APPLICATION FOR ADMINISTERING BOARD MEMBERSHIP
Oakland Low-Income Community

Applicant Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

GEOGRAPHIC AREA TO BE SERVED: Identify the Oakland CDBG low-income geographic area you would represent.(**Please Check One**)

DISTRICT 1 _____   **DISTRICT 4** _____   **DISTRICT 7** _____

DISTRICT 2 _____   **DISTRICT 5** _____

DISTRICT 3 _____   **DISTRICT 6** _____

Provide a brief explanation of your interest in serving on the AC-OCAP Administering Board:

_____

_____

_____

_____

_____

_____

I certify that I have read the AC-OCAP Administering Board Membership guidelines and I certify that I am willing and able to adhere to the requirements specified therein by AC-OCAP and with the applicable federal and state regulations.

Signature of Applicant:

Name:_____Date: _____

Please submit the completed application and original signed petition to:

**Alameda County – Oakland Community Action Partnership (AC-OCAP) ● ATTN: Board Recruitment ●
150 Frank H Ogawa Plaza, 4th Floor, Ste. 4340 ● Oakland, CA 94612 ● (510) 238-2362 ●
Fax (510) 238-2367● E-mail: AC-OCAP@oaklandnet.com**

Oakland Low-Income Community Representation Petition

I, the undersigned, do hereby state that I am a resident of the City of Oakland and that my present place of residence is truly stated opposite my signature, and that I do hereby sign this Petition, as set forth below, to enable the contents of this Petition and Application be submitted to the Alameda County – Oakland Community Action Partnership Administering Board for membership consideration.

Signature (required): _____   **Date:**_____   **Oakland CDBG District:** _____

Printed name: _____   **Address:**_____**Zip Code**_____

PETITION TO ELECT AN OAKLAND LOW-INCOME COMMUNITY REPRESENTATIVE TO THE AC-OCAP ADMINISTERING BOARD FOR A THREE-YEAR TERM

	Print Full Name **must be 18 or older**	Signature **Required**	Complete Address **must live within CDBG district**	District Resident Y/N	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

AC-OCAP - Oakland Administering Board Application