or influencing decision making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue. Individuals with a conflict of interest should abstain from discussion and voting on any issue in which they may have a conflict. A Conflict of Interest Policy will be approved by the Continuum of Care annually.

Annual written disclosure statements will be provided to each voting member at the annual meeting. Voting Members will not be permitted to participate in a discussion or a vote until the statement is on file with the CoC Lead Agency. All voting members shall have the right to recuse themselves from voting on a matter without providing excuse.
Responsibilities

The Pinellas Continuum of Care has specific responsibilities as outlined in the Continuum of Care Interim Rule. The responsibilities required by the Continuum of Care Interim Rule are outlined in Table 1 of this Governance Charter. The Pinellas Continuum of Care retains all of the responsibilities listed, even if it designates eligible applicants other than itself to apply for funds. Responsibilities extend to approval of the Continuum of Care Program application for funding.

Additional responsibilities set forth by the Continuum of Care include:

- Receive community and public policy updates relevant to homelessness issues;
- Advocate on behalf of all persons experiencing homelessness, including the implementation of efficient and effective service provision regardless of funding sources;
- Receive updates on the Plan to Prevent and End Homelessness;
- Review and act on the annual CoC-funding allocations;
- Review and act on additional HUD required activities.

II. Establishing the Pinellas Continuum of Care Board

The Pinellas Continuum of Care is required to establish a Board that is made up of the Continuum of Care and it must act on behalf of the Pinellas Continuum of Care.

Board Membership

These written procedures for selecting Board Members will be reviewed, updated and approved at least once every 5 years by the Pinellas Continuum of Care.

The Pinellas Continuum of Care Board consists of no less than 19 or more than 27 members with at least 50% elected at any given time. The precise number for any given year will be announced with the annual call for nominees. No more than one staff person and/or Board Member of a single agency/organization may be an Elected Member of the Pinellas Continuum of Care Board, excluding persons who are elected under the “homeless or formerly homeless” Board seat. This seat will not be counted as a representative of a particular service provider. In all other cases, if during the term of an elected Board Member, the person leaves the agency/organization and moves to an agency already represented on the board, that person must resign their position. If an appointed Board Member leaves the agency/organization that appointed them they automatically resign their board position. The designee must then appoint a new Board Member.

CoC Board members are required to either live or work in the CoC’s geographic area, with the exception of the homeless/formerly homeless seat.

With the exception of the founding election, Pinellas CoC Board Elected Members will serve three (3) year terms up to a maximum of six (6) consecutive years (including partial terms) before rotating off for at least one (1) year. Elected Member terms will be staggered such that approximately one-third (1/3) are up for election each year. There are no term limits for Appointed Members; however, each year the Appointed Member must receive a Vote of Confidence from the designated entity which appointed them, and from the Continuum of Care Board.

Members of the Pinellas Continuum of Care Board represent local funders, government, service
providers, consumers, and other community members whose interests relate to homeless services and housing systems. Specifically, the Pinellas Continuum of Care Board consists of the following:

No fewer than nineteen (19) and no more than twenty-seven (27) persons and will be comprised of one (1) Board Chair, ten (10) Appointed Officials and the balance shall consist of sixteen (16) Community Leaders. It is recommended that CoC Board representatives include a Domestic Violence survivor or advocate; a veteran or veteran organization; and a workforce agency.

- **Community Leader** members include:
  - At-Large, two (2) positions;
  - Business, two (2) positions;
  - Faith-Based Organizations; one (1) position;
  - Funders Council Chair, one (1) position;
  - Health Care, one (1) position;
  - Homeless/Formerly Homeless, two (2) positions, one of which is a youth over 18 and under 25 years of age;
  - Local Housing Authority, three (3) positions;
  - Providers Council Chair, one (1) position
  - Service Experts, three (3) positions appointed by the Providers Council.

