



## Shasta County Community Action Agency Advisory Board Candidate Application



Return completed application to:  
Shasta County Community Action  
1450 Court St. Suite 108  
Redding, CA 96001  
Phone (530) 225-5160  
Fax (530) 225-5178  
[www.co.shasta.ca.us](http://www.co.shasta.ca.us)

### **Shasta County Community Action Agency**

The Shasta County Community Action Agency was incorporated in 1973 to provide services that address the problems caused by poverty and services that help prevent poverty to residents of Shasta County. The Shasta County Community Action Agency (SCCAA) is the Community Services Block Grant (CSBG) entity that provides programs and services based on local community needs in Shasta County. We provide various programs that assist low-income families and vulnerable populations either through direct services through our office or by utilizing subcontractors. Response to needs in the community effectively meet the needs of low-income residents in the community through grants and contracted services by local or regional partners. This collaborative effort includes many valuable agencies, including the Department of Social Services and numerous Community Based Organizations.

### **The Promise**

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. Community Action Agencies care about the entire community, and are dedicated to helping people help themselves and each other.

### **Mission Statement**

The Shasta County Community Action Agency provides leadership, advocacy, and services assisting low-income and disadvantaged persons to achieve self-sufficiency.

### **Community Action Board**

The Community Action Agencies (CAA's) are required to have advisory boards to gain and retain designation as eligible entities and to receive CSBG funding. Effective tripartite boards reflect and promote the unique anti-poverty leadership, action, and mobilize responsibilities as designated by the CSBG Act to CAAs. Boards are responsible for assuring that SCCAA continues to assess and respond to the causes and conditions of poverty in the community, achieve anticipated family and community outcomes, and remain administratively and fiscally sound.

A tripartite board member is made up of 1/3 low-income, 1/3 private, and 1/3 public sector representation. Some of the Community Action Board Roles and Responsibilities include, but not limited to:

- *Identifying the needs of the community*
- *Establishing goals for the Community Action Agency*
- *Formulating strategic plans for community action*
- *Approving proposals for financial assistance*

Thank you for your interest in applying to be a member of the Shasta County Community Action Board.



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Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_  Primary  Cell

Mailing  
 Address \_\_\_\_\_

Physical  
 Address \_\_\_\_\_

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

Occupation \_\_\_\_\_

**Public Sector**

Must be a Member of Local Government, a Shasta County resident and will serve a 3-year term.

**Private Sector**

Must be a Member of an Organization or Business, in Shasta County, be a resident of Shasta County and will serve a 3-year term.

**Low Income**

Must be living in poverty or be from an organization that represents the low-income group in Shasta County, be a Shasta County resident and will serve a 3-year term.

1. Which sector of the community will you represent?

Low Income     Private     Public

2. Name of referring organization/person supporting this application (If applicable)

\_\_\_\_\_

\_\_\_\_\_

3. Share your interest on why you would like to serve on the Shasta County Community Action Board?  
 Share how your commitment, passion or ability to serve aligns to the SCCAA mission.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you have any special skills or qualifications that would benefit the overall mission of the Agency?

Yes     No

If yes, please explain \_\_\_\_\_

5. You will be expected to attend bi-monthly Board meetings, and could be called on to serve on one or two committees. Your term will be for 3 years. Are you able to allow time necessary for Board Service?

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

6. Do you have any contracts or business relationships with Shasta County Community Action Board or the Shasta County Community Action Agency that involve any type of compensation?

Yes     No

If yes, please explain \_\_\_\_\_

7. Have you ever been employed by Community Action Agency?

Yes     No

If so, when and where? \_\_\_\_\_

8. Are you related to an employee of the Shasta County Community Action Agency?

Yes     No

If so, what is the relationship? \_\_\_\_\_

9. Have you ever served on a Board of Directors?

Yes     No

If yes, please list. \_\_\_\_\_

**Statement of Commitment:**

By my signature below, if nominated and elected to the Shasta County Community Action Board, I understand that I will attend, with frequency, the Community Action Board meetings, when scheduled. I will collaboratively participate at each meeting and will share knowledge and information freely. I understand I will be required to comply with the federal and state regulations that govern the agency.

Signature \_\_\_\_\_ Date \_\_\_\_\_