

Print

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

Date Submitted: 10/29/2020

Advisory Board Name:*

Arts Committee

Chair Name*

Victoria Rovine

Applicant First Name:*

Tiffany

Applicant Last Name:

Palmer-Lytle

1. Has the applicant previously served on this or another advisory board?*

☐

Yes

☒

No

2. If yes, how many total years have they served?

This should be available on the application or by asking the applicant.

3. Is the applicant already serving on this advisory board and seeking reappointment to their second, full term?

☐

Yes (Skip to Last Question)

☒

No

4. Is the applicant already serving on this advisory board and completed their two full terms?

☐

Yes

☒

No

5. Is the applicant applying for a special or expert seat on the advisory board?*

☐

Yes

☒

No

6. If yes, which seat?

7. Did the applicant attend an advisory board meeting?*

☒

Yes

☐

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:

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.

- ☒
- 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*

Tiffany

Last Name*

Palmer-Lytle

Date*

9/1/2020

Select today's date

Address1*

180 BPW club road

Address2

A10

City*

Carrboro

State

NC

Zip*

27510

Is this address located within the corporate limits of the Town of Carrboro?*

Yes

Please select Yes or No.

Is this address located within the Town's ETJ, Planning Jurisdiction, or Northern Transition Area?*

Unsure

Telephone*

9198696160

Please enter your primary contact phone number.

Email Address*

Tcakemommy@gmail.com

Enter your primary email address.

The demographic information provided below is of interest because your elected officials want the Town's advisory boards to reflect the diversity of the Town. Diversity of the applicant pool is a priority of the Board.

Date of Birth*

9/1/2020

Please enter your Month/Day/Year of Birth

Race*

African American

Please enter your race.

Sex*

Female

Please enter your sex.

Occupation*

Revenue Cycle Representative

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)):

- | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Affordable Housing Advisory Commission | <input type="checkbox"/> Northern Transition Area Advisory Committee |
| <input type="checkbox"/> Animal Control Board of Appeals | <input type="checkbox"/> OWASA Board of Directors |
| <input type="checkbox"/> Appearance Commission/NPDC | <input type="checkbox"/> Planning Board |
| <input checked="" type="checkbox"/> Arts Committee | <input checked="" type="checkbox"/> Recreation and Parks Commission |
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Safe Routes to School Implementation Committee |
| <input type="checkbox"/> Economic Sustainability Commission | <input type="checkbox"/> Stormwater Advisory Commission |
| <input type="checkbox"/> Environmental Advisory Board | <input type="checkbox"/> Tourism Development Authority* |
| <input type="checkbox"/> Human Services Commission | <input type="checkbox"/> Transportation Advisory Board |
| <input type="checkbox"/> 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.

Relevant 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 on a Town Board or Committee?*

☐ Yes

☒ No

If yes, are you applying for a third consecutive term?*

☐ Yes

☒ 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.