APPLICATION FOR APPOINTMENT TO MARIN COUNTYWIDE PRIORITY SETTING COMMITTEE AND/OR LOCAL AREA COMMITTEE

Name	Email	
Home Address		
	Street	
	Telephone:	
Town	Zip	
Employer's Name _ & Address	Page Telephone:	
Present Occupation	on Are You Over 18 Years of Age _	
Committee(s) Applie	olied for ☐ Countywide Priority Setting Committee ☐ Local Area Committee	
If you represent on		
ii you represent an o	n organization, please list it	
Reasons for Applyin	ying	
Relevant Experienc	nce	
	and information may be attached. tions of which you are an officer or an employee that are funded by or may	request funding from the
, ,	lopment Block Grant or HOME programs:	request funding from the
	opinent block Grant of Flowie programs.	
Date	Signature	
Please return to:	County of Marin Federal Grants Division	

Marin County Community Development Agency

3501 Civic Center Drive Room 308 San Rafael, CA 94903-4157

Phone: 415-499-6279 (fax) 415-499-7880

**Please note that an applicant who is an employee or an officer of an organization that receives CDBG or HOME funding may not be eligible to serve as a committee member due to a potential conflict of interest. **

NOTE: This application will remain valid for a period of one year. If you would like information on conflict of interest or other eligibility requirements for positions, or want to check on the status of your application, please contact the Federal Grants office, 415-499-6279. Committee members may be required to file a financial disclosure form (listing sources of income, interests in real property, investments, and business positions) with the County which will be a public document.