



## San Benito County Community Action Board

Return completed application to:  
Andi Anderson  
1161 San Felipe Road, Bldg B Hollister, CA 95023  
(831) 637-9293 e-mail: [aanderson@cosb.us](mailto:aanderson@cosb.us)  
cc to  
Clerk of the Board  
481 Fourth St. Hollister, CA 95023  
(831) 636-4000 e-mail: [jfrechette@cosb.us](mailto:jfrechette@cosb.us)

### Community Action Board of San Benito County

The San Benito County Community Action Board (CAB) provides services, which are administered by Community Services & Workforce Development (CSWD), that address the problems caused by poverty and services that help prevent poverty to residents of San Benito County. This is the Community Services Block Grant (CSBG) entity that provides programs and services based on local community needs in San Benito County such as housing & homeless services, energy assistance, supportive services, etc. We provide various programs that assist low-income families and vulnerable populations either through direct services through our office or by utilizing subcontractors. Response to needs in the community effectively meet the needs of low-income residents in the community through grants and contracted services by local or regional partners. This collaborative effort includes many valuable agencies, including the Health & Human Services Agency, Behavioral Health, and numerous Community Based Organizations.

### The Promise

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. Community Action Agencies care about the entire community, and are dedicated to helping people help themselves and each other.

### Mission Statement

The Community Action Board is committed to advocate for the vulnerable population in our community with resources, knowledge, and opportunities for advancement and independence.

### Vision Statement

Ending Poverty by Empowering People

### Community Action Board

The Community Action Agencies (CAA's) are required to have advisory boards to gain and retain designation as eligible entities and to receive CSBG funding. Effective tripartite boards reflect and promote the unique anti-poverty leadership, action, and mobilize responsibilities as designated by the CSBG Act to CAAs. Boards are responsible for assuring that SBCCAA continues to assess and respond to the causes and conditions of poverty in the community, achieve anticipated family and community outcomes, and remain administratively and fiscally sound.

A tripartite board member is made up of 1/3 low-income, 1/3 private, and 1/3 public sector representation. Some of the Community Action Board Roles and Responsibilities include, but not limited to:

- *Identifying the needs of the community*
- *Establishing goals for the Community Action Agency*
- *Formulating strategic plans for community action*
- *Approving proposals for financial assistance*

Thank you for your interest in applying to be a member of the San Benito County Community Action Board.



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Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_  Primary  Cell

Mailing  
Address \_\_\_\_\_

Physical  
Address \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

### Public Sector

Must be a San Benito County Board of Supervisor or their appointee, a San Benito County resident and will serve a 3-year term.

### Private Sector

Must be a Member of an Organization or Business, in San Benito County, be a resident of San Benito County and will serve a 3-year term.

### Low Income

**Elected representatives of the poor:** Representatives of the poor from each supervisorial district shall be democratically selected by members of the public attending public meetings of the CAB, who live within the supervisorial district to be represented. Representatives elected to each supervisorial district must live in the district and will serve a 3-year term.

1. Which sector of the community will you represent? [click District Locator](#)

Low Income  Private  Representative of the BOS **District #** \_\_\_\_\_

2. Name of referring organization/person supporting this application (If applicable)

3. Share your interest on why you would like to serve on the Community Action Board? Share how your commitment, passion or ability to serve aligns to the CAB mission.

4. Do you have any special skills or qualifications that would benefit the overall vision and mission of the CAB?

Yes     No

If yes, please explain

5. You will be expected to attend monthly Board meetings, and could be called on to serve on one or two committees. Your term will be for 3 years. Are you able to allow time necessary for Board Service?

Yes     No

6. Do you have any contracts or business relationships with Community Action Board or the San Benito County Community Workforce Development (CSWD) that involve any type of compensation?

Yes     No    If yes, please explain

7. Have you ever received services at CSWD?

    No    If yes, what services and when (year)?

8. Have you ever been employed by CSWD?

Yes     No    If so, when and where?

9. Are you related to an employee of the San Benito County CSWD?

Yes     No    If so, what is the relationship?

10. Have you ever served on a Board of Directors?

Yes     No    If yes, when and where?

Statement of Commitment:

By my signature below, if nominated and elected to the San Benito County Community Action Board, I understand that I will attend, with frequency, the Community Action Board meetings, when scheduled. I will collaboratively participate at each meeting and will share knowledge and information freely. I understand I will be required to comply with the federal and state regulations that govern the agency.

Signature \_\_\_\_\_ Date \_\_\_\_\_