



CITY OF ALACHUA APPLICATION 2016
CITIZEN ADVISORY TASK FORCE (CATF)
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Name Ladette' McClain (DeDe) Date 2/25/16
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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 continue my knowledge in assisting the
residents of Alachua and being the voice.

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

Continuance of serving on the board using
my clerical skills as well as the ability to
lead.

Signature Ladette' W. McClain

PLEASE RETURN THIS APPLICATION ON OR BEFORE **MARCH 24, 2016** 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.