- Named designees for Appointed **Government Entities** include:
  - City of Clearwater;
  - City of Largo;
  - City of St. Petersburg;
  - City of Pinellas Park;
  - City of Tarpon Springs;
  - Juvenile Welfare Board;
  - Pinellas County Board of County Commissioners;
  - Pinellas County School Board;
  - Pinellas County Sheriff;
  - Public Defender.

- Non-Voting Appointed Seats
  - The CEO of the CoC Lead Agency;
  - The CEO of the Collaborative Applicant;
  - The CEO of the HMIS Lead;
  - If the same agency is chosen that covers more than one of the above roles the seat is filled by the CEO.

In managing the number and composition of Pinellas CoC Board members, the following will be true:
- The CoC Board Chair is elected by the CoC Board; with the Chair having a dedicated seat. The Board Chair must relinquish their current seat to avoid being in two Board seats.
- Each seat has a vote as exercised by a named individual, and each individual may exercise only one vote.
- With the exception of short-termed vacancies, there will always be an odd number of Pinellas CoC Board members.
- The Pinellas CoC Board should represent a diverse set of service, population and program interests.
- Direct service providers can include those who do and do not receive federal funding; those serving individuals, families, youth, veterans or any other targeted population; a wide range of services such as outreach, shelter, transitional housing, rapid re-housing, permanent supportive housing, victim services, service only, etc.
- At-Large seats provide flexibility in maintaining an odd number of Pinellas CoC Board members while responding to community and strategic needs at any given time.
- ‘Appointed Entities’ must appoint an individual designee to represent the ‘Appointed Entity’ on the CoC Board. The appointment is good for three years and may be renewed by the submission of a Vote of Confidence on behalf of the ‘Appointed Entity’ to the Pinellas CoC Board.

The election process will include at least the following:
- Calls for nominations, vetting of nominations received, and ballot announcement will happen between the last two meetings of the calendar year.
- Nominees must be members in good standing and eligible to vote by demonstrating participation in the CoC by attending meetings and committees.
- Votes may be cast for up to the maximum number of seats within a category. Ballots that vote for more than the number of seats in a particular category will not be counted for that category only.
- Individuals receiving the highest votes for a given seat will be declared the winner.
- In the event of a tie for a specific seat, the individuals involved will have their names put on a second ballot for that seat. The individual receiving the highest vote for that seat will be declared the winner.

**Board Officers**

The officers of the Pinellas Continuum of Care Board are a Chair, Vice Chair and Secretary. No Board member may hold two positions simultaneously.

**Election and Term**

The Pinellas Continuum of Care Board will elect a chairperson, a vice chairperson and a secretary at the first meeting of the calendar year. Preference that one position represents an agency who does not receive CoC funding, including recipients or subrecipients. Officers elected in the first year will serve staggered terms, with the chairperson serving three (3) years, the vice chairperson serving two (2) years, and the secretary serving one (1) year. Thereafter, officers will serve three (3) year terms. An officer cannot serve for more than two (2) consecutive terms in the same role.

**Chair and Vice Chair**

The Chair is responsible for scheduling meetings, ensuring that the CoC and CoC Board meets regularly or as needed, sets the agenda for meetings of the CoC Board, chairs the CoC Board meetings, designates a chair for the CoC membership meetings, and signs any required and/or necessary documents on behalf of the Pinellas Continuum of Care. In the absence of the Chair, the Vice Chair assumes the duties of the Chair. The Chair and Vice Chair shall perform other duties as the CoC may designate.

**Secretary**

The Secretary keeps accurate records of the acts and proceedings of all meetings of the CoC and CoC Board or designates another person to do so at each meeting, including all actions taken without a
meeting. Such records will include the names of those in attendance. The Secretary submits all meeting minutes to the CoC Lead Agency for posting to the CoC Lead Agency website. The Secretary reviews and approves Continuum of Care applications for member status with the CoC Lead Agency. The Secretary shall perform other duties as the CoC may designate and shall chair CoC meetings in the case of the absence of the Chair and Vice Chair.

