



CITY OF ALACHUA APPLICATION 2015

CITIZEN ADVISORY TASK FORCE (CATF)
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

RECEIVED
JUN 11 2015

Name Diebra D Howard Date 06-11-15

Mailing Address 13805 NW 155th Ave Alachua, FL 32615

Phone (Daytime) (386) 462-7194 E-mail diebrahoward@windstream.net

Are you a current CATF member seeking reappointment? ☐ Yes ☒ No

IN WHAT CAPACITY ARE YOU SEEKING APPOINTMENT TO THE CATF? (Check one)

➤ A member of a local Community Agency or Organization? _____

If yes, please give name of Agency/Organization and office held, if any:

➤ A resident who earns at or below 80% of median income _____

➤ A resident who has a general interest ☒ _____

Are you a City Resident? ☒ Yes ☐ No

Are you available to meet at least quarterly? ☒ Yes ☐ No

Why would you like to be appointed to the CATF?

I would like to be appointed to CATF because of my desire to see the City of Alachua to continue to be a city where all residents are presented with a better life in their community and the city as a whole.

What experience and skills do you have that would be of assistance to the CATF?

I believe I possess the skills to bring a fresh voice to the community with a vested personal commitment to the city I have lived in my entire life. I am a business owner. I currently hold a position on the Alachua County Early Learning Board of Directors and I have coached and participated with the Alachua Recreation Center in various capacities.

Signature Diebra Howard

PLEASE RETURN THIS APPLICATION ON OR BEFORE **JULY 6, 2015** BY THE CLOSE OF BUSINESS AT 6:00 P.M.
RETURN THIS COMPLETED APPLICATION BY MAIL TO: CITY OF ALACHUA, ATTN: GRANTS SPECIALIST, P.O. BOX 9, ALACHUA, FL 32616-0009; BY FAX 386.418.6114; OR BRING TO CITY HALL.



CITY OF ALACHUA APPLICATION 2015

CITIZEN ADVISORY TASK FORCE (CATF) COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Name Julia Kelly Date 5-9-15

Mailing Address PO BOX 455

Phone (Daytime) 386-418-1326 E-mail _____

Are you a current CATF member seeking reappointment? ☒ Yes ☐ No

IN WHAT CAPACITY ARE YOU SEEKING APPOINTMENT TO THE CATF? (Check one)

➤ A member of a local Community Agency or Organization? ☒

If yes, please give name of Agency/Organization and office held, if any:

➤ A resident who earns at or below 80% of median income ☒

➤ A resident who has a general interest ☒

Are you a City Resident? ☒ Yes ☐ No

Are you available to meet at least quarterly? ☒ Yes ☐ No

Why would you like to be appointed to the CATF?

To know more about Community
Development Block Grant Program
and what is all about

What experience and skills do you have that would be of assistance to the CATF?

I would like to know about Grant

Signature

Julia Kelly

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BOX 9, ALACHUA, FL 32616-0009; BY FAX 386.418.6114; OR BRING TO CITY HALL.

rec'd
5.12.15