Community Assembly NAME: _____
Supplementary Application and Questionnaire

Position applied for: **Community Assembly Liaison Member**
Community, Housing, and Human Services Board (CHHS)

In a separate document to accompany this form, please supplement or add to the information you have provided on the city's *Application for Committees/Boards/Commissions* and submit everything together.

A. **Educational History**
Describe your higher education background, higher education major(s) and degree(s), and any other formal education or certifications earned.

B. **Employment History**
Outline your employment history, and discuss any employment positions held and skills employment has provided that relate to this position.

C. **Involvement in the Community**
List the community projects, and/or community, civic, trade or professional organization in which you have been active.

Highlight the organizations that have provided the opportunity to experience and to learn in matters that relate to this position.

Discuss the community projects that have provided the opportunity to experience and learn in matters related to this position.

D. **Skills and Special Interests**
Discuss any further skills, interests and/or other experiences gained that relate to this position.

Neighborhood Council Connection
Which neighborhood council do you relate to? _____

Do you maintain member status in this neighborhood council? Yes_____ No_____

Please supply a neighborhood council reference.

Name: _____

Phone: _____ Contact Email: _____

Affirmation of Duties and Responsibilities
Sign and date the affirmation statement on the second page of this form.

Application Submission **DEADLINE = October 23, 2026, or until filled**

Email scanned PDFs to <u>both</u>: Paul Kropp, Liaison Committee Chair
pkropp@fastmail.fm
Heather Hamlin, Neighborhood Services
hhamlin@spokanecity.org

<u>Or</u> mail paper documents to: CA Liaison Committee c/o Heather Hamlin
Neighborhood Services
808 W. Spokane Falls Blvd, Spokane WA 99201

NAME: _____

Please refer to the city's provisions for the Community, Housing, and Human Services Board's functions and membership in the municipal code at SMC 04.34A.

Affirmation

I am aware of the purpose and functions of the Community, Health, and Human Services Board ("CHHS Board") as set forth in the City of Spokane's municipal code at SMC 04.34A.

I understand the Community Assembly's liaison member position on the CHHS Board has the full rights and responsibilities of a board member pursuant to SMC 04.34A.

I understand CHHS Board members are subject to the CHHS Board bylaws, including attendance and conflict of interest provisions.

I understand the responsibilities of service on the CHHS Board, of the term of office, and of the time commitment required.

I understand the CHHS Board's mission is to advise the mayor and city council principally as to matters related to:

- *Policy guidance and recommendations for community development, human services, and special purpose grant program implementation and funding.*
- *Funding priorities for housing programs and projects and social services utilizing federal, Washington State and city resources.*
- *Compliance with the planning, programing, and hearing requirements of the U.S. Department of Housing and Urban Development (HUD) and the Washington Department of Commerce.*
- *The funding of human services priorities as established by the city council.*

I understand the CHHS Board functions to advise the Community, Housing, and Human Services Department on the preparation and adoption, with broad public participation, of the city's Consolidated Plan and Annual Action Plans and other plan and programming documents required by the US Department of Housing and Urban Development.

I understand the responsibility of all CHHS Board members is to affirmatively represent the diverse constituencies that make up Spokane's extremely low to moderate income populations and the neighborhoods in which they reside.

I understand the CHHS Board liaison member is expected to submit pertinent written reports on the activities of the CHHS Board and HHS Department for each Community Assembly monthly agenda packet, to attend Community Assembly meetings at least quarterly, and to provide a verbal report at CHHS Board meetings on Community Assembly activities relevant to the work and duties of the CHHS Board.

Signature: _____ Date: _____