

CITY OF LOS ANGELES
COMMUNITY ACTION BOARD
**POVERTY SECTOR
REPRESENTATIVE
APPLICATION PACKET**



**Please submit completed application
along with support documents in a PDF
format to:**

Joumana.Silyan-Saba@lacity.org

Late and/or incomplete applications will Not be considered.

COMMUNITY ACTION AGENCY (CAA)

Community Action Board Application POVERTY SECTOR REPRESENTATIVE

This opening is for APC3 Central Los Angeles. Interested candidates will be *democratically selected* and must meet the following criteria:

- 1- **Must be at least 18 years of age.**
- 2- **Must reside in the specific Area Planning Commission (APC).**
- 3- **Must represent low income community (i.e. *voluntary participant elected to serve as representative of poverty communities*).**
- 4- **Must be endorsed by poverty representatives (area residents as well as representatives of organizations serving low income communities).**

Please follow the process outlined in this application. All applications must be fully completed and submitted by **January 11, 2016** in order to be accepted for consideration.

If you need more information on the area definition, please visit http://cityplanning.lacity.org/complan/apc/citywd_apc.htm or see attached Map

City of Los Angeles residents, who are at least 18 years of age, reside in the specific Area Planning Commission (APC) and wish to represent (Central Los Angeles), may submit an Application and all required documents for consideration through the set selection process with accordance to the Federal Community Services Block Grant Act. No write-in candidates will be permitted.

Upon submission, each applicant's application will become public information and may be reviewed as such by interested parties.

Name: _____

Home Address: _____

City/State/Zip: _____

Business Phone: _____

Home Phone: _____

Cell Phone: _____

FAX: _____

Email Address: _____

PART I: SIGNATURE PAGE

FORM A

I, _____(Please print name), certify that I am a resident of the City of Los Angeles and of the Area Planning Commission (APC3) I seek to represent; I am at least 18 years of age.

Signature: _____

Date: _____

Have you had prior Community Services Block Grant (CSBG) experience? If yes, please complete the following:

Yes No

Achievements:

Awards:

COMMUNITY AFFILIATIONS: Please indicate current affiliations.

Activities:

Groups:

Clubs:

Organizations:

Commissions or
Boards:

By signing this Application, I also signify that I am *NOT* an officer or an employee of an organization contracting to perform a component of the City's Human Services work program or an employee of the City of Los Angeles; employee or immediate relative of an employee of the California Department of Community Services and Development; officer, employee, or immediate relative to an employee of an organization receiving CSBG funds; employee of the CAA or the Federal Department of Health and Human Services (HHS).

By submitting the attached Application, I seek to be recognized as a candidate for the position of Poverty Sector Representative

Signature of Applicant

Date

PART II: STATEMENT OF PURPOSE AND QUALIFICATIONS

FORM B

Please make a brief statement (200 words or less) describing your reason(s) for seeking a position as a Poverty Sector Representative on the City of Los Angeles Community Action Board. Please describe what you consider your qualifications to be and how such qualifications will further assist CAB in meeting its goals.

STATEMENT:

PART III: QUALIFYING EXPERIENCE

FORM C

An applicant must have some working knowledge of poverty-related issues and/or activities, as a paid worker and/or as ***voluntary participant elected to serve as representative of poverty communities***.

Please use the spaces below in the right column to describe your experience. For each work/activity cited in the right column, the applicant must provide all information requested in the left columns or attach a copy of your resume.

