

APPLICATION BUCKS COUNTY COMMUNITY DEVELOPMENT ADVISORY BOARD

The Bucks County Community Development Program is seeking Bucks County residents to serve as citizen representatives in its Community Development Block Grant (CDBG) Advisory Board.

Purpose of Board: The CDBG Advisory Board is responsible for reviewing applications for funding under the federal CDBG program and making recommendations to the County Commissioners. Applications typically include funding requests from municipal and nonprofit organizations for projects (e.g., infrastructure, public facilities, services, housing, economic development) intended primarily to benefit low/moderate income persons and persons with disabilities.

Geographic Area: The CDBG program covers all of Bucks County with the exception of Bensalem and Bristol townships. These two municipalities have their own federal CDBG entitlements separate from the County.

Appointment Term: The term of appointment for Citizen Representatives is two years.

Time Commitment: Appointed members are expected to attend up to five meetings per year. The meetings take place in the afternoon on selected Mondays in June, October, and November. Meetings start at 2:00 PM and last up to two hours. All meetings are held at the address listed below.

Number of Citizen Representatives: The CDBG Board has a total of 12 Citizen Representatives. All members are appointed simultaneously and for the same term.

Selection Criteria: The program seeks broad representation. The criteria for selection are:

- 1) **Geographic Representation:** This is targeted on the basis of State Assembly Districts with the intent of appointing at least one person for each of the eight Districts: 29, 31, 140, 142, 143, 144, 145, and 178.
- 2) **Socio-Economic Criteria:** The program also seeks diversity in terms of race, ethnicity, disability, background and experience, income, and familiarity with local needs.
- 3) **County Residency:** Applicants must be County residents, living in a municipality outside of Bristol Township or Bensalem Township.
- 4) **Reappointment:** Some Citizen Representatives that served in the previous term may seek reappointment and may be given consideration.

Ineligibility: Persons serving as elected or appointed municipal officials are not eligible for appointment as Citizen Representatives.

Application Deadline: All residents wishing to be considered for membership on the Community Development Advisory Board must submit a complete application in print form (including the required attachments) by 4:00 PM on Friday, May 7, 2010, to the attention of:

Director
Bucks County Office of Community Development
Neshaminy Manor Center
1260 Almshouse Road
Doylestown, PA 18901
215/345-3844

Appointing Entity: All applications will be reviewed and considered by a committee of 12 municipal representatives appointed by the Bucks County Boroughs Association (5 members), Bucks County Association of Township Officials (4 members), and three permanent municipal members (Falls, Middletown, Warminster).

Digital Copy: For a digital copy of the application, please send a request to business@co.bucks.pa.us.

Notification: All applicants will receive a written notification in July 2010 on the selection results.



**CITIZEN REPRESENTATIVE
BUCKS COUNTY COMMUNITY DEVELOPMENT ADVISORY BOARD**

-Line-by-Line Application Instructions-

A. CONTACT INFORMATION

Name: Enter first and last name.

Phone: Enter day-time phone number.

E-Mail: Enter your e-mail address. If you do not have e-mail, please leave blank or enter N/A.

Residential Address: Enter the address for your place of residence. Note: An Applicant must reside in the County to serve on the Board. If an address is not provided, it will be assumed the Applicant does not live in the County.

Employer: Enter the name of your employer. If you do not have an employer, please indicate the employment status that best applies to you (e.g., retired, unemployed, not in the work force).

B. RACE, GENDER, ETHNICITY

Step 1: Select the major category that best describes your race: White, Black/African American, Pacific Islander. If these categories do not reflect your race, please enter the name of your race under "Other")

Step 2: Select the group that best denotes your ethnicity (e.g., Hispanic or Non-Hispanic).

Step 3: Enter an "X" in the box that also identifies your gender.

C. AGE, DISABILITY, OCCUPATION, AND INCOME

Age: Enter your age as of the date of filling this application.

Disability: This applies to any person who has received a disability status, by an entity such as Social Security.

Occupation: Enter the name of your professional occupation. If not working, please enter the description that best fits your occupation (e.g., retired, student, not in the work force).

Income: Please follow the instructions under TABLE A in the application.

D. INTEREST

Briefly describe why you want to serve on the CDBG Board.

E. QUALIFICATIONS

Provide a brief summary of the knowledge and expertise you have to offer to the workings of the CDBG Board.

F. RESUME

Please attach a copy of your resume. If you do not have a resume, provide a brief outline of your education, community involvement, and work experience.

G. REFERENCES

The submission must include a listing of three references. The information for each reference must include name, address, phone, description of relationship (e.g., supervisor, work colleague), and listing of the best time to contact the person. Note: The selection committee may (or may not) contact one or more of the references provided.



BUCKS COUNTY COMMUNITY DEVELOPMENT ADVISORY BOARD CITIZEN REPRESENTATIVE APPLICATION

A. APPLICANT CONTACT INFORMATION

Name: _____ Phone: _____ E-Mail: _____
 Residential Address: _____
 Employer: _____ Employer Address: _____

B. APPLICANT GENDER, RACE, & ETHNICITY

Gender	White		Black/African American		Asian/Pacific Islander		Other Specify: _____	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. APPLICANT AGE, DISABILITY, OCCUPATION, & INCOME

Age: _____ Do you have a disability? Yes No Occupation: _____

Income: Please refer to Table A. Follow the instructions and answer question 5, by checking "Above" or "Below."

TABLE A

TABLE B

- 1) Please refer to information on Table B.
- 2) Please refer to Column entitled Family Size.
- 3) Identify the figure corresponding to the total number of persons living with you.
- 4) Circle the number. Look at the dollar income figure corresponding to the number.
- 5) Is your annual family income above or below the dollar this dollar figure?
 Check one: Above Below

Family Size	Income
1.....	\$43,600
2.....	\$49,800
3.....	\$56,050
4.....	\$62,250
5.....	\$67,250
6.....	\$72,200
7.....	\$77,200
8.....	\$82,150

E. INTEREST: Describe why you want to serve on the CDBG Advisory Board (in space provided):

F. QUALIFICATIONS: Describe which specific qualifications and/or experience would help you make a contribution to the CDBG Advisory Board (in space provided): _____

F. RESUME: Copy of resume attached: Yes No

G. REFERENCES: Attach list of three (3) professional references. Include name, phone, address, relationship, and best time to contact.

OFFICE USE ONLY:	Application #: _____
Application Received on Time:	____ Yes No ____
Application Complete:	____ Yes No ____
Resume Attached:	____ Yes No ____
References Attached:	____ Yes No ____



**DATE OF RECEIPT
STAMP**