

CITY OF MIAMI, FLORIDA <u>OVERTOWN ADVISORY BOARD/OVERTOWN COMMUNITY OVERSIGHT BOARD</u> NOMINATION FORM FOR ELECTED MEMBERS

To be completed by the NOMINATOR and to be submitted by 4:00 P.M. on <u>MONDAY, AUGUST 6, 2018</u> to the office of the OVERTOWN NEIGHBORHOOD ENHANCEMENT TEAM (N.E.T.) at <u>1490 N.W. 3RD AVENUE</u>, Suite <u>112-B</u>, or to the OFFICE OF THE CITY CLERK, at <u>3500 Pan American Drive</u>. NOTE: A person may vote for himself/herself.

A.	I,, a qualified voter for members of the Overtown Advisory Board/Overtown Community Oversight Board (OAB/OCOB) , hereby nominate as a candidate for election of membership of the OAB/OCOB . I am 18 years of age or older and as proof of my qualifications as an elector of the OAB/OCOB , I hereby submit my credentials as indicated below:									
	1.	I a	um a resident of the	Overtown Area resid	0				. or	
	2.	, or I am the current owner of property in the Overtown Area located at, or								
	3.	I am an employee or board member of community development corporation or community based organization located at and providing services in the Overtown Area, or								
	4.	Ιo	operate or am an em	ployee of a business	3					
		in	the Overtown Area	located at						
B.	I nominate Oversight Board. He/she meets the eligibility r following qualifications: 1. Resides in the Overtown Area at 2. Is the current owner of property in the		equirements beca	ause he/s	he is 18 ye	ears of a	ge and also meets one or more of the			
	ź	3.	community based of		at				ommunity development corporation or,	
	4. Owns or is an employee of a business in				n the Overtown	Area loca	ated at			
	<u>:</u>	5.	Nominee's Info:	Phone number Fax number			Cell pho E-mail	one		
C.	Ple	ease	e provide your conta	ct information for th Phone number Fax number			_ Cell ph	one	elow	
D.	Ple	ease	e sign here:							
Signature			Printed Name				Date Signed			
NC	MINE	EE'	CIAL USE ONLY: S ADDRESS INSID MEETS AGE REOU			Y Y	N N	N/A N/A		

NOMINEE'S PROOF OF QUALIFICATION PROFERRED:



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.

- for appointment to the Overtown Community Oversight Board. He/she I nominate ____ A. 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:
 - 3. Is an employee or board member of ______ community development corporation or community based organization located in and provides services to the Overtown Area, at the address _____, or
 - 4. **Owns** or is an **employee** of a business in the Overtown Area located at:
 - _____ Cell phone_____ 5. Nominee's Info: Phone number _____ E-mail_____ Fax number
- B. Please provide a short statement of qualifications of the person you are recommending for appointment:

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

Phone number	
Fax number	

_____ Cell phone_____ E-mail_____

or

D. Please sign here:

Signature	Printed Name			Date Signed
FOR OFFICIAL USE ONLY:				
RECOMMENDED PERSON'S ADDRESS	S INSIDE BOUNDARIES?	Y	Ν	N/A
RECOMMEND PERSON MEETS AGE R	EQUIREMENTS	Y	Ν	N/A
RECOMMENDED PERSON'S PROOF O	F QUALIFICATION SUBMITTED	:		
ACCREDITED INSTITUTION INSIDE B	OUNDARIES	Y	Ν	N/A



CITY OF MIAMI, FLORIDA <u>OVERTOWN COMMUNITY OVERSIGHT BOARD</u> NOMINATION FORM FOR APPOINTED YOUTH MEMBERS

To be completed by the RECOMMENDER and to be submitted by 4:00 P.M. on <u>FRIDAY, AUGUST 17, 2018</u> 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 _______ for appointment as youth member of the Overtown Community Oversight Board. He/she meets the eligibility requirements because he/she is more than **14** years of age and less than **19** years of age and also meets **both** of the following qualifications:
 - 1. Resides in the Overtown Area at the address ______; and

 2. Attends an accredited educational institution ______ in the Overtown Area located at the address _______

 3. Nominee's Info:
 Phone number ______ Cell phone ______

 Fax Number
 E-mail

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

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

Phone number	 Cell phone
Fax number	 E-mail

Date Signed

D. Please sign here:

Signature

FOR OFFICIAL USE ONLY:					
RECOMMENDED PERSON'S ADDRESS INSIDE BOUNDARIES?	Y	Ν	N/A		
RECOMMEND PERSON MEETS AGE REQUIREMENTS	Y	Ν	N/A		
RECOMMENDED PERSON'S PROOF OF QUALIFICATION SUBMITTED:					
ACCREDITED INSTITUTION INSIDE BOUNDARIES	Y	N	N/A		

Printed Name