



# 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, 4<sup>th</sup> Floor, Ste. 4340 • Oakland, CA 94612 • (510) 238-2362 •  
Fax (510) 238-2367 • E-mail: [AC-OCAP@oaklandca.gov](mailto:AC-OCAP@oaklandca.gov)**

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