



**COMMUNITY ACTION BOARD**  
**MEMBERSHIP APPLICATION**

The \_\_\_\_\_  
(Name of Organization or Governmental Agency)

requests to serve as a member of the Sacramento Employment and Training Agency's Community Action Board (CAB) representing the following sector:

\_\_\_\_\_  
(Public, Private or Low-Income)

We understand that, if selected, our organization will not be eligible to complete for Community Services Block Grant funds.

If selected, our representative to the CAB will be:

Name: _____	Phone: (Home): _____
Address: _____	(Work): _____
_____	e-mail: _____

Our alternate representative will be:

Name: _____	Phone: (Home): _____
Address: _____	(Work): _____
_____	e-mail: _____

Please provide a brief description of the nature of your organization. Include the population and low-income target area you serve or represent:

\_\_\_\_\_

Please provide a complete description of your funding sources, your board of directors, your organizational mission as well as the structure of your organization, i.e., non-profit, private, profit, etc.

---

Please provide a complete listing of commissions, boards, committees, etc., on which your representative and alternate sites. (Please review the attached listing of SETA/CAB-funded programs to determine potential conflicts.)

**REPRESENTATIVE**

**ALTERNATE**

---

---

---

---

---

---

---

Signature

---

Date

---

Typed Name and Title of Individual Signing for Organization

---

Name of Organization

---

Address of Organization

---

Telephone Number of Organization



**SETA CAB candidates who will represent an agency with continuing CAB membership should complete only the current page of this application, which will be attached to the representing agency's full application.**

**CANDIDATE'S CONTACT INFORMATION:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_

What interests you about serving on the Community Action Board? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please initial your willingness to sign a Conflict of Interest form:

\_\_\_\_\_ Prior to sitting on the Community Action Board; and

\_\_\_\_\_ Upon leaving the Community Action Board

\_\_\_\_\_  
(Signature of CAB Applicant)

\_\_\_\_\_  
(Date)