Date: _____ Contact Person: _____ Phone: _____
From: _____ Organization: _____
Address: _____
To: _____ Description of Work/Activity: _____

Date: _____ Contact Person: _____ Phone: _____
From: _____ Organization: _____
Address: _____
To: _____ Description of Work/Activity: _____

Date: _____ Contact Person: _____ Phone: _____
From: _____ Organization: _____
Address: _____
To: _____ Description of Work/Activity: _____

(Use additional paper if desired)

CANDIDATE NOMINATING PETITION

The Nominating Petition must contain the signatures/endorsements of at least 10 people in poverty who reside in the APC area. For the selection, an endorser’s signature is considered valid, only if the person meets all of the following criteria:

- a. The person is a resident of the City of Los Angeles and resides in the APC area the candidate is applying to represent;
- b. The person is at least 18 years of age; and
- c. The person is a “person in poverty” as determined by one or more of the following criteria:
 - i. the individual’s family income falls within the Poverty Income Guidelines (see chart below)

<u>POVERTY INCOME GUIDELINES</u>	
Size of Family Unit Residing in Same Household	Annual Family Income*
1	\$11,170
2	\$15,130
3	\$19,090
4	\$23,050
5	\$27,010
6	\$30,970
7	\$34,930
8	\$38,890

*The income figures given are for non-farm families, pursuant to the 2012 Federal Poverty Income Guidelines.

- ii. the family’s eligibility to receive Temporary Assistance to Needy Families (TANF);
or
- iii. the family’s eligibility to receive Supplemental Security Income (SSI).

It is the further responsibility of the applicant to insure that each person who signs their nominating petition is informed of the purposes of the Community Action Agency and the Community Action Board.

Each nominating petition will be reviewed to determine whether it contains the 10 eligible

LETTERS OF ENDORSEMENT

The applicant is required to submit two (2) Letters of Endorsement from community leaders, and/or heads of service organizations representative of poverty populations, as part of the application. Community leaders can be, but do not need to be, associated with the APC the candidate is applying to represent. Please limit each letter of endorsement to One (1) page.

The letter must be addressed to the City of Los Angeles Community Action Board and comment on the applicant's qualifications to assume the role of POVERTY SECTOR REPRESENTATIVE on the CAB.

Such letters of endorsement should come from leaders in the community, service provider, advocate or representative of poor communities in the City of Los Angeles.

The letter of endorsement must be signed and include the following information;

- Endorser's Name
- Address
- Home or Business Telephone Number
- Organization / letter head (if applicable)

Instructions: Completed letters of endorsement should be attached in PDF format along with the completed application at the time of submission. Letters of endorsement will not be accepted if submitted independently. Please be sure to include the signed endorsement letters along with the completed application.

CITY OF LOS ANGELES COMMUNITY ACTION BOARD

APPOINTING AUTHORITY: The Community Action Board (CAB) is a 12 member advisory board consisting of representatives from three sectors: (3) poverty sector, (3) public sector and (3) private sector.

- ✓ Poverty sector representatives to the CAB are *democratically selected* from 3 of the City's Area Planning Commissions (APC).
- ✓ Public sector representatives are generally City Council members or their designees.
- ✓ The Mayor appoints the private sector representatives - who must be confirmed by the poverty and public sector members - from businesses and organizations that are broadly reflective of the community.

Eligible Poverty Sector candidate will be seated by the CAB.

CAB RESPONSIBILITIES: The CAB is the oversight body for the City's poverty programs under CSBG funding. The tripartite Board is governed by bylaws set forth with accordance to the state as well as federal requirements. It is responsible for approving the development, planning, implementation and evaluation of programs funded by the Community Services Block Grant (CSBG).

MEMBER RESPONSIBILITIES: Members must be willing and available to commit the time and effort to focus on the duties and responsibilities of the CAB, as outlined in the by-laws. Participate in committees, quarterly CAB meetings, and special meetings. Serve as a volunteer with no compensation. Comply with any state or local regulations on conflict of interest as applicable, and sign any required conflict of interest.

TERM OF SERVICE: The term of service for all CAB members shall be two (2) years term with accordance to the bylaws.

MEETING TIMES: Regular meetings of the CAB are scheduled on bi-monthly basis but must be held at least quarterly.

CERTIFICATION:

I certify that the information provided in this application is true and correct to the best of my knowledge.

Signature

Print Name

Date