



City of Elk Grove Disability Advisory Committee COMMITTEE FACT SHEET PART I

Please read the following carefully before completing Part II of this form.

The scope* of the Disability Advisory Committee is as follows:

Specific Task or Objective:

At the request of staff as follows:

- Review the accessibility of services, programs, facilities and/or employment of City departments, and advise the City Council accordingly;
- Review relevant City policies, guidelines, procedures, reports and state or federal legislation to advise the City Council accordingly;
- Act as a liaison to community groups, governmental agencies, and individuals in addressing disability issues related to the City of Elk Grove, however, the committee shall not proactively seek out persons, community groups, governmental agencies or issues unrelated to those brought to its attention by staff, and the committee shall not act as a hearing or an appeals board; and
- Review and make recommendations to the City Council with regard to legislative policy.

Committee Type: Standing

Composition: Five members with the chair of the committee appointed from within the committee, at least three (3) shall be persons with disabilities, and a member of the Committee shall be appointed to record the minutes of the meeting. Each member shall be 18 years or older and reside within the City of Elk Grove.

The Committee shall include members drawn from persons with disabilities or their immediate families, persons from organizations serving or representing persons with disabilities, and persons with interest and/or knowledge about disability issues and who have a broad community perspective.

Term: Member appointments will be reviewed by the Mayor and City Council annually.

Appointing Authority: Appointment is made by Mayor Bobbie Singh-Allen, with approval by the City Council.

Staff Support: Staff shall be provided to the committee as determined and assigned by the City Manager and if necessary to open and close the city facility.

Meetings: The regular meetings of the committee are held on the 3rd Wednesday of each month with a start time of 6:00 p.m. The meetings occur at a city-owned facility, currently Elk Grove City Hall at 8400 Laguna Palms Way, Elk Grove, CA 95758.

Reporting: The Committee shall annually prepare and file with the City Council a report on its findings.

Funding: Five hundred (\$500) dollars will be allocated per fiscal year for training materials. The Committee may not initiate programs or activities nor participate in fundraisers.

Please return the completed, originally signed application to the City Clerk at 8401 Laguna Palms Way, Elk Grove, CA 95758.

APPLICATION DEADLINE: June 5, 2024 by 5:00 p.m.

*Ref: Res. 2008-118

DETACH BEFORE SUBMITTING COMPLETED APPLICATION TO THE CITY CLERK.



ADVISORY COMMITTEE APPLICATION APPLICANT BIOGRAPHICAL INFORMATION PART II

*Please retain Part I for reference and return the completed application, Part II, to the
Office of the City Clerk, 8401 Laguna Palms Way, Elk Grove, California 95758
or email to cityclerk@elkgrovecity.org by or before the application due date (June 5, 2024 by 5:00 p.m.).
Please be advised, that this form will become a public record subject to disclosure upon request under the California Public Records Act.*

BOARD/COMMISSION/COMMITTEE NAME:

DISABILITY ADVISORY COMMITTEE

NAME (First, Middle, and Last)

HOME ADDRESS (No. Street, City, State, and Zip)

Resident of Elk Grove

Registered Voter

Yes No

Yes No

EMAIL Address:

TELEPHONE (Home):

MAILING ADDRESS (if different from home address)

TELEPHONE (Business):

EMAIL ADDRESS:

EMPLOYER NAME (Optional)

EMPLOYER ADDRESS (Optional)

PRESENT OCCUPATION OR TITLE:

PLEASE STATE THE REASON(S) YOU WOULD LIKE TO BE, AND YOUR QUALIFICATION(S) TO BE, A MEMBER OF THIS BOARD/COMMISSION/COMMITTEE:

HAVE YOU SERVED ON AN ADVISORY GROUP BEFORE? IF YES, PLEASE EXPLAIN:

IF APPOINTED, WILL YOU BE ABLE TO ATTEND MEETINGS REGULARLY AND DEVOTE THE TIME NECESSARY TO FULFILL YOUR DUTIES AS A MEMBER?

DO YOU OR IMMEDIATE FAMILY MEMBERS HAVE ANY RELATIONSHIP (PROFESSIONAL, FINANCIAL, OTHER) THAT MAY PRESENT A POTENTIAL CONFLICT OF INTEREST FOR THIS ADVISORY GROUP? ____ YES ____ NO IF YES, PLEASE EXPLAIN:

BACKGROUND INFORMATION

A resume reflecting experience, community activities, or other qualifications not listed below may be attached in order to assist the Council in evaluating your application (OPTIONAL)

I DECLARE, UNDER PENALTY OF DISQUALIFICATION AND TERMINATION, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

DATE