Florida's Crossroads of Opportunity

Housing and Neighborhood Development
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POLK COUNTY

Board of County Commissioners

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HEALTH AND HUMAN SERVICES DIVISION

Citizen Advisory Committee Membership Form

Thank you for your interest in serving on the Citizens Advisory Committee (CAC) for community development within Polk County. Your role as a member would include attending the at least four committee meetings per year, review and rank Public Service grant applications for the Community Development Block Grant (CDBG) and Emergency Solutions Grant (ESG) and serve for a three-year term.

Name: YuFonda Kinsler

Address: 2876 Barton Pl

Phone: 863-224-0928 Email: yufonda.kinsler@hotmail.com

X☐ Resume included (*Required*)

Please provide your Race & Ethnicity (Section 760.80, Florida Statutes)

☐ White/ Caucasian Americans
☐ Hispanic Americans
☐X Black/ African Americans
☐ Asian/Pacific Americans
☐ Native Americans
Other: _____

Gender

☐ Male
☐X Female
Other: _____

Disability

☐ No ☐ Yes

Please check by which category of Representative best aligns with you:

☐X 1) representing low- & moderate-income persons, minority groups, persons directly affected by the program, the elderly, the disabled & small business entrepreneurs

☐ 2) representing the Affordable Housing Advisory Committee

☐ 3) representing developers of affordable housing, advocates for affordable housing, & representatives & residents of public housing & providers of shelter to the homeless

☐ 4) representing social service providers of childcare, mental health services, education, & employment training

Please list any local organizations you have connection to or are directly affiliated with that may be conflicts of interest (*this does not make you ineligible*): N/A