**Executive Committee**

Plan board meetings, act on behalf of the board when necessary. All decisions made by the Executive Committee are brought to the next board meeting. Members of the Executive Committee will include the Chair, Vice Chair, Immediate Past Chair, Secretary, Funders Council Chair, and Providers Council Chair.

The Executive Committee will provide leadership to the following responsibilities: the Executive Committee can choose to expand membership or to form subcommittees consisting of other CoC Board members who shall report back to the Executive Committee. If the Executive Committee elects to form subcommittees, then the subcommittee recommendations are submitted to the Executive Committee for consideration and approval. Quorum for each committee is 51% with a minimum of three (3) members. Committee recommendations are submitted to the Executive Committee for consideration and approval.

Accountability and Oversight of Collaborative Applicant, CoC Lead Agency and HMIS Lead Agency:

- The Executive Committee will ensure that the activities outlined in the Memorandum of Understanding and the roles and responsibilities outlined in the Charter for the CoC Lead Agency, Collaborative Applicant, and HMIS Lead Agency, are being met by meeting quarterly (or as needed) to review workplan progress, priorities, coordination with Committees, and other activities as needed. Additionally, the committee will oversee the annual performance review of the CoC Lead Agency, Collaborative Applicant and HMIS Lead Agency.

CoC Governance Subcommittee:

- The Executive Committee will oversee CoC Governance and shall perform an annual review of the CoC Charter and make recommendations to the Board of Directors as is deemed necessary.

HMIS Governance Subcommittee:

- The Executive Committee will oversee HMIS Governance and reviews, revises and approves the HMIS Charter, HMIS policies and procedures, and assures user compliance per the HMIS Charter; makes recommendations to the Board of Directors as is deemed necessary.

CoC Review and Ranking Subcommittee:

- The Executive Committee will oversee the CoC Review and Ranking process for the purposes of determining the scoring and priority ranking of each proposal to be submitted with the annual HUD CoC Notice of Funding Application. CoC Review and Ranking recommendations are presented to the CoC Board of Directors for approval.

Grievance Subcommittee:

- The CoC Grievance Subcommittee acts on behalf of the Pinellas CoC Board to resolve grievances and determines the course of action to be taken. Membership consists of the Executive Committee
Chair and Vice Chair, and three (3) additional members. The Grievance Committee creates a CoC-funding appeal process; reviews and makes recommendations to Board on CoC-funding appeals. Reports to the Board quarterly. The Grievance Committee resolves issues with respect to funding, HMIS issues, and denial of membership. The Grievance Committee will establish its own rules and procedures.

**Vacancy, Removal and Resignation**

*Vacancy*

In the event of an Elected Seat vacancy, the members of the Pinellas CoC Board will elect a successor to hold the vacant seat for the remainder of the term of the person vacating the seat. At the end of the term, a regular election will be held as described in this charter. In the event of an Appointed Seat vacancy, the Appointed Entity must appoint an individual designee to fill the vacant seat.

*Removal*

Members of the Pinellas CoC Board may remove a Board member (elected or appointed) who is absent for three (3) Board regularly scheduled meetings in any twelve-month period. The entire Board would need to vote on removal.

Pinellas CoC Board members (elected or appointed) may also be removed by a ¾ vote of the Pinellas CoC Board for cause including but not limited to:

- Failure to perform Board duties;
- Failure to comply with this Charter and/or applicable policies;
- Engaging in conduct that is in violation of the CoC’s adopted conflict of interest policy;
- Engaging in behavior that causes harm to the reputation of the CoC.

Such seats will then be filled through the process described above under vacancies.

*Resignation*

Unless otherwise provided by written agreement, any member of the Pinellas CoC Board may resign at any time by giving written notice to the Chair. Any such resignations will take effect at the time specified within the written notice; or, if the time is not specified in the written notice, it will take effect upon its acceptance by the Pinellas CoC Board.

