LONG BEACH COMMUNITY ACTION PARTNERSHIP



117 West Victoria Street, Long Beach, CA 90805 (562) 216-4600 FAX (562) 591-4612

BOARD OF DIRECTORS LOW-INCOME SECTOR APPLICATION SUPPLEMENT

The Long Beach Community Action Partnership (LBCAP) Board of Directors representatives from the Low-Income sector must be at least 18 years of age and nominated, by petition, by at least 10 low-income residents of the City of Long Beach.

As a Low-Income Sector Representative, you MAY NOT be an employee of Long Beach Community Action Partnership; an employee or relative of an employee of the California Department of Community Services and Development; or an employee of the Federal Department of Health and Human Services.

Do you meet the conditions in the above statements?	☐ YES	□ NO
If NO, please explain:		
Are you are an employee, officer or immediate relative to an employee of an orga	anization red	ceiving
Community Services Block Grant funds through direct contract or subcontract?		□NO
If YES, please explain:		

PETITION PROCESS:

Representatives of the Low-Income Sector are required to submit a petition signed by at least ten (10) persons whose family income does not exceed the poverty guidelines. The attached "Petition for Candidacy" and the "Federal Poverty Guidelines for CSBG" should be used for this purpose.

SELECTION PROCEDURES:

Each representative of the Low-Income Sector shall be chosen in accordance with democratic procedures that ensure representation of people in poverty in the City of Long Beach.

The selection procedures shall be as follows:

- (a) The need for qualified candidates to represent the people in poverty on the LBCAP Board of Directors shall be publicized on the LBCAP website and on the Public Access Digital Network (PADNET).
- (b) Publication of Low-Income Sector vacancies shall be publicized for at least 30 days or until all Sector vacancies are filled.
- (c) Eligible candidates shall be required to submit an Application; a Resume; a Low-Income Sector Application Supplement; and a petition signed by at least ten (10) people in poverty.

- (d) Candidates must be willing to represent the low-income sector, be at least 18 years of age, and be willing and available to commit the time and effort to focus on the duties and responsibilities of the LBCAP Board of Directors, as outlined in the bylaws.
- (e) Candidates cannot be an employee of Long Beach Community Action Partnership; an employee or relative of an employee of the California Department of Community Services and Development; or an employee of the Federal Department of Health and Human Services.
- (f) Candidates who are an employee, officer or immediate relative to an employee of an organization receiving Community Services Block Grant funds through direct contract or subcontract must disclose this status in the Application Supplement.
- (g) The Nominations Committee shall screen and interview candidates, and make recommendations to the Board of Directors on their qualifications.
- (h) The LBCAP Board of Directors shall vote on candidates in a regular or special Board meeting, and the results of each vote shall be recorded in the minutes of the meeting.

CERTIFICATION:

Date

I certify that the information provided in this application my knowledge.	supplement is true and correct to the best of
Print Name	
Signature	

PETITION FOR CANDIDACY

Name of the Applicant:			
Address:			
City and Zip Code:			
Telephone Number:			
I, the undersigned, approve the candidacy for the Action Partnership (LBCAP) Board of Directors. I	candidacy for the above named p d of Directors. I certify that my ir	I, the undersigned, approve the candidacy for the above named person to represent the Low-Income Sector in the Long Beach Community Action Partnership (LBCAP) Board of Directors. I certify that my income falls within the Federal Poverty Guidelines, as per the attached.	Beach Community er the attached.
(NOTE: Persons signing this petiti	ion must be (1) a resident of the	(NOTE: Persons signing this petition must be (1) a resident of the City of Long Beach and (2) at least 18 years of age.)	
PRINTED NAME	SIGNATURE	<u>ADDRESS</u>	PHONE NO.
1.			
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