



**COORDINATING COUNCIL ROLES & RESPONSIBILITIES
FY 2015**

Below is a synopsis of the Coordinating Council Roles & Responsibilities and key expectations. The purpose of the Coordinating Council is to provide the SDMFC with leadership and functional authority to make decisions that can effect changes to accomplish our vision, mission and goals. It is with this in mind, that we ask you to review the points below:

My responsibilities:

1. Establish policy and provide leadership and direction to the SDMFC.
2. Be an active participant in SDMFC activities.
3. Act with informed judgment in making decisions, and avoid any actual conflict of interest or appearance of conflict of interest, and disclose any actual or potential conflict of interest to the Coordinating Council Chairs.
4. Commit to contributing the necessary resources, which can include in-kind, to the extent possible to further the success of the SDMFC in meeting its vision, mission and goals.
5. Support active participation of self or staff in SDMFC Task Forces and Work Groups.
6. Establish information-sharing, communication and feedback mechanisms to maximize participant understanding of SDMFC mission, vision and goals.
7. Attend at least 75% of Coordinating Council Meetings (1x per month). (I understand with less than 75% meeting attendance during a calendar year I will be contacted to determine my desire for continued SDMFC Coordinating Council participation.)
8. Monitor composition of the Coordinating Council to ensure a balanced, cross-sectional representation is maintained.
9. Designate liaisons to Task Force to act on behalf of the Coordinating Council as necessary.
10. Review and confirm partnership and grant applications as applicable.

Your participation as a Coordinating Council member is necessary to achieve our goals. We appreciate your time, your expertise and support, in enabling us to fulfill our mission.

TERM: The Coordinating Council Roles and Responsibilities doc will be re-signed annually.

The representative designated as my alternate to have authority to make decisions on my behalf is: (optional)

Name: _____ Email: _____

I have read the above synopsis of Coordinating Council Roles & Responsibilities, correlating SDMFC bylaws and look forward to assisting SDMFC to achieve its goals by fulfilling the requirements listed above.

Name: _____ Email: _____

Signature: _____ Date: _____

Supervisor (if applicable): _____ Signature: _____

The category(ies) I identify with are circled below:

- | | | |
|--------------------------|------------------------|---------------------------------|
| a. Parent/ Spouse | e. Healthcare | j. SAY San Diego Representative |
| b. Youth | f. Social Services | k. Philanthropy |
| c. Government (Advisory) | g. Business | l. Other: _____ |
| d. Education | h. Faith Community | |
| | i. Military (Advisory) | |