**Meetings**

The Pinellas Continuum of Care Board will hold meetings no less than six (6) times per year. Attendance at meetings of the Pinellas CoC Board will be open to any interested person to observe. Two (2) weeks’ notice will be given for regularly scheduled meetings of the Board with the agenda being published one week in advance. Board Minutes will be published on the CoC Lead Agency’s website. Special meetings may be called in emergency situations with three (3) days’ notice; an agenda is not required for emergency meetings.
Quorum
A majority or 51% of the Pinellas Continuum of Care Board filled seats constitute a quorum at all meetings of the Pinellas Continuum of Care Board, Councils, and Committees. No business will be conducted unless a quorum is present.

Decision-Making
Each CoC Board member is eligible to vote on decisions being made when present at the meetings.

Robert's Rules of Order will be followed to open and close each meeting and to bring a motion to the floor. The Continuum of Care Board will strive to make decisions through modified consensus. When consensus is not possible, decisions shall be made by a vote of the majority of voting members present.

Responsibilities
The Pinellas Continuum of Care gives authority to the Pinellas Continuum of Care Board for specific responsibilities. The responsibilities required by the Continuum of Care Interim Rule are outlined in Table 1 of this Governance Charter. Additional responsibilities required by the Continuum of Care Board include:

- Elect a Chairperson, Vice Chairperson and Secretary;
- All Board members are required to serve on at least one committee of the CoC;
- Establish policies for funding and resource allocation;
- Set priorities for the CoC and establish an annual workplan;
- Take action against poor performers;
- Review and act on any programs that should be removed from HUD funding and any proposed funding reallocations;
- Review and make final determination on CoC-funding appeals;
- The CoC Chair will ensure that each Board Member, through volunteerism and appointment, shall serve on a Pinellas Continuum of Care Committee;
- Assure that services provided by the HUD and DCF sub-grantees are meeting the needs of the local community and that critical issues are addressed.

III. Establishing the Pinellas Continuum of Care Committees
The Pinellas Continuum of Care may establish Committees, Subcommittees, or Work Groups that are made up of Continuum of Care members and/or employees of organizational members, to act on behalf of the Pinellas Continuum of Care. The Committees are the action planning components of the system. In these bodies, strategies are developed, deepened and expanded into timed work plans. These groups may also be directly responsible for specific strategies or exploring options to solve particular concerns. Unless authority is designated by the Continuum of Care, Committees make recommendations to the CoC Board for approval. Each committee has a Chair, a Vice Chair, a Secretary, one board member appointed by the board, and one member of the CoC General Body elected by the committee. Committee chairs serve three (3) year terms, with the option of renewable terms. The secretary takes
meeting minutes in accordance with Florida Sunshine law and submits to the committee for approval
and once approved; submits to the Lead Agency as public record. Quorum for all committees is 51
percent. Committee agendas must be published one week in advance of the meeting.

Standing Committees are designated in this Charter. Ad hoc working groups or task forces may be
formed and given specific responsibilities as needed by the Continuum of Care. All committee
responsibilities apply to ad hoc groups as well.

CoC Membership Committees:

- **Funders Council**: Makes recommendations to the full CoC Board on funding of homeless/at-risk
  programs and services, either in response to CoC Board requests or on issues raised by Funders
  Council members.
  
  o Makes recommendations on strategically aligning funding resources available for
    homeless/at-risk programs and services based on CoC Board approved priorities,
    to make the most effective use of scarce resources.
  
  o Annually reviews and make recommendations to the CoC Board on the best use
    of funds from specific resources, based on the CoC Board approved priorities
    and activities that enable the Pinellas CoC system of services to meet and exceed
    applicable performance standards as approved by the CoC Board. Such resources
    include the HUD Continuum of Care, State of Florida homeless funding, and/or
    local public or private sources.
  
  o Determine ways the local funders can coordinate funded services through
    common contract language, performance outcomes, and goals.
  
  o Coordinate funding planning and recommendations with other community-wide
    funding and planning groups

