

CAB LOW-INCOME APPLICATION

PLEASE RETURN COMPLETED APPLICATION TO:

**Department of Public Social Services
Community Services Block Grant
Community Action Board
12860 Crossroads Parkway, South
City of Industry, CA 91746-3411
Attention: Hugo Giron, CAB Coordinator
(562) 908-6327**

CAB LOW-INCOME APPLICATION

COUNTY OF LOS ANGELES COMMUNITY ACTION BOARD

12860 CROSSROADS PARKWAY SOUTH, CITY OF INDUSTRY, CA 91746
(562)908-5715 FAX (562)699-2791



Antonia Jiménez, Director
Department of Public Social Services

Lupe Gamez, Executive Director
Community Action Board

Dr. Lance A. Williams, Chair
Community Action Board

BOARD OF SUPERVISORS

HILDA L. SOLIS
HOLLY J. MITCHELL
SHEILA KUELH
JANICE HAHN
KATHRYN BARGER

Los Angeles County Community Action Board (CAB) representatives of th
at least 18 years of age and be a resident of the Supervisorial District they are applying to represent.

Do you meet all of the conditions on the above statement? YES NO

As a Low-Income Sector Representative, you MAY NOT be the recipient of any grants or contracts from the Department of Public Social Services (DPSS) or the County of Los Angeles. You MAY NOT be an employee of the County of Los Angeles; employee or relative of an employee of the California Department of Community Services and Development; employee of the CAA or the Federal Department of Health and Human Services (HHS); officer, employee, or immediate relative to an employee of an organization receiving CSBG funds. Recipients of CSBG services are eligible to apply if they meet all other requirements.

Do any of the above statements apply to you?

YES NO I DON'T KNOW, PLEASE HAVE STAFF VERIFY

If yes, please explain: _____

REPRESENTATIVE INFORMATION:

First Name:		Last Name:	
Address:		Zip Code:	
Business Phone:		Home Phone:	
Cell Phone:		FAX:	
Email Address:			
Supervisorial District:			

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Age: 18-54 55 and over

Briefly state the personal goals you would like to see accomplished by the CAB:

<p>Have you had prior Community Services Block Grant (CSBG) experience?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>If yes, with Los Angeles County?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Are you a resident of the County of Los Angeles?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Achievements:	
Awards:	
Honoraries:	

COMMUNITY AFFILIATIONS:

Activities:	
Groups:	
Clubs:	

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Organizations:	
County Commissions:	

EDUCATION/WORK EXPERIENCE: Attach a copy of your resume.

Current Occupation:	
Name of Employer:	
Address:	Zip Code:
Type of Business:	
Contact Person:	
Telephone Number:	Cell Phone: Fax:
Email Address:	

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 "2021 Poverty Guidelines for CSBG" should be used for this purpose).

CHARACTER REFERENCES:

Please submit two-character references and letters of recommendation.

1.	Name:	
	Address:	
	City and Zip:	
	Telephone Number:	
	Occupation:	

2.	Name:	
	Address:	
	City and Zip:	
	Telephone Number:	
	Occupation:	

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2021 ANNUAL POVERTY GUIDELINES 200% FPL		
Persons in family/household	Annual	Monthly
1	\$25,760	\$2,147
2	\$34,840	\$2,903
3	\$43,920	\$3,660
4	\$53,000	\$4,417
5	\$62,080	\$5,173
6	\$71,160	\$5,930
7	\$80,240	\$6,687
8	\$89,320	\$7,443
9	\$98,400	\$8,200
10	\$107,480	\$8,957
11	\$116,560	\$9,713
12	\$125,640	\$10,470
13	\$134,720	\$11,227
14	\$143,800	\$11,983

Source: <https://aspe.hhs.gov/poverty-guidelines>

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PETITION FOR CANDIDACY

Name of the Applicant:	
Address:	
City and Zip Code:	
Telephone Number:	
Occupation:	
Supervisorial District:	

I, the undersigned, approve the candidacy for the above-named person to represent the Low-Income Sector in the Los Angeles County Community Action Board (CAB). I certify that my income falls within the Poverty Guidelines, as per the attached. (NOTE: Persons signing this petition must be residents of the Supervisorial District the candidate is applying to represent and be at least 18 years of age).

