

CITY OF POMONA CULTURAL ARTS COMMISSION

CULTURAL ARTS COMMISSION ADVISORY COMMITTEE SERVICE APPLICATION

The seven member Public Art Advisory Committee is responsible for reviewing and making decisions on conceptual design plans submitted by a developer of a project subject to the public art requirement. The Advisory Committee shall ensure that all public art projects meet the program criteria and guidelines for selection of an artist or artist team, artwork, and artwork location established in the Public Art Policy Manual before submittal of the Final Design Plan to the Cultural Arts Commission (CAC). Members of the Advisory Committee shall be appointed by the Cultural Arts Commission for a two-year period. All members of the Advisory Committee shall reside in or own a business in the City, be employed in the City, or be on the board of or an active member of a non-profit organization based in the City of Pomona.

Applications are kept on file for one (1) year from the date submitted. Submitted applications are considered a public record and are subject to review by anyone upon request.

Name of Applicant

		Home	e W	ork	
Last Name	First Name	M.I.		Telephone Number	
Home Address					
Street Number	Street	City	State	Zip Code	
Mailing Address (if o	different from abov	e)			
Number and Street Name or P.O. Box		City	State	Zip Code	
Business Address					
Street Number	Street	City	State	Zip Code	
Email Address					
Daytime Contact Teleph	none Number (between	en 8:00 a.m. and 6:0	0 p.m.)		
✓ The City's Conflict of Ir Would you be willing t	_	•	oards/Commissions fil	e a Statement of Econom	

submit supplemental information that would be useful to the CAC in consideration of your appointment. HOW LONG have you resided or worked in the City of Pomona: In which Council District do you reside or work? EMPLOYMENT BACKGROUND (Title and duties) Educational Background (Optional – include professional/vocational licenses or certificates) What is your understanding of the objectives and goals of the CAC Advisory Committee? Briefly Explain what in your background, training, education or interests, you feel qualifies you for this appointment. How would you utilize the above -stated qualifications to help achieve the Cultural Arts Commission's objectives and goals? I have used all reasonable diligence in completing this application. I have reviewed the application and to the best of my knowledge the information contained herein and on any attached pages is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature of Applicant WHEN COMPLETED, MAIL OR RETURN ORIGINAL TO: Office of the City Clerk Pomona City Hall 505 South Garey Avenue Pomona, CA 91766 SPACE BELOW FOR OFFICE USE ONLY Date Received: Appointed to: ______ District: _____ Date Appointed: _____ ☐ Original Appointment Expiration of Term: Reason for Vacancy ____

Nominated by ____

Please provide the following information. You may attach additional pages, enclose a copy of your résumé, or