**Logo

Description automatically generated with medium confidenceapplication for appointment**

**to Transform Fresno Outreach & Oversight Committee**

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| --- | --- |
| **Date:** |  |
| **Name of Applicant:** |  |
| **Organization and Position:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Email:** |  |
| **Are you a co-applicant or associated with a project?** | Yes, I am a co-applicant or associated with a project \_\_\_\_\_  No, I am not a co-applicant or associated with a project \_\_\_\_\_ |
| **Does the Applicant live, work or own property in the Transform Fresno Community Area? See attached Map.** | Live\_\_\_\_\_\_ Work\_\_\_\_\_\_ Own Property\_\_\_\_\_\_ |
| **Which project area do you represent?** | Chinatown\_\_\_\_\_\_ Downtown\_\_\_\_\_\_ Southwest\_\_\_\_\_\_ |
| **Held eligible voter status on the former Community Steering Committee?** | Yes, I held eligible voter status\_\_\_\_\_  No, I did not hold eligible voter status\_\_\_\_\_ |
| **If you are not considered at this time, may we contact you in the future?** | Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ |

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| **Skills & Experience** |
| Please detail your background and involvement in the Transformative Climate Communities process to date. Additionally, describe your proposed goals and how you will achieve these through a seat on the Outreach & Oversight Committee: |

If this is not a self-nomination, please fill out below:

|  |  |
| --- | --- |
| **Nominated by:** |  |
| **Position:** |  |
| **Organization:** |  |
| **Tel No:** |  |
| **Email:** |  |

I confirm I have gained the nominee’s consent for their name and details to go forward.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |

**I confirm that the above information is true. Falsified information is grounds for removal from the Outreach and Oversight Committee.**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |

**Please return to: City of Fresno**

**Attn: City Manager’s Office – Transform Fresno**

**2600 Fresno Street**

**Fresno, CA 93721 or**

[**courtney.espinoza@fresno.gov**](mailto:transformfresno@fresno.gov)

559-621-7774

**For Administration Use only:**

|  |  |
| --- | --- |
| **Date Received** |  |
| **Method (email, paper, fax)** |  |

***\*\*Please note, applicants or nominees must live, work or own property in the Transform Fresno Community Area. If the applicant nominee is found to not meet the requirements, they will be removed from the Outreach and Oversight Committee. Please attach proof of residency, ownership or employment to submittal.***