

Metroplan Regional Advisory Committee

Organization Application



Name of Organization: _____

Name & position of contact: _____

(Does not have to be the committee representative.)

Email: _____ Phone: _____

Physical Address: _____
Street City Zip

Mailing Address (if different from physical address)

Street City Zip

Purpose of organization: _____

Area served: _____

Does your organization receive public funding? YES NO

Is this a for-profit organization? YES NO

Is this a non-profit organization? YES NO If yes, what is its legal/IRS category? _____

Is your organization politically active? YES NO

If yes, is it a PAC? YES NO

Does your organization have members? YES NO

If yes, Describe the nature of the membership structure in the space below:

Tell us why your organization is interested in participating in the regional planning process.

Three Regional Advisory Committees are available. Number in order of preference. (Does not guarantee a spot on your preferred committee.)

_____ Economic Vitality _____ Transportation Systems _____ Livable Communities

My organization wishes to represent: (Check all that apply to your organization's mission.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Senior citizens | <input type="checkbox"/> Youth | <input type="checkbox"/> Young adult |
| <input type="checkbox"/> Minority inclusion | <input type="checkbox"/> Disabilities community | <input type="checkbox"/> Bicycle & pedestrian advocacy |
| <input type="checkbox"/> Environmental interests | <input type="checkbox"/> Labor & workforce | <input type="checkbox"/> Freight & industry |
| <input type="checkbox"/> Economic development & commerce | <input type="checkbox"/> Other _____ | |

Organization Representative's information

Name of representative: _____

Position in organization: _____

Contact information (email or telephone): _____

Ability to Serve

Committees meet quarterly and sometimes monthly. A minimum 75% attendance is required.

Can you regularly attend meetings? Yes No

Can you meet (Check all that apply):

Weekday mornings Weekday lunchtime Weekday afternoons Weekday evenings Saturdays

OPTIONAL

These questions are voluntary. Information will be used only for statistical and reporting purposes.

Sex: Male Female

Age: Under 18 18 - 34 35 - 54 55 - 64 65 or older

Describe your ethnicity:

<input type="radio"/> White, non-Hispanic	<input type="radio"/> Black, non-Hispanic	<input type="radio"/> Hispanic
<input type="radio"/> Asian	<input type="radio"/> Other/Mixed heritage	<input type="radio"/> Prefer not to answer

_____	_____
Name	Date

Title in Organization	

By submitting this application, I attest that the information provided is accurate, and that my representative is willing and able to put in the time and effort required of this committee.

I agree.

Application must be postmarked
or emailed
by December 31, 2018.

Please email this form to: LStewart@metroplan.org	or mail to: La'Kesha Stewart Metroplan 501 West Markham St., Suite B Little Rock, AR 72201
Call 501-372-3300 with any questions.	