- **Providers Council**: Makes recommendations to the full CoC Board on homeless/at-risk
  services system issues, concerns and needed actions, either in response to CoC Board requests
  or on issues raised by Providers Council members. The membership of the Providers Council
  shall include representatives from homeless/at-risk service providers and other organizations
  that are actively involved in services that affect homeless/at-risk target groups in Pinellas
  County. Providers Council members must be either an individual or organizational member of
  the Continuum of Care and act for the benefit of the homeless/at-risk services system as a
  whole, and not for individual organizations. The Providers Council members shall establish
  written policies and procedures for Council membership, size of the Council, operating rules,
  and the work of the Council not inconsistent with this Charter. These policies and procedures
  will be brought to the full CoC Board for ratification. The Providers Council shall have at least
  nine (9) members, and it shall set the maximum number of members itself. The Providers
  Council Chair has a dedicated seat on the CoC Board and three (3) additional Providers Council
  members in good standing are appointed by the Providers Council to sit on the CoC Board as
  Service Experts.

- **Data and System Performance Committee**: Coordinate HMIS data collection, review systems
  performance measures and review all PIT/HIC/AHAR data. Scan the environment for best
  practices and innovations and evaluate outcomes of the CoC overall and projects funded under
  HUD (CoC and ESG Programs). This committee has the authority to establish program
subcommittees as appropriate. The committee recommends funding priorities to the CoC Board.

- **Strategic Planning Committee**: This committee shall make recommendations to the full CoC Board for the implementation of a Housing First approach for the homeless system of care in Pinellas County, with a goal of homelessness being rare, brief and non-recurring. This committee focuses on the development of strategic goals and planning for the CoC to provide a sense of direction and outlines measurable goals that will be the guide for driving day-to-day decisions of the CoC Board. Also responsible for developing a means for evaluating progress and changing approaches when moving forward.

- **Point in Time (PIT) Count and Survey Planning Committee**: This committee shall meet on a regular basis to be determined by the committee. It is responsible for the design of the PIT surveys and processes, recruiting/training/deploying of all PIT volunteers and agency surveyors, providing data quality control, evaluating PIT and making changes for the next annual survey.

- **Advocacy Committee**: This committee will develop an annual HLB advocacy agenda to be approved by the Board, advocate on behalf of the Pinellas CoC; and, address any advocacy issues that may arise throughout the year.

- **Diversity, Equity, and Inclusion Committee**: The Diversity, Equity, and Inclusion Committee (DEI) shall provide insight and advice into promoting diversity, equity and inclusion in the CoC. The committee will consider and develop strategies for board consideration that foster greater participation and make the CoC more accommodating and reflective of members from diverse backgrounds, perspectives and abilities. The committee will be aware of and ensure coordination and collaboration of diversity, equity and inclusion efforts throughout the CoC. The board is committed to incorporating the values of diversity, equity and inclusion in the governance and operations of the CoC. These values shall be codified in a DEI policy adopted by the board. The committee shall consist of not less than seven (7) and not more than eleven (11) members.

**Pinellas Continuum of Care Committee Membership**

Committee membership may include any Pinellas CoC member. However, at least one (1) committee member must come from the Pinellas CoC Board. Each committee will set its number and recruit members from the Continuum and larger community. All Committee members must be a member of the Continuum of Care. Committee membership will be submitted and approved by the Board on an annual basis.

Each committee shall have:

- A Chair that is a current member of the Pinellas CoC Board and is appointed by the Pinellas CoC Board Chair
- A Vice Chair elected by the Pinellas CoC committee itself
- A Secretary elected by the Pinellas CoC committee itself
- At least one member from the Pinellas Continuum of Care general membership that is not a Board member
The CoC Chair will ensure that each Board Member, through volunteerism and appointment, shall serve on a Pinellas Continuum of Care Committee.

**Meetings**

Each Committee will hold meetings at least two (2) times per year. All meetings are open to any interested party, unless noted.

**Quorum**

A majority or 51% of the Committee membership constitute a quorum at all Committee meetings. No business will be conducted unless a quorum is present.

