In accordance with Article II Section 3 of the Wisconsin Balance of State Continuum of Care (WIBOSCOC) Bylaws listed below, the Delegate Change form has been created to assist with the proper notification of a change in a Local Coalition Delegate. Please complete and submit the Delegate Change form to the Secretary of the WIBOSCOC prior to the first meeting of the new or back-up Local Coalition Delegate.

*ARTICLE II, Section 3. Each Member of the Corporation will be represented by one Delegate selected by the Member in accordance with its Governance Documents. The Delegate will attend Membership meetings on behalf of the Member the Delegate represents and vote on the Member’s behalf to the extent Membership voting is permitted. The Local Coalition may select its Delegate in whatever manner it deems appropriate as reflected in and consistent with the Member’s Governance Documents. Each Member shall notify the Secretary of the Corporation of the identity of the Delegate selected by such Member and any subsequent change made in accordance with its Governance Documents prior to the meeting the Delegate will first attend as the Member’s Delegate. The Delegate identified by the Member will continue to serve as Delegate until the qualification of a successor Delegate or the prior Delegate’s removal by the Member. No Delegate is permitted to represent more than one Member.*

|  |  |
| --- | --- |
| LOCAL COALITION |  |
| CURRENT DELEGATE NAME |  |

|  |
| --- |
| **Please check one:** **[ ] NEW PERMANENT** **[ ] BACK-UP DELEGATE INFORMATION** |
| NAME |  |
| AGENCY |  |
| TITLE |  |
| PHONE NUMBER |  |
| EMAIL ADDRESS |  |
| DATE OF LOCAL COALITION VOTE |  |
| DATE RECEIVED BY BOS SECRETARY |  |

\*DATE OF LOCAL COALITION VOTE: For a back-up delegate use the date of local governance document approval. For a permanent delegate change use the date the local coalition voted for that change.

*By signing below, I confirm that the local coalition listed above has followed the process on delegate selection as established in the coalition’s local governing documents.*

Print Name: Signature: