



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. 3RD 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 Akua Scott 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 St. John CDC community development corporation or community based organization located in and provides services to the Overtown Area, at the address 1324 NW 3rd Ave, or _____
4. **Owns** or is an **employee** of a business in the Overtown Area located at: _____
5. Nominee's Info: Phone number 305-781-9641 Cell phone 305-781-9641
 Fax number _____ E-mail ascott@setaboard.org

B. Please provide a short statement of qualifications of the person you are recommending for appointment:

I have worked in the Overtown area since 2012. I currently have an office located at the Trinity Cape Church - 514 NW 4th St.

The office is there to facilitate employment for the residents of Overtown.

My passion is to help the residents of Overtown to have a better quality of life.

C. Please provide **your** contact information for the purpose of clarifying the above and sign below

Phone number 305-781-9641 Cell phone same
 Fax number _____ E-mail ascott@setaboard.org

D. Please sign here:

Signature [Handwritten Signature] Printed Name Akua Scott Date Signed 7 Aug, 2018

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