**Decision-Making**

Unless authority is otherwise designated to a Committee, the Pinellas Continuum of Care Committees will make recommendations to the CoC Board for approval.

The Continuum of Care Committee(s) will strive to make decisions through consensus. When consensus is not possible, decisions shall be made by a vote of the majority of members present.

If a Committee recommendation requires a formal decision-making process, there is no proxy voting for Continuum of Care Committees except as noted for general board meetings. Decision-making requires live conversation and active participation from all parties.

**Responsibilities**

The Pinellas Continuum of Care tasks the Pinellas Continuum of Care Committees with specific responsibilities. The responsibilities required by the Pinellas Continuum of Care are outlined in Table 1 of this Governance Charter. Additional responsibilities required by the Continuum of Care are:

- Recruit its members
- Select a chair or co-chairs
- Select a secretary
- Establish its policies and procedures, and provide them to the Pinellas CoC Board
- Record its minutes and attendance, and provide them to the CoC Lead Agency
- Ensure transparency of its process and meetings

**IV. Roles of the Designated Entities**

**Continuum of Care Lead Agency**

The Pinellas Continuum of Care appoints the CoC Lead Agency that will complete designated work tasks assigned by the Pinellas Continuum of Care and will provide meeting support for the Pinellas Continuum of Care Board and committees. The CoC Lead Agency is responsible for working with the Chair to schedule meetings, develop agendas, issuing meeting materials and posting all relevant documents to
the Pinellas Continuum of Care website. The CoC Lead Agency will provide recommendations to the Pinellas Continuum of Care Board for its final decisions. All responsibilities are documented in the Pinellas Continuum of Care Lead Agency Memorandum of Understanding.

Designated responsibilities include:
- Establishing performance targets in consultation with recipients/sub-recipients;
- Monitoring recipient/sub-recipient performance;
- Evaluating outcomes for ESG and CoC projects and reporting them to HUD; taking action against poor performers;
- Measuring system performance;
- Administering Coordinated Entry;
- Planning and conducting a Point-in-Time study;
- Conducting an annual gaps analysis of homeless needs and services;
- Participating in the Consolidated Plan;
- Consulting with ESG recipients;
- Keeping abreast of and informing the CoC membership and CoC Board on HEARTH Act Regulations and HUD CoC program requirements.

The designation of the CoC Lead Agency is valid for a maximum of 3 years before the designation must be reviewed and renewed by the Pinellas Continuum of Care. The Pinellas CoC Board will review the performance of the CoC Lead Agency every three years. The review will be based on the roles and responsibilities included in the MOU. The designation may be terminated upon mutual agreement or for cause with a vote of 75% of the CoC membership.

**Collaborative Applicant**

The Continuum of Care designates a legal entity to serve as the Collaborative Applicant. The Collaborative Applicant is responsible for collecting and combining the required application information from all Continuum of Care Program funded projects within the geographic area. The Collaborative Applicant is also responsible for submitting the annual application to HUD for Continuum of Care Program funding and to apply for Continuum of Care Planning dollars. These and any additional responsibilities are documented in the Pinellas Continuum of Care Collaborative Applicant Memorandum of Understanding.

The designation of the Collaborative Applicant is valid for a maximum of 3 years before the designation must be reviewed and renewed by the Pinellas CoC Board. The Collaborative Applicant will submit the HUD Annual Performance Report and HUD Application for CoC Planning dollars to the CoC Board annually. The CoC Board will review the Collaborative Applicant’s performance with the Continuum of Care at a meeting. The designation may be terminated earlier than the 3-year time period upon mutual agreement or for cause with a vote of 75% of the CoC membership.

Before the submission of the annual application to HUD for Continuum of Care Program funding, the Collaborative Applicant must submit a final draft of the application to the Pinellas Continuum of Care for approval. Depending on the timing of the submission to HUD, the Pinellas Continuum of Care Board and Collaborative Applicant will create a timeline for submission to the Pinellas Continuum of Care.

