Date

Local Homeless Coordinating Board

Charles Minor, Staff

P. O. Box 427400

San Francisco, CA 94142-7400

Dear Board Members,

I am writing to request your consideration of my appointment to the Shelter Grievance Advisory Committee, in the following seat(s) (*please select one*).

* At-large
* Transitional Aged Youth Consumer (TAY Programs serve 18 – 24 year olds)

*Insert a few sentences about:*

* *how your history/experience relates to the seat you are seeking,*
* *your background and experience related to the work of the Committee, and*
* *why you feel you would be a good addition to the Committee.*

Thank you for your consideration. I can be contacted at *Please include email and phone*.

Sincerely,

*Please forward your letter and* ***cc*** *both Charles Minor, Department of Homelessness and Supportive Housing at* *Charles.Minor@sfgov.org* *and Cordel1 Thompson, Department of Homelessness and Supportive Housing at* *Cordell.Thompson@sfgov.org*