

**APPLICATION FOR NOMINATION TO SERVE ON THE OVERTOWN COMMUNITY  
BENEFITS ADVISORY BOARD OF MIAMI-DADE COUNTY**

**Purpose**

To administer a Community Benefits Program for the development and redevelopment of the Overtown community,

To identify and make recommendations of projects in the Overtown area to be allocated funding from such program in order to implement development or redevelopment projects in the Overtown community.

Chapter 2, Article CXLXII of the Miami-Dade County Code states that the governing body of the Overtown Community Benefits Advisory Board shall consist of seven voting members, consisting of one owner of a business in the Overtown community, one Overtown community advocate, one real estate developer, one attorney, one accountant, one professional architect and one resident of Overtown. The membership of the Advisory Board should be representative of the community at large and should reflect the racial, gender, ethnic and disabled make-up of the community. All nominees are selected and appointed to the Advisory Board by the Board of County Commissioners. Candidates will be screened for any potential conflict of interest with the responsibilities of an Advisory Board member.

Completed applications and resumes can be mailed or hand delivered to the address below by **October 24, 2016 at 4:00 pm.** Emails or facsimiles of the application and resume will be accepted and can be sent to [clerkbcc@miamidade.gov](mailto:clerkbcc@miamidade.gov) or faxed to 305-375-2484. It is the responsibility of the applicant to ensure electronic receipt of the application and resume by calling the Clerk of the Board at 305-375-1652.

**Clerk of the Board of County Commissioners  
ATTENTION: Christopher Agrippa  
111 NW 1<sup>st</sup> Street, Suite 17-202  
Miami, Florida 33128  
(305)375-1652**

**ATTENTION APPLICANTS: BACKGROUND CHECKS WILL BE PERFORMED ON ALL APPLICANTS SELECTED FOR AN INTERVIEW. IF SELECTED, BOARD MEMBERS WILL BE REQUIRED TO SUBMIT FINANCIAL DISCLOSURE FORMS.**





**EDUCATION:**

School/City/Major/Degree: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYMENT AND PROFESSIONAL BACKGROUND:**

Business Name	Position	Years

**EXPERIENCE AND/OR QUALIFICATIONS:**

Describe how your past experience and/or qualifications would benefit the Advisory Board:

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

**ORGANIZATIONS AND ACTIVITIES:**

List community, civic, professional and other organizations of which you are a member:

Organization	Position Held

**LIST ANY PUBLIC OFFICE HELD (ELECTED OR APPOINTED):**

Office	Date

**ACTIVITIES REFLECTING COMMUNITY INTEREST:**

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**LIST ALL POTENTIAL CONFLICTS OF INTEREST, INCLUDING POTENTIAL CONFLICTS ARISING FROM YOUR RELATIONSHIPS OR THE RELATIONSHIPS OF ANY OF YOUR FAMILY (spouse, domestic partner, parents, stepparents, children, stepchildren):**

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**REFERENCES - PERSONS ACQUAINTED WITH CANDIDATE'S ACTIVITIES/EXPERIENCE:**

Name	Title	Telephone

I, (candidate's name) \_\_\_\_\_, Citizen of the United States, permanent resident, and duly qualified elector of Miami-Dade County, would, if appointed, be willing and able to discharge the responsibilities and functions of Board, and comply with the requirements of Chapter 2-11.38 of the Code of Miami-Dade County. I declare that, if selected while currently serving on another official County board, I will resign from my other County responsibilities.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Candidate's Signature**

Nominated by (if not self):

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**