3102 W. Whistalks Way
Spokane, WA 99224
Phone 509-456-7627
Fax 509-534-5874

SNAP Board of Directors Membership Application

Please complete each section of the application and return with a copy of your resume to:
SNAP, 3102 W. Whistalks Way, Spokane, WA 99224 or by email to gray@snapwa.org

Name:_____ Pronouns: _____ Date: _____

Preferred Contact Method (Check One): Business: _____ Home: _____ Both:_____

Personal Contact Information

Home Address:_____

City:_____ State:_____ Zip Code: _____

Phone: (home): _____ (work):_____ (cell): _____

Fax: _____ Home Email Address: _____

Business Contact Information

Business Address:_____

City:_____ State:_____ Zip Code: _____

Employer: _____ Position: _____

Phone: (Work):_____ (Cell):_____ (Fax):_____

Business Email Address:_____

Background, Experience & Interest Information

Educational Background: _____

Lived Experience: _____

What strengths will you offer to SNAP Board? _____

_____

_____

_____

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What would you hope to gain/learn from your service on SNAP Board or Board Committee?

Volunteer Service (include any Board experience):

Organization	Date of Service	Volunteer Capacity/Offices or Committees

Areas of Experience (check three areas of expertise and describe areas in detail below)

Mission Development:		Business:	
☐	Administration	☐	Accounting/Banking
☐	Strategic Planning	☐	Investments/Endowments
☐	Personnel Human Relations	☐	Insurance
☐	Law/Legal Issues	☐	Other:
☐	Facilities Mgmt./Real Estate	Development:	
☐	Volunteer Coordination	☐	Public Relation & Marketing
☐	Community and Media Contacts	☐	Grants
☐	Social Service Delivery	☐	Fundraising
☐	Affordable Housing	☐	Other:
☐	Other:		

Please describe below:

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SNAP Board of Directors

We anticipate SNAP Board of Director service will require four hours a month. Board meetings are held at a frequency, time, and location that best works for members, usually six to ten times a year.

How much time could you make available for Board or Board Committee activities?

_____

_____

We ask each Board member to serve on at least one Committee and to make a financial gift of significance as determined by each Board member. The SNAP Board has set a goal of 100% participation for Board Members as financial donors.

Due to requirements of SNAP's public funding and if selected by SNAP's nominating committee, we must check the federal governments suspended and debarred list and we will need to obtain your social security number and date of birth for certain funding sources. This information will be kept locked in SNAP's safe to maintain your privacy.

Please return application and resume (if available) to:

Lorraine Gray
SNAP
3102 W. Whistalks Way
Spokane, WA 99224
gray@snapwa.org
fax: 509-534-5874
phone: 509-456-7627, Extension 5207

SNAP
NEIGHBORS BY YOUR SIDE

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Board Applicant Certification Addendum

SNAP has a number of grant contracts that contain provisions related to debarment, suspension or ineligibility and the voluntary exclusion of its principals. *If you have any questions or concerns please let either the Board Chair or SNAP CEO know.*

As a Board Member to the best of your knowledge:

1. Are you presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency?

   ☐ YES ☐ NO

2. Have you within the last three-year years been convicted of or had a civil judgment rendered against you for:

   a. commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public or private agreement or transaction, violation of Federal or state antirust statues or
   b. commission of embezzlement, theft, forgery, bribery falsification or
   c. destruction of records,
   d. making false statements,
   e. tax evasion,
   f. receiving stolen property,
   g. making false claims or
   h. obstruction of justice

   ☐ YES ☐ NO

3. Are you presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 2?

   ☐ YES ☐ NO

4. Are you listed in any sanctions-related list of designated persons maintained by the Office of Foreign Assets Control, the US Department of Treasury or State or any other applicable authority? (required by Chase Bank grant agreement)

   ☐ YES ☐ NO

Printed Name Signature Date

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Board Member Application – ADDENDUM

SNAP is required by some of our funding sources to ask the following questions. This page will not be included with your application for consideration, but held for program monitoring and used by SNAP to determine the Board composition compliance.

Applicant Name:_____

Home Address including city, state and zip code:

_____

1. Are you currently or do you consider yourself to be a formerly homeless person? ☐ YES ☐ NO

2. In addition to being a Community Action Agency (CAP) SNAP is also a HUD Community Housing Development Organization (CHDO). CHDO's must be accountable to the low income residents of its service area by maintaining at least one third of its governing body members as low income community representatives. Select one below:

☐ Public Official or Employee – I currently hold a publicly elected office, am employed by a state or instrumentality of the state; or serve on any commission, board or other regulatory body by appointment of an elected official or other political body.

☐ Member of Low Income Household – I am a member of a household of ___ persons that has a combined total expected income for the year 20___ which is less than 80% area median income for a household of this size.

☐ Resident of Low Income Area – I reside in census tract/block group number in which 51% or more of the residents are low-income. The board member does not have to be low-income (With your address above we can look up your census tract)

☐ I am not a Low Income Representative.

_____

Printed Name Signature Date

Spokane County 2023 HOME and AHTF Program Income Limits By Family Size							Effective Date 6-15-2023		
Family Size	1	2	3	4	5	6	7	8	FY2023 AMI
80% AMI	$49,850	57,000	61,400	71,200	76,900	82,600	88,300	94,000	92,100