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Advisory Board Chair Report (Complete One Per Applicant) - Submission #5029

Date Submitted: 10/29/2020

Advisory Board Name:*	Chair Name*		
Arts Committee	Victoria Rovine		
Applicant First Name:*	Applicant Last Name:		
Tiffany	Palmer-Lytle		
1. Has the applicant previously served on this or another advisory board?*	2. If yes, how many total years have they served? This should be available on the application or by asking the applicant.		
No			
3. Is the applicant already serving on this advisory board and seeking reappointment to their second, full term?	4. Is the applicant already serving on this advisory board and completed their two full terms?		
No	I I I I I I I I I I I I I I I I I I I		
 5. Is the applicant applying for a special or expert seat on the adviso Yes No 	6. If yes, which seat?		
7. Did the applicant attend an advisory board meeting?* Ves No	8. If applicant did not attend an advisory board meeting, did you contact them via phone or email? Yes No		

9. Applicant has demonstrated a clear understanding of the — time commitment, roles, and responsibilities of serving on the advisory board:	-
Yes	
No	

10. If no, briefly explain:

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11. In addition to your comments above, please check other qualities that the applicant offers that would help the Advisory Board meet
its goals for community representation. Please note that candidates who do not meet any of these qualities are still eligible for appointment. Please communicate any urgent needs and priorities for Advisory Board composition to your Town Council liaison.
Image: Diversity
Occupation, Experience, or Special Skills
Other

If other, please explain:

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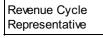
Advisory Board Application - Submission #4992

Date Submitted: 9/1/2020

First Name*	Last Name*		Date*
Tiffany	Palmer-Lytle		9/1/2020
			Select today's date
Address1*			
180 BPW club road			
Address2			
A10			
City*		State	Zip*
Carrboro		NC	27510
Yes Please select Yes or No.		Jurisdiction, or No	orthern Transition Area?* ▼
Telephone*	Email Address*		
9198696160	Tcakemommy@gmail.com		
Please enter your primary contact phone number.	Enter your primary email address.		
The demographic information boards to reflect the diversity			ed officials want the Town's advisory riority of the Board.
Date of Birth*	Race*	Sex*	
9/1/2020	African American Please enter your race.	Female Please enter your s	sex.

Please enter your Month/Day/Year of Birth

Occupation*



Please enter your occupation.

Are you a registered Orange County Voter?*

. Yes

Please answer Yes or No

Length of Residence in Orange County*

5 years

How long have you been a resident of Orange County?

Length of Residence in the Town of Carrboro*

5 years

How long have you been a resident of the Town of Carrboro?

I wish to be considered for appointment to the following committee/board(s) (Select no more than two (2)): 1 1000 Affordable Housing Advisory Commission Northern Transition Area Advisory Committee Animal Control Board of Appeals **OWASA Board of Directors** 1000 Appearance Commission/NPDC Planning Board V J Arts Committee Recreation and Parks Commission 1000 Board of Adjustment Safe Routes to School Implementation Committee 1 **Economic Sustainability Commission** Stormwater Advisory Commission 1000 Environmental Advisory Board Tourism Development Authority* 1000 Human Services Commission Transportation Advisory Board Greenways Commission Please note that membership is limited to one advisory board at a time. You shall not be considered for appointment to another board unless you resign before filing an application or you are in the last six months of your current term.

Other (advisory board not listed):

Please indicate by typing the advisory board that you are applying for.

**Employer/Self Employed

UNC Physicians Network

Please enter your employment information. This is a requirement for application for the Tourism Development Authority.

Advisory Board Preference*

Arts Committee

Please indicate your preference by typing your first choice. Please limit your selection above to two boards).

Number of Years Employed

2	
Enter the number of years you have been employed at the organization listed to the left.	

** Provide examples of how you are involved in the promotion of travel and tourism in the Town of Carrboro.

Required only for the Tourism Development Authority Application.

Community Activities/Organizational Memberships*

In addition to working full time, I am an aspiring small business owner of a dessert catering business . I am also a Parent Advisor for My Brothers and Sisters Keeper(Formerly Movement of Youth)

Please enter the requested information.

Relevent Experience:*

N/A

Reasons You Wish to be Appointed*

I want to make an active contribution to the community that I reside in. My children will all hopefully be graduates within the Chapel Hill Carrboro City Schools, which means they will benefit from the planning for this community. I want them to be proud of their community and hopefully one day serve the community as well.

Have you ever served on any Town of Carrboro Committee or Board?*	If yes, which one(s)?		
No			
Are you currently serving Committee?*	on a Town Board or	If yes, are you applying for a third consecutive term?*	7
Yes		Yes	
No		No	

If yes, please describe how you meet one, or more, of the following exceptions noted below.

After completing two full terms, a member must take off one year before applying for re-appointment to the same advisory board. However, a board member may apply to serve on another advisory board if he/she desires. The Board of Aldermen may make exceptions to this rule under the following circumstances: 1. To retain diversity on an advisory board; 2. A lack of applicants.