

**Thornton Assistance Funds Committee**

The Thornton Assistance Funds (TAF) Committee is an advisory committee that reviews the grant applications from nonprofit organizations that serve the basic needs of Thornton residents and promote self-sufficiency. The committee provides a recommendation to City Council on which applications to fund and the level of funding.

**Committee Representatives**

Each year Council appoints five to seven members to the committee. All members must be residents of Thornton. One member is appointed by the Mayor, each of the four wards must represent by a member, one member must have financial expertise, and one member must have human services/nonprofit expertise. Members may not be associated with any organization that is applying for funds. Committee terms are for one year.

**Time Commitments**

This committee has a four month time commitment starting in February. The committee meets one Tuesday night in February for an orientation and then seven Monday nights in February, March and April from 5:30 p.m. to 8:30 p.m. and two Tuesday evenings in May or June to present their recommendation. The meeting schedule is finalized in January once all of the applications have been submitted.

Name of Applicant (First, Middle, Last (include Sr., Jr., etc.)

Ward No.

Home Address (include City, State ZIP+4)

Phone Number:

Alternate Phone Number:

1. Do you have relatives presently working for the City of Thornton?      Yes      No      If yes, please list.
2. Tell us briefly what specific talents, expertise, experience, civic activities, and/or volunteer service you would bring to this committee if appointed. Please also list any previous boards, task forces, committees, or commissions you have served on.
3. Do you have professional experience with financial records, reports, or processes? If so, explain including any degrees, licenses, and/or certifications and work experience.
4. Do you have professional experience with social/human services or nonprofit management? If so, explain including any degrees, licenses, and/or certifications and work experience.

5. Committee members may not work for, volunteer for, or serve on any board, or benefit from any organization, that is applying for funds. If you are involved with any nonprofit organizations that provide food, housing, medical services, or human services to Thornton residents, please list those organizations and tell us how you are involved with them.

Current Employer:

Position:

Address of Employer:

***Please read the following, then type your name and date in the signature block below, and submit electronically, using the "Submit by Email" button in order to complete the committee application.***

- I certify that the facts and statements contained in this committee application are true and correct. I further understand that false statements shall be sufficient cause for rejection of this application or for grounds to apply the penalty provisions of the Code of Ethics.
- I understand that falsification, omission or misrepresentation will result in a rejection of this application. Any falsification, omission or misrepresentation is evidence of perjury in the second degree.

Your typed name here  
constitutes your signature.

Date