

Comprehensive Emergency Assistance Services and Continuum of Care (CEAS/CoC) Committee

Agency Contact & Voting Representative Information Form

➤ **Agency:** _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

➤ **Agency Contact Person:** _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

➤ **Voting Representative*:** _____ Title: _____

Please check here if your agency voting representative is the same as the agency contact person listed above. If this box is checked, there is not need to complete below; only the alternate section would need to be completed.

Phone: _____ Fax: _____ E-mail: _____

➤ **Alternate Voting Representative*:**

Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

CEAS/CoC Member Status:

- Yes, I would like to be added as a CEAS/CoC Committee Member
- No, I would not like to be added as a CEAS/CoC Committee Member; but would like to be on your distribution list.

Signature of Executive Director

or Board of Directors: _____ **Date:** _____

Fax To: (908) 558-2562
Attn: CEAS/CoC Committee

Mail To:
Union County Department of Human Services
Division of Planning
Attn: CEAS/CoC Committee
10 Elizabethtown Plaza - 4th Floor
Elizabeth, NJ 07207

* Please note that each agency is allowed only one (1) voting representative. An Agency is welcome to have more than one representative attending the meetings. From the CEAS/CoC Rules & Procedures – Article II-Membership – Section III it states: Each represented agency shall have only one (1) voting member appointed to the CEAS/CoC Committee by their Executive Director and/or Board of Directors, although any staff member may attend the Committee meetings. Each agency will designate a primary member and an alternate member. The alternate will have voting privileges only in the absence of the appointed member.