**Westchester County Continuum of Care Partnership to End Homelessness**

**Board Member Re-Commitment & Alternate Notification Form**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ representing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby re-commit to Board Membership and declare the following person(s) as my alternate(s) for the purposes of representation on the Westchester County Continuum of Care Partnership to End Homelessness Board. I understand that it is my responsibility to inform the CoC Co-Chairs if there are any changes to this information.**

**Primary Alternate (required):**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

**Secondary Alternate (optional):**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date