

**PROJECT GO, INC.**  
**BOARD OF DIRECTORS**  
**PRIVATE SECTOR BOARD MEMBER**  
**APPLICATION PACKET**



**PLEASE RETURN COMPLETED APPLICATION TO:**

**PROJECT GO, INC.**  
**801 Vernon Street**  
**Roseville, CA 95678**  
**(916) 782-3443 (916) 782-1517 fax**  
**lynda@projectgoinc.org**



**PROJECT GO, INC.**  
**COMMUNITY ACTION AGENCY**  
801 Vernon Street, Roseville, CA 95678  
(916) 782-3443



**PROJECT GO, INC.**  
**BOARD OF DIRECTORS**  
**APPLICATION**  
**PRIVATE SECTOR DIRECTOR**

Please indicate which area of the private sector you are applying to represent as a member of the Project GO, Inc. Board of Directors.

- ☐ EDUCATION      ☐ INDUSTRY      ☐ BUSINESS      ☐ WELFARE  
☐ PRIVATE SOCIAL SERVICE GROUPS      ☐ RELIGIOUS      ☐ OTHER \_\_\_\_\_

As a Private Sector Representative, you MAY NOT be the recipient of any grants or contracts from Project GO, Inc. You MAY NOT be an employee of Project GO, Inc; employee or relative of an employee of the California Department of Community Services and Development; employee of the CAA or the Federal Department of Health and Human Services (HHS); officer, employee, or immediate relative to an employee of an organization receiving CSBG funds. Recipients of CSBG services are eligible to apply if they meet all other requirements.

Do any of the above statements apply to you or your organization?

- ☐ YES      ☐ NO      ☐ I DON'T KNOW, PLEASE HAVE STAFF VERIFY

If yes, please explain: \_\_\_\_\_

**REPRESENTATIVE INFORMATION:**

Name : \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

- ☐ Firm is a Private, Non-Profit Organization, **or** ☐ Firm is a Private, for-Profit Organization  
☐ Firm has not been represented on County's CAB **or** ☐ Firm has been represented on the CAB since \_\_\_\_\_ (year)

**REPRESENTATIVE INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

Have you had prior Community Services Block Grant (CSBG) experience? ☐ Yes ☐ No

If yes, with Placer County? ☐ Yes ☐ No

Are you a resident of the County of Placer? ☐ Yes ☐ No

**COMMUNITY AFFILIATIONS:**

Activities: \_\_\_\_\_  
\_\_\_\_\_

Groups: \_\_\_\_\_  
\_\_\_\_\_

Clubs: \_\_\_\_\_  
\_\_\_\_\_

Organizations: \_\_\_\_\_  
\_\_\_\_\_

County Commissions: \_\_\_\_\_  
\_\_\_\_\_

Achievements/Awards/Honoraries

\_\_\_\_\_

**EDUCATION/WORK EXPERIENCE:** Attach a copy of your resume.

Briefly state the personal goals you would like to see accomplished by Project GO, Inc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
I, The undersigned, certify that I meet all the requirements and hereby apply for an open position on the Project GO, Inc. Board of Directors, as a Private Sector Director. I understand that this is just a statement of eligibility and there is a further process for selection.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date