	<u>NAME</u>		<u>ADDRESS</u>		<u>PHONE NO.</u>
1	(Print)				
	(Signature)				
2	(Print)				
	(Signature)				
3	(Print)				
	(Signature)				
4	(Print)				
	(Signature)				
5	(Print)				
	(Signature)				
6	(Print)				
	(Signature)				
7	(Print)				
	(Signature)				
8	(Print)				
	(Signature)				
9	(Print)				
	(Signature)				
10	(Print)				
	(Signature)				

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LOS ANGELES COUNTY COMMISSIONERS COUNTY-RELATED FINANCIAL DISCLOSURE QUESTIONNAIRE

(This information is required by State law)

1. List all contracts entered into, bid on, or negotiated with the County, or any County Board, commission or committee either as an individual or by any business in which you or your immediate family owns directly, indirectly, beneficially, a ten percent interest or greater.

2. List each source of income aggregated more than \$250 during the last 12 months derived from real property that you or your family owns directly, indirectly, beneficially and is leased or rented by the County or is subject to regulation, in section, or enforcement authority of the County or of the Board, commission, or committee for which you are being considered for appointment.

3. List any source of income (aggregated more than \$250 during the last 12 months) that has regular transaction with any County agency, Board, committee or commission.

4. List all investments worth more than \$1,000 in entities in which you or your immediate family owns directly, indirectly, beneficially, a ten percent interest or greater, and provides or sells services or supplies utilized by the County or are subject to regulation, inspection or enforcement authority of the County or of the Board, commission, or committee for which you are being considered for appointment.

5. List the name of any businesses entity for which you were a director, officer, partner, trustee or employee for which you held any position of management that is the subject of any business transactions with the County or which is subject to regulation, inspection, or enforcement authority of any County agency or by the Board, commission or committee for which you are being considered for appointment.

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TITLE: LOS ANGELES COUNTY COMMUNITY ACTION BOARD

AUTHORITY: The Board of Supervisors authorized the establishment of the Community Action Board effective April 23, 1980. (Board Order No. 107 of December 18, 1979).

CAB RESPONSIBILITIES: Participate actively in the development, planning, implementation and evaluation of programs funded by the Community Services Block Grant (CSBG). Review policies relating to program monitoring and accountability of the Community Action Agency (CAA), and recommend to the Board of Supervisors the adoption of such changes of policies as it may deem necessary and desirable. Present to the Board of Supervisors recommendations on all major program issues (including, but not limited to, anything that may require the Governing Body's approval, such as legislation); establish annual program priorities; review and approve annual plans for the conduct of the program.

NUMBER OF MEMBERS: Fifteen, as follows:

- a. Five representatives of the public sector.
- b. Five representatives of the private sector.
- c. Five representatives of the low-income sector.

MEMBER RESPONSIBILITIES: Members must be willing and available to commit the time and effort to focus on the duties and responsibilities of the CAB, as outlined in the by-laws. Participate in committees, monthly regular CAB meetings, and special meetings. Serve as a volunteer with no compensation. Comply with any state or local regulations on conflict of interest as applicable and sign any required conflict of interest forms such as the Statement of Economic Interest.

APPOINTMENTS: Appointments are as follows:

Representatives of the public sector

Are selected by the Board of Supervisors and serve at the pleasure of the Board of Supervisors.

Representatives of the private sector

Are selected by the membership of the Los Angeles County Community Action Board and may serve for five years and can be reappointed to serve another five years, up to a maximum of ten years.

Representatives of the low-income sector

Are selected in accordance with democratic procedures that ensure representation of people in poverty in each Supervisorial District. May serve for five years and can be reappointed to serve another five years, up to a maximum of ten years.

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 each Supervisorial District in the areas served by the County CAA. Alternates will be chosen at the same time and in the same manner as the representatives.

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The selection procedures shall be as follows:

- (a) The need for qualified candidates to represent the people in poverty on the CAB shall be widely publicized.
- (b) Eligible candidates shall be required to submit a resume, declaration of candidacy, a petition signed by at least ten (10) people in poverty, and two (2) character references. Candidate must be willing to represent the low-income sector, be a resident in the Supervisorial District they are selected to represent for at least two (2) years, 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 CAB, as outlined in the by-laws. Candidate cannot be an employee or relative of an employee of the Department of Public Social Services or a CSBG-funded agency.
- (c) The Nominations Committee shall screen and interview candidates and make recommendations to the Board on their qualifications.
- (d) The CAB shall select representatives and alternates. Alternates shall have no vote and may attend CAB committee meetings and shall only serve as voting members in absence of regular members. In the event of absence, removal or resignation of the regular member, the alternate shall serve the balance of the term as a regular member. An alternate will be selected to fill the vacated alternate seat.

CERTIFICATION:

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

Print Name

Signature

Date