



San Francisco Bay Restoration Authority

Independent Citizens Oversight Committee Member Application

Applicant Information

Full Name: _____ Date: _____

Address
(Home): _____
County

Phone: _____ Email _____

Employment Information

Name of Employer: _____ Occupation: _____

Work Address: _____ Work Telephone _____

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.

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

North Bay: the Counties of Marin, Napa, Solano, and Sonoma.

East Bay: Contra Costa County and the portion of Alameda County that is north of the southern boundary of the City of Hayward, excluding the Delta primary zone.

South Bay: Santa Clara County, the portion of Alameda County that is south of the southern boundary of the City of Hayward, and the portion of San Mateo county that is south of the northern boundary of Redwood City.

West Bay: the City and County of San Francisco and the portion of San Mateo County that is north of the northern boundary of Redwood City.

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

| | | |
|--------------|---------------|-------------|
| Alameda | Napa | Santa Clara |
| Contra Costa | San Francisco | Solano |
| Marin | San Mateo | Sonoma |

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 interested 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: _____