

Print

Advisory Board Chair Report (Complete One Per Applicant) - Submission #5040

Date Submitted: 11/9/2020

Advisory Board Name:*

Recreation and Parks Commission

Chair Name*

Brian Payst

Applicant First Name:*

Makeda

Applicant Last Name:

Ma'at

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 #5032

Date Submitted: 11/5/2020

First Name*

Makeda

Last Name*

Ma'at

Date*

11/5/2020

Select today's date

Address1*

private

Address2

City*

Chapel Hill

State

NC

Zip*

27516

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*

3237625332

Please enter your primary contact phone number.

Email Address*

growtolife@yahoo.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*

11/5/2020

Please enter your Month/Day/Year of Birth

Race*

AA

Please enter your race.

Sex*

Female

Please enter your sex.

Occupation*

Educator/ Founder

Please enter your occupation.

Are you a registered Orange County Voter?*

Yes

Please answer Yes or No

Length of Residence in Orange County*

10

How long have you been a resident of Orange County?

Length of Residence in the Town of Carrboro*

10

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 checked="" type="checkbox"/> Affordable Housing Advisory Commission | <input type="checkbox"/> Northern Transition Area Advisory Committee |
| <input type="checkbox"/> Appearance Commission/NPDC | <input type="checkbox"/> OWASA Board of Directors |
| <input type="checkbox"/> Arts Committee | <input type="checkbox"/> Planning Board |
| <input type="checkbox"/> Board of Adjustment | <input checked="" type="checkbox"/> Recreation and Parks Commission |
| <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**

CHCCS/ DPS

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

Advisory Board Preference*

Recreation and Parks Commission

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

Number of Years Employed

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*

Founder of Grow to Life, which operates a short-term food pantry providing groceries routinely to people in need of emergency food through mobile and on site distributions in affiliation with the Town of Chapel Hill- Parks and Recreation. We also empower youth with the essential tools of developing gardening skills through educational classes. Former Director of the Summer Seamless Program, a USDA summer meals initiative for school aged youth. Former Housing Counselor with Greensboro Housing Coalition, advocate for fair, safe, and affordable housing for low and moderate income people and those with special needs. I have served on various boards and committees such as Carolina Cupboard, Hope Gardens and MLK Day of Service locally.

Please enter the requested information.

Relevant Experience:*

I have decades of experience with community organizing, planning, promoting and working with youth to the elderly. During my childhood through my participation in church, YMCA and 4-H programs, I developed an interest to see projects germinate from seed to fruition. Later and more recently, I gained great satisfaction with establishing new initiatives like The Landings Blossom, a youth garden and healthy cooking classes at Orange County Dept. of Aging.

Reasons You Wish to be Appointed*

My life's quest lie in a commitment to "serve GOD by serving others" that drives me to promote nature balance through community endeavors. As a resident, I would like to explore the Town functions and offer my ideas to this community. I'm confident that working in harmony with the Recreation and Parks Commission will be a great opportunity to serve in another capacity to ensure our community be one of distinction and it's my sincere desire to work for the good of all.

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.