

Social Services Transportation Advisory Council Agency Membership Application

The Social Services Transportation Advisory Council (SSTAC) is a working group that reviews, recommends, and promotes the development and use of accessible transportation facilities and services for seniors, individuals with disabilities, and persons of limited means. SSTAC membership consists of individual members and agency members. For more information about the SSTAC, including the SSTAC Charter, please visit sandag.org/sstac.

The following application is for rotating **Agency Membership**. The term of the agency member shall be for three years. Please identify a primary voting member to represent your agency as well as an alternate to fill that role when the primary voting member is unable to attend the meeting.

This application will be reviewed by a selection panel consisting of SANDAG staff and no more than three current SSTAC members. The selection panel will select agency members based on the qualifications of the agency as well as the individuals proposed to represent the agency. Additionally, the selection panel shall strive to attain geographic and minority representation among members.

Agency name: _____ Date: _____

Primary representative name: _____

Primary's email address: _____

Primary's phone number: _____

Alternate representative name: _____

Alternate's email address: _____

Alternate's phone number: _____

1. Select the position that you wish to apply for:

Representative for social services providers for seniors

2. Explain the reason(s) you, as an agency, are applying for this position. What is your agency's interest in serving on the SSTAC? (Limit 150 words)

3. Describe the qualifications of your agency for serving on the SSTAC. What services do you provide? Who do you serve? (Limit 250 words)

4. Describe the background and qualifications of the individuals you are proposing to represent your agency. (Limit 250 words per response)

a) Primary:

b) Alternate:

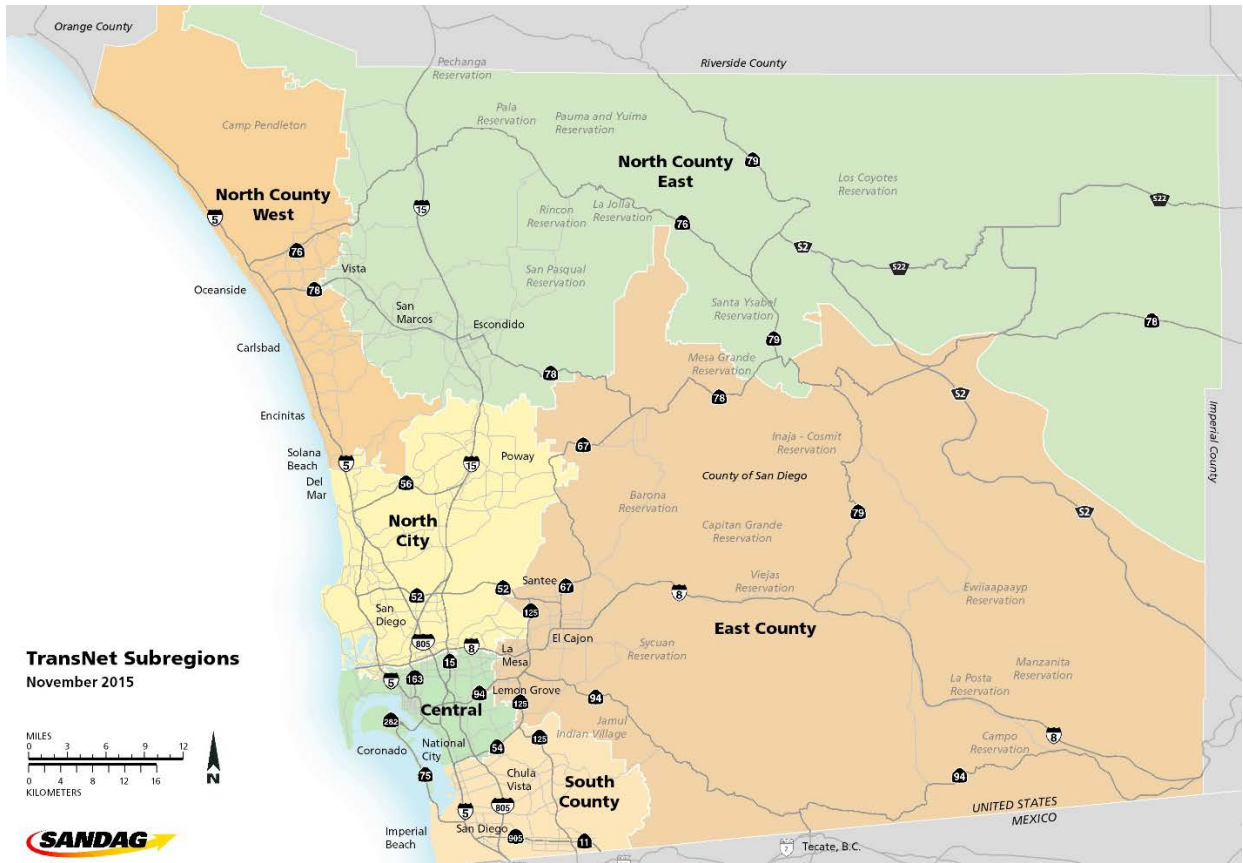
5. Describe the representatives' availability for attending bimonthly SSTAC meetings. (Limit 50 words per response)

a) Primary:

b) Alternate:

6. What geographical region does your agency represent (your agency's service area)? Select as many as applicable.

- North County West
- North County East
- East County
- North City
- Central
- South County



Primary signature: _____

Date: _____

Alternate signature: _____

Date: _____

Applications must be received by Wednesday, July 1, 2020, at 8:00 a.m.

Please submit your completed application to SANDAG, Attn: Lisa Madsen, 401 B Street, Suite 800, San Diego, CA 92101; or email to Lisa.Madsen@sandag.org.