

# Inclusivity Fund Advisory Committee Application

## ABOUT THE INCLUSIVITY FUND

The Board of the Scientific & Cultural Facilities District (SCFD), seeking to build capacity among Tier III organizations and to support additional programming for underserved communities, will partner with a community foundation to establish a fund that will provide merit-based grants to Tier III organizations. Tier I organizations will financially support this fund directly for a period of 12 years, 2018 through 2029.

Please answer the questions stated below and submit a completed application with your bio (optional) and resume by **October 6, 2017**. Any applications received after the deadline will not be considered. We recommend saving a copy of your application for your records. For more information or questions, contact the SCFD office at (303) 860-0588.

## APPLICANT INFORMATION

First Name  Last Name

Phone (W)  Phone (H)  Phone (C)

Address  County

City  State  Zip Code

Mailing Address (if different)

City  State  Zip Code

Email  Ethnicity (optional)

Are you at least 21 years of age?  Yes  No

Which underserved community(ies) do you identify with? Check all that apply. (optional)

- Racial and ethnic minorities     
  People with physical disabilities     
  People with mental disabilities  
 Older population     
  Low income populations     
  Veterans     
  LGBTQ  
 Geographically underserved areas   
  Urban   
  Rural

Which of these are you applying as? Check all that apