



**CITY OF ALACHUA APPLICATION 2015**  
**CITIZEN ADVISORY TASK FORCE (CATF)**  
**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

Name Diana Carlson (Felter)

Date Apr. 6, 2015

Mailing Address P.O. Box 502

Phone (Daytime) 386-418-6100 wk. E-mail dfelter@cityofalachua.com

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? x

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

DRTB/City Decorator, Community Volunteer, Chamber of Commerce,  
ABL, Historical Society, Woman's Club

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

➤ A resident who has a general interest x

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?

As a resident and volunteer for the City of Alachua, I  
seek to serve my community to better the lives of  
all who call Alachua home. My experience and skills  
make me uniquely qualified for CATF.

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

I began serving on CATF in 2012 after teaching school for  
25 years, mainly with children of poverty. I am at ease  
in grant writing and evaluating, reading documents at a  
post-graduate level and public speaking. I have been  
involved in elderly care for many years as well as  
rehabilitating, remodeling and restoring homes

Signature

Diana Carlson Felter

PLEASE RETURN THIS APPLICATION ON OR BEFORE **APRIL 22, 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.

rev'd  
4.6.2015



**CITY OF ALACHUA APPLICATION 2015**  
**CITIZEN ADVISORY TASK FORCE (CATF)**  
**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

Name Thelma L. Hammon Date 3-15-15  
Mailing Address 13928 NW 13TH PL, Alachua, FL 32615  
Phone (Daytime) (386) 418-0608 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? yes

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

CATF - member City, Old Shilo Baptist Church Mission Chair

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

➤ A resident who has a general interest yes

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?

yes, I would like to continue my duty as a CATF member because I like helping my community in any way I can, as long as I can. I enjoy working with people who is striving to make a difference in the community.

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

I have the experience of serving in several community committees here in Alachua where I live and those committees has made quite a difference because they were about making Alachua a Good Life Community.

Signature Thelma L. Hammon

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