



# SAN FRANCISCO BAY

RESTORATION AUTHORITY

## Independent Citizens Oversight Committee Member Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address (Home): \_\_\_\_\_  
*City Home County*

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

### Employment Information

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Telephone \_\_\_\_\_

Work County: \_\_\_\_\_ Work Email: \_\_\_\_\_

### Regional Representation

Membership of the independent Citizens Oversight Committee shall include residents of the North Bay, East Bay, West Bay and South Bay as defined in Government Code 66703(a). The Oversight Committee should have at least one representative from each of the four regions and the two remaining committee members should be from counties not already represented.

Individuals from the following counties are eligible to apply to this call for applications: Napa, San Francisco, San Mateo, Solano, and Sonoma. Individuals will be considered for both the at-large seat and West Bay seat, as applicable.

Check the county(s) that you would be representing:

Napa

Solano

San Francisco

Sonoma

San Mateo

## Area(s) of Expertise

Please list if you have experience in fields listed below and list any skills or knowledge in those areas.

Water Quality

Pollution Reduction

Habitat Restoration

Flood Protection

Improvement of Public Access to the Bay

Financing of any of the above objectives

Describe:

## Eligibility Questions

Please confirm the following to determine your eligibility:

I am not an elected official or government employee.

I do not have or expect to have a financial interest in a decision of the Authority.

I am not affiliated with an organization associated with a member of the Governing Board.

Members of the Citizen Oversight Committee may be required to file financial disclosure/conflict of interest statements pursuant to rules and forms established by the Fair Political Practices Commission. Are you willing to file such financial disclosure statement if appointed to the Independent Citizens Oversight Committee?      Yes      No

## Interest in the Independent Citizens Oversight Committee

Please explain why you are interested in joining the Restoration Authority's Independent Citizens Oversight Committee, and what you can bring to the Committee. (Limit response to 1 page)

## Certificate of Applicant

All answers and statements in this document are true and complete to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_