



**CITY OF MIAMI, FLORIDA**  
**OVERTOWN COMMUNITY OVERSIGHT BOARD**  
**NOMINATION FORM FOR APPOINTED MEMBERS**

To be completed by the **RECOMMENDER** and to be submitted by 4:00 P.M. on **FRIDAY, AUGUST 17, 2018** to the office of the **OVERTOWN NEIGHBORHOOD ENHANCEMENT TEAM (N.E.T.)**, at 1490 N.W. 3<sup>RD</sup> AVENUE, Suite 112-B; the office of the **DISTRICT 5 COMMISSIONER** at 3500 PAN AMERICAN DRIVE or the **OFFICE OF THE CITY CLERK** at 3500 PAN AMERICAN DRIVE. Note: A person may recommend himself/herself.

A. I nominate Rashada Campbell for appointment to the Overtown Community Oversight Board. He/she meets the eligibility requirements because he/she is **18** years of age and also meets one or more of the following qualifications:

1. Resides in the Overtown Area at \_\_\_\_\_ or
2. Is the current owner of property in the Overtown Area located at: \_\_\_\_\_ or
3. Is an employee or board member of Girl Power community development corporation or community based organization located in and provides services to the Overtown Area, at the address 1600 NW 3rd Avenue, Suite 100, Miami, FL 33136 or
4. Owns or is an employee of a business in the Overtown Area located at: \_\_\_\_\_

5. Nominee's Info: Phone number 305 756 5502 Cell phone 404 447 2703  
 Fax number 305 757 7374 E-mail rashada@girlpowerrocks.org

B. Please provide a short statement of qualifications of the person you are recommending for appointment:  
I am employed at an organization in the Overtown Community that works with girls and their families. I have shared core values w/ the company and have a genuine interest in the protection & progression of Overtown business & residents.

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 AUG 17 PM 4:38  
 CITY CLERK  
 MIAMI, FL

C. Please provide your contact information for the purpose of clarifying the above and sign below  
 Phone number 305 756 5502 Cell phone 404 447 2703  
 Fax number \_\_\_\_\_ E-mail rashada@girlpowerrocks.org

D. Please sign here:  
Rashada Campbell Signature Printed Name 8/17/18 Date Signed

<b>FOR OFFICIAL USE ONLY:</b>		
RECOMMENDED PERSON'S ADDRESS INSIDE BOUNDARIES?	<input type="checkbox"/> Y	<input type="checkbox"/> N
RECOMMEND PERSON MEETS AGE REQUIREMENTS	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
RECOMMENDED PERSON'S PROOF OF QUALIFICATION SUBMITTED:	<u>Affidavit of Business Employment</u>	
ACCREDITED INSTITUTION INSIDE BOUNDARIES	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N



**RASHADA CAMPBELL**  
Director of Operations

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