

**Community Assembly
Supplementary Application and Applicant Questionnaire**

NAME: _____

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 voting member status in this neighborhood council? Yes _____ No _____

Please supply a neighborhood council reference.

Name: _____

Phone: _____ Email: _____

Affirmation of Duties and Responsibilities

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

Application Submission

DEADLINE = October 23, 2020

Email scanned PDFs to both:

Paul Kropp, Liaison Committee Chair (and)
caliaisoncommittee@gmail.com
Carly Cortright, Neighborhood Services
ccortright@spokanecity.org

Or mail paper documents to:

CA Liaison Committee c/o Annie Deasy
Neighborhood Services
808 W. Spokane Falls Blvd, Spokane WA 99201

CHHS BOARD LIAISON MEMBER SUPPLEMENTARY APPLICATION

October, 2020

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NAME: _____

Please refer to the city’s provisions for membership on the Community, Housing, and Human Services Board in the municipal code at SMC 04.34A and in the CHHS Board bylaws (attached).

Affirmation

I understand the Community Assembly’s liaison position on the Community, Health, and Human Services Board (“CHHS Board”) has the full rights and responsibilities of a board member pursuant to SMC 04.34A.

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

- o Policy guidance and recommendations for community development, human services, and special purpose grant program implementation and funding.*
- o Funding priorities for human services and housing programs and projects utilizing federal, Washington State and City resources.*
- o 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.*
- o The funding of human services priorities as established by the city council.*

I understand the duty of the CHHS Board is to advise the Community, Housing, and Human Services Department on the preparation of the city’s Consolidated Plan and Annual Action Plans, and on updates to the city’s Citizen Participation Plan (CPP) as needed to facilitate the involvement of neighborhoods and citizen representation in the funding allocation process.

I understand the responsibility of the CHHS Board liaison, as 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, to guide Spokane’s community, housing, and human services now and into the future.

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

I understand the Community Assembly’s CHHS Board liaison is subject to the CHHS Board’s bylaws, including attendance and conflict of interest provisions.

I am aware of the role and responsibilities of the Community Assembly’s liaison position on the CHHS Board, of the term of office, and of the time commitment required.

Signature: _____

Date: _____