**HMIS Lead Agency**

FL-502 – St. Petersburg, Clearwater, Largo/Pinellas County Continuum of Care Governance Charter
Approved 7.10.2020
The Continuum of Care designates a legal entity to serve as the Homeless Management Information System (HMIS) Lead Agency. The HMIS Lead Agency will maintain the community’s HMIS in compliance with HUD standards and coordinate all related activities including training, maintenance and the provision of technical assistance to contributing organizations. Responsibilities required by the Continuum of Care are outlined in Table 1 of this Governance Charter. These and any additional responsibilities are documented in the Pinellas Continuum of Care Homeless Management Information System Lead Agency Memorandum of Understanding. Designated responsibilities include developing an HMIS privacy plan, security plan, and data quality plan.

The designation of the HMIS Lead Agency is valid for a maximum of 3 years before the designation must be reviewed and renewed by the Pinellas Continuum of Care. Each year, the HMIS Lead Agency will submit the HUD Annual Performance Report and HUD Application for HMIS-dedicated grant to the CoC Board. The CoC Board will review the HMIS Lead Agency’s performance with the Continuum of Care at a meeting. The designation may be terminated earlier than the 3-year time period upon mutual agreement or for cause with a vote of 75% of the CoC membership.

### Table 1. Responsibilities of Continuum of Care Entities

<table>
<thead>
<tr>
<th>Responsibility Category</th>
<th>Responsibility</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishing CoC</td>
<td>Define membership of Continuum of Care</td>
<td>Continuum of Care</td>
</tr>
<tr>
<td>Establishing CoC</td>
<td>Invite new members</td>
<td>Continuum of Care</td>
</tr>
<tr>
<td>Operating CoC</td>
<td>Hold meetings of full membership, with published agenda, at least semi-annually</td>
<td>Continuum of Care</td>
</tr>
<tr>
<td>CoC Governance and Management</td>
<td>Establishing a Continuum of Care Board</td>
<td>Continuum of Care</td>
</tr>
<tr>
<td>CoC Governance and Management</td>
<td>Reviewing the Written Selection Process for the Board</td>
<td>Continuum of Care</td>
</tr>
<tr>
<td>CoC Governance and Management</td>
<td>Designate a Collaborative Applicant, CoC Lead Agency, and HMIS Lead Agency.</td>
<td>Continuum of Care</td>
</tr>
<tr>
<td>CoC Governance and Management</td>
<td>Designate Responsibilities to the CoC Board, CoC Lead Agency, HMIS Lead Agency, and Collaborative Applicant.</td>
<td>Continuum of Care</td>
</tr>
<tr>
<td>CoC Governance and Management</td>
<td>Apply for CoC Planning Funds</td>
<td>Collaborative Applicant</td>
</tr>
<tr>
<td>CoC Governance and Management</td>
<td>Appoint Committees / Sub-Committees</td>
<td>Continuum of Care</td>
</tr>
<tr>
<td>CoC Governance and Management</td>
<td>Develop a Governance Charter</td>
<td>Continuum of Care</td>
</tr>
<tr>
<td>Responsibility Category</td>
<td>Responsibility</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td><strong>CoC Governance and Management</strong></td>
<td>Review and Approve the Governance Charter Annually</td>
<td></td>
</tr>
<tr>
<td><strong>Overall and Project-Level Performance</strong></td>
<td>Establish performance targets in consultation with recipients/sub-recipient performance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitor recipient/sub-recipient performance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evaluate outcomes for ESG and CoC Projects and report to HUD</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsibility Category</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall and Project-Level Performance</strong></td>
<td><strong>Continuum of Care</strong></td>
</tr>
<tr>
<td></td>
<td><strong>CoC Lead Agency and Data and System Performance Committee</strong></td>
</tr>
<tr>
<td></td>
<td><strong>CoC Lead Agency</strong></td>
</tr>
<tr>
<td></td>
