

Dear Applicant,

The Community Advisory Council (CAC) is a group of neighborhood residents involved in the decision-making, priority-setting and advocacy of neighborhood-based decisions that impact residents' social and economic wellbeing. Members of the Council will help with the following:

- Strengthen neighborhood leadership
- Ensure the two-way exchange of information
- Offer input and advisement to community groups and initiatives including (but not limited to): Rochester-Monroe Anti-Poverty Initiative, ROC the Future, Connected Communities, Health Professionals Opportunity Grant Project, etc.

The Council will consist of no more than 25 members. Nine will represent the neighborhoods that the Rochester-Monroe Anti-Poverty Initiative is initially focused on: Beechwood, EMMA and Marketview Heights.

If interested, please fill out and submit the attached application.

Requirements:

- Residents can apply or be nominated by another community resident
- Residents must have at least 10 signatures of support/endorsement from other residents indicating good faith and approval to represent them
- Residents must be willing to actively participate and receive training/orientation prior to involvement
- Residents must have lived in the area for at least one year
- Residents must attend a majority of scheduled meetings
- Residents must sign code of conduct prior to engagement

Please note: Not all applicants will be selected to participate; candidates will be selected based on successful interview and other criteria outlined in the application. Interviews will be conducted the week of **August 8, 2016**.

The Council will potentially work with the following initiatives and organizations:

- **Rochester-Monroe Anti-Poverty Initiative:**
 - A community-wide effort to decrease poverty in the Rochester and Monroe County region. Learn more by visiting www.endingpovertynow
- **ROC the Future:**
 - A community-wide collective impact initiative to improve educational outcomes for Rochester's students, cradle to career. Learn more by visiting www.rocthefuture.org
- **Connected Communities:**
 - A not-for-profit dedicated to breaking the cycles of poverty in the EMMA & Beechwood neighborhoods, by focusing on education, housing, community wellness and increased economic opportunities. Learn more by visiting www.connectedcommunitiesroc.org
- **Action for a Better Community, Health Profession Opportunity Grant (HPOG) project:**
 - The HPOG project provides education and training to TANF recipients and other low-income individuals for occupations in the healthcare field. Learn more by visiting www.abcinfo.org.
- **Finger Lakes Performing Provider System (FLPPS):**
 - The Finger Lakes Performing Provider System (FLPPS) is a partnership of 19 hospitals, 6,700 healthcare providers and more than 600 healthcare and community-based organizations dedicated to improving how healthcare is delivered in our 13-county region, including Monroe County. Learn more by visiting <https://flpps.org/>

Please complete the enclosed application and return it by July 29, 2016

Attention: Tori Toliver-Powers at tori.toliver-powers@uwrochester.org

Mail: 75 College Ave, Rochester, NY 14607

Fax: 585-242-6500

Community Advisory Council

Name: _____
Last First Middle Initial

Home Address _____
Street City State Zip

Home Telephone: _____ Cell: _____

E-mail Address: _____

Date of Birth: ____ / ____ / ____ Gender: Female Male Other

Years of Residency: _____ Education: _____
(Please indicate highest level of academic achievement)

Below are questions that will allow us to understand your desire to serve on the council and identify your understanding of key focus issues. Please respond to the questions as honestly and openly as possible.

1. Tell us a little about yourself and why you are interested in serving on the council.

2. Why is understanding trauma important to building a community?

3. What does community building mean to you?

4. What is the greatest obstacle to improve race relations?

5. Please share with us how you believe your voice will advance the community, work as partner, and advocate for an improved quality of life.

Please include TEN signatures of community members from your own neighborhood who support your interest in the Community Advisory Council

NOTE: Signatures must be in same neighborhood and include addresses. They may be contacted.

Name <i>(Please Print Legibly)</i>	Email Address	Home Address	Phone Number
Print: Signature:			
Print: Signature:			
Print: Signature:			
Print: Signature:			
Print: Signature:			
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