

Supportive Housing Services Regional Oversight Committee

Application

[Supportive Housing Services](#) is a new regional program approved by voters in May 2020 that will fund supportive housing and programs that serve people experiencing homelessness or at risk of homelessness. The program is guided by a commitment to lead with racial equity by especially meeting the needs of Black, Indigenous and People of Color who are disproportionately impacted by housing instability and homelessness. The regional program will directly fund Clackamas, Multnomah and Washington Counties to invest in local strategies and service providers to meet the supportive housing and service needs in their communities.

The Regional Oversight Committee will ensure transparent oversight of the regional program by reviewing implementation for consistency with measure requirements, regional program values and guidelines, and that taxpayer funds are used responsibly.

The committee will:

- a) evaluate County plans and recommend changes as necessary to achieve program goals and guiding principles, and make recommendations to Metro Council for approval
- b) accept and review annual reports for consistency with approved local plans
- c) monitor financial aspects of program administration, including review of program expenses
- d) provide yearly reports and presentations to Metro Council and Clackamas, Multnomah and Washington County Boards of Commissioners evaluating program performance, challenges and outcomes

Membership

The committee will consist of membership that includes a broad range of personal and professional experience, including people with lived experience of homelessness or housing instability. The committee will also reflect the diversity of the region. The committee will consist of 15 community members, 5 members from each County, and will be appointed by the Metro Council.

Commitment

- Attend 2-3 hour meetings online, or in-person when safe to gather. Meetings will be more frequent in the first year, and at least quarterly throughout program implementation
- Spend an additional 1-2 hours preparing for meetings
- Serve a two-year term

Stipends, childcare, technical assistance, interpretation, accessibility assistance and other supports for participation are available for committee members.

Application due date and process

Applications are due by xx.

Applications will be accepted using this online form, and other options are available if needed for any reason. Please email housingservices@oregonmetro.gov for help with other formats such as print or assistance by phone.

If you need a communication aid, sign language interpreter or other accommodation in the application process, call 503-797-1890 or TDD/TTY 503-797-1804 five business days in advance.

We will inform all applicants whether they have been accepted to serve on the committee, using the phone number or email you provide.

Applicant Information			
First Name		Last	M.I. Date
Your gender pronouns	<input type="checkbox"/> she/her/hers <input type="checkbox"/> he/him/his <input type="checkbox"/> they/them/theirs <input type="checkbox"/> other		
Street address		Apartment/Unit #	
City		State	ZIP
Phone		Email	
<small>Can this number receive text messages? Y N</small>			
If employed, what is your job title?		Employer	
Have you read the committee description?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you agree to the commitments?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
How did you hear about this opportunity?			
Applicant questions			
Why do you want to serve on the Oversight Committee for the regional Supportive Housing Services program? (Maximum 200 words)			
What do you see as the opportunities and challenges of ensuring the Supportive Housing Services program is accountable to voters? (Maximum 200 words)			
Background			

How will your expertise and/or lived experience with homelessness, housing instability, and/or oppression contribute to this group? (Maximum 200 words)

What is your experience with group decision-making and collaboration with others who bring different perspectives from your own? (Maximum 200 words)

The committee will include individuals with experience and expertise in the following areas. Mark all that apply for you.

- | | | |
|---|--|---|
| <input type="checkbox"/> I am or have been homeless or have experienced housing instability | <input type="checkbox"/> I'm LGBTQ+ | <input type="checkbox"/> I have experience providing culturally specific services |
| <input type="checkbox"/> I am Black, Indigenous, or a person of color | <input type="checkbox"/> I am of another underserved or oppressed group (please describe. _____) | <input type="checkbox"/> I bring experience from the business perspective |
| <input type="checkbox"/> I have a low income | <input type="checkbox"/> I have experience providing supportive housing and other services | <input type="checkbox"/> I bring experience from the philanthropic perspective |
| <input type="checkbox"/> I am an immigrant or refugee | | |
| <input type="checkbox"/> I have a disability | | |

The resources below are available to support your ability to participate in online and in-person meetings, , and will be made available to members as requested. These include but are not limited to:

Childcare during meetings
 Computer to use during meetings
 Improved internet access
 Zoom and other technical assistance

Stipends for participation
 Travel expenses to Metro (when gatherings are safe)
 Interpretation/translation

Public officials, conflicts of interest and Oregon ethics law

Under Oregon law, a "public official" includes any person serving on a public body, including volunteers and regardless of whether the person is compensated. By serving on this committee, you would be considered a public official and are required to comply with Oregon Government Ethics Law and to disclose any conflicts of interest.

An actual or potential conflict of interest exists when an official action either will or could result in financial benefit (or detriment) to you, your close relatives or a business with which either you or your close relatives are associated.

Are you employed by or otherwise associated with an organization or agency that distributes or will potentially receive Metro Supportive Housing Services funds, or do you expect to contract with such entities on related work?

YES NO (An actual or potential conflict of interest does not necessarily disqualify an applicant.)

Signature

The information I've shared here is true and accurate.

I have read and agree to the [Oversight Committee description in Exhibit A to Ordinance No. 20-1442](#).

I commit 3-5 hours preparing for and attending each scheduled meeting.

I commit to a two year term of service.

Name	Date
If I'm not selected to be part of this group, I would like to receive email updates about the program.	YES <input type="checkbox"/> NO <input type="checkbox"/>

Continue to the next page for optional demographic questions.

Optional demographic questions

These questions help Metro assess the success of a recruitment process in hearing from a representative group of people reflecting the region's diverse communities and broad range of experiences.

These questions are optional; applications without answers to any of these questions will be given full consideration.

Which of the following ranges includes your age? Youth under 18 are encouraged to apply with parent or guardian permission.

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 and older
- Prefer not to answer

How do you identify your gender?

- Man
- Woman
- Transgender
- Cisgender
- Non-binary, gender queer, third gender
- For a gender not included above please specify _____
- Prefer not to answer

Within the broad categories below, where would you place your racial or ethnic identity? (pick all that apply)

- Native American, American Indian or Alaskan Native
- Asian or Asian American
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White
- An ethnicity not included above (please specify) _____
- Prefer not to answer

Do you identify as part of the LGBTQIA2S+ community?

Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, or Two-Spirit.

- Yes
- No

Which of the following best represents your annual household income before taxes?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more
- Prefer not to answer

Do you live with a disability? (Select all that apply)

- Hearing difficulty (deaf or having serious difficulty hearing)
- Vision difficulty (blind or having serious difficulty seeing, even when wearing glasses)
- Cognitive difficulty (because of a physical, mental or emotional problem, having difficulty remembering, concentrating or making decisions)
- Ambulatory difficulty (unable or having serious difficulty walking or climbing stairs)
- Self-care difficulty (unable or having difficulty bathing or dressing)
- Independent living difficulty (because of a physical, mental or emotional problem, unable or having difficulty doing errands alone)
- A disability not included above
- No disability
- Prefer not to answer

What is the language most commonly spoken in your home?

- Arabic
- Cantonese
- English
- Japanese
- Korean
- Mandarin
- Russian
- Spanish
- Ukrainian
- Vietnamese
- Other (please specify)