

MARIN COUNTY BOARD OF SUPERVISORS

Application for Appointment to the Regional Measure 3 Independent Oversight Committee

(Feel free to attach additional information, resume, biography, etc.)

Purpose of the committee: To ensure that any toll revenues generated pursuant to the RM3 toll increase are expended consistent with the applicable requirements of the RM3 expenditure plan set forth in Streets and Highways Code Section 30914.7 This committee is subject to the Brown Act. Meeting dates, frequency, and length will be established by the members of the committee. The location of meetings will be in San Francisco at the Bay Area Metro Center.

Composition of the committee: Streets and Highways Code Section 30923 (h) (3) mandates the composition of the Regional Measure 3 Independent Oversight Committee. The application questions below are designed to ensure the legal composition of the committee. The term length is four years and each representative is limited to two terms.

Name: _____

Residence Address: _____

Business Name and Address: _____

Phone Number: _____ Email: _____

1. Will you be available to attend committee meetings regularly in San Francisco: Yes ____ No ____
2. Are you currently, or have you ever been, a member or staff member of the following agencies?
Metropolitan Transportation Commission (MTC): Yes ____ No ____
Bay Area Toll Authority (BATA): Yes ____ No ____
3. Have you ever been employed by any organization or person that has received or is receiving funding from MTC or BATA? Yes ____ No ____
4. Are you a former employee or a person who has contracted with any organization or person that has received or is receiving funding from MTC or BATA within one year of having worked for or contracted with that organization or person? Yes ____ No ____
5. Please list your memberships in other organizations (list name & address): _____

6. Please provide a brief description of your employment & educational history (Resume may be attached): _____

7. Please list at least 3 references: 1. Name _____ Phone: _____
2. Name _____ Phone: _____
3. Name _____ Phone: _____
8. As a member of this committee, what do you think you might contribute to help it fulfill its missions and goals: _____

Applicant signature: _____ Date: _____

Please return completed application by 5pm, Friday, June 28, 2019 to:
Clerk of the Board of Supervisors
3501 Civic Center Drive, Suite 329, San Rafael, CA 94903 or
Email address: Commissions@marincounty.org
For information call: 415-473-7331