

KING COUNTY REGIONAL HOMELESSNESS AUTHORITY (KCRHA) GOVERNING COMMITTEE

Lived Experience Member Application

BACKGROUND

On December 11, 2019, King County and the City of Seattle entered into an [Interlocal Agreement](#) for the establishment of the King County Regional Homelessness Authority (the Authority) to oversee policy, funding, and services for people experiencing homelessness countywide. A Governing Committee is being formed to act as the administrator for the Authority and for the purposes of performing its duties.

The Governing Committee will be composed of 12 members including:

- The County Executive and two (2) members of the King County Council.
- The Seattle Mayor and two (2) members of the Seattle City Council;
- Three (3) members shall be elected officials from cities or towns other than Seattle; and
- **Three (3) members representing individuals with Lived Experience. At least one (1) of the three (3) members shall represent individuals with Lived Experience in areas outside Seattle.**

“Lived Experience” means current or past experience of housing instability or homelessness, including individuals who have accessed or sought homeless services while fleeing domestic violence and other unsafe situations.

ROLE AND COMMITMENT

The Governing Committee will meet at least quarterly, or four times per year, for approximately two hours or less. **It is expected that the first meeting will occur on Thursday, March 5th.** Governing Committee members will be expected to attend all meetings, engage in discussion and decision-making about the items on the agenda, prepare for meetings by reading materials and seeking input from those the Committee members represent.

The Governing Committee is empowered to:

- Approve and amend all plans governing the Authority and all budgets;
- Confirming members of the Implementation Board
- Approval Authority’s organizational structure
- Hire the CEO

COMPENSATION

Governing Committee members with lived experience of homelessness will be compensated \$20/hr for attending meetings and, per the legislation, be reimbursed for any additional reasonable expenses incurred in performing their duties.

To receive compensation, you will be asked to complete necessary tax information forms that will require your full legal name and a social security number. **We do not want documentation to be a barrier to participation, so please let us know if you will need an alternative arrangement.**

SELECTION PROCESS

A committee of 2 [Continuum of Care \(CoC\) Board](#) members (or appropriate staff delegate), 2 Consumer Advisory Council members, and 2 Youth Action Board members will review applications and submit their recommendation for a slate of three Governing Committee members and two alternates to the Coordinating Board for a final vote at their March 4th meeting.

SUBMITTING YOUR APPLICATION

Please submit your completed written application to allhome@allhomekc.org or in person at 201 S Jackson St. Suite 200, Seattle, WA 98104. If you are unable to complete a paper application and would like to request an application interview by phone or in-person, please contact allhome@allhomekc.org or call (206) 263-7944.

All applications are due by 11:59 p.m. on Tuesday, February 18th.

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). Applicant’s contact information will be redacted.

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Lived Experience Member Application

Name:

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Preferred Contact Information:

Address	
Phone	
Email Address	

Do you have current or prior experience of housing instability or homelessness? If so, in what City or region of King County have you experienced housing instability or homelessness?

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Why would you like to be on the Governing Committee, representing people with lived experience of homelessness?

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What community organizations or activities are you involved in related to homelessness?

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How will your leadership on the Governing Committee help people in King County experiencing homelessness?

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Identity (optional):

Race/Ethnicity	
Gender	
Sexual Orientation	
Age	
Disability Status	

Agreement and Signature

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

Name (<i>typed or signature</i>)	
Date	

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