<td><strong>CoC Lead Agency; Data and System Performance Committee</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsibility Category</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responsibility Category</strong></td>
<td><strong>Responsibility</strong></td>
</tr>
<tr>
<td><strong>Overall and Project-Level Performance</strong></td>
<td>Take action against poor performing agencies</td>
</tr>
<tr>
<td></td>
<td>Measure system performance</td>
</tr>
<tr>
<td><strong>Overall and Project-Level Performance</strong></td>
<td>Operate a Coordinated Entry System</td>
</tr>
<tr>
<td></td>
<td>Develop a policy for how Coordinated System and Housing and Service System will address needs of those Fleeing domestic violence as defined by HUD</td>
</tr>
<tr>
<td><strong>Coordinated Assessment System</strong></td>
<td>Designate an HMIS</td>
</tr>
<tr>
<td></td>
<td>Designate a Single HMIS for the entire CoC</td>
</tr>
<tr>
<td></td>
<td>Review, revise and approve the HMIS privacy plan, security plan and data quality plan</td>
</tr>
<tr>
<td><strong>HMIS Policies</strong></td>
<td>Ensure HMIS is in compliance with HUD requirements</td>
</tr>
<tr>
<td><strong>HMIS Compliance</strong></td>
<td>Ensure consistent participation of recipients and sub-recipients in HMIS</td>
</tr>
<tr>
<td><strong>HMIS Participation</strong></td>
<td><strong>Continuum of Care, HMIS Governance</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Continuum of Care, HMIS Governance, HMIS Lead Agency</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Continuum of Care, HMIS Lead Agency, Data and System Performance Committee</strong></td>
</tr>
<tr>
<td>HMIS Privacy and Security</td>
<td>Develop HMIS privacy plan, security plan and data quality plan</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>HMIS Agency Participation Agreements</td>
<td>Execute participation agreements with contributing HMIS</td>
</tr>
<tr>
<td>HMIS User Agreements</td>
<td>Execute user agreements with all HMIS users</td>
</tr>
<tr>
<td>Responsibility Category</td>
<td>Responsibility</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Plan for the CoC</td>
<td>Plan and Conduct a Point-in-Time Study</td>
</tr>
<tr>
<td>Plan for the CoC</td>
<td>Conduct an annual gaps analysis of homeless needs and services</td>
</tr>
<tr>
<td>Plan for the CoC</td>
<td>Consult with ESG Recipients</td>
</tr>
<tr>
<td>Plan for the CoC</td>
<td>Submit annual application to HUD for Continuum of Care Program funding</td>
</tr>
<tr>
<td>Plan for the CoC</td>
<td>Approve annual application to HUD for Continuum of Care Program funding</td>
</tr>
<tr>
<td>Plan for the CoC</td>
<td>Participate in the Consolidated Plan</td>
</tr>
</tbody>
</table>
V. Reviewing and Updating the Charter

Process for Updating the Charter
At least once every year, the Pinellas Continuum of Care must review this Governance Charter in consultation with the CoC Lead Agency, Collaborative Applicant and HMIS Lead Agency. Members of the Pinellas Continuum of Care, Pinellas Continuum of Care Board, Collaborative Applicant, Lead Agency, or HMIS Lead Agency may make suggestions to the Executive Committee for updating. It is the Collaborative Applicant’s responsibility to review HUD rules, regulations, and guidance and to suggest updates to the Governance Charter. The updates must be presented on the agenda prior to the meeting. Updates to the Governance Charter require a 2/3’s vote of the members of the CoC Board. Housekeeping changes that do not change the content or intent of the charter can be made once a year by the CoC Board.

Review and Updating History

<table>
<thead>
<tr>
<th>Date Revision Approved</th>
<th>Summary</th>
<th>Summary of Vote</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 10, 2020</td>
<td>Section II – Board Membership – added 2 CoC Board seats designated specifically for Housing Authorities. The CoC Board now totals 27 members, 3 of which are Housing Authorities.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Revision Approved</th>
<th>Summary of Actions Taken</th>
<th>Motioned by</th>
<th>Seconded by</th>
<th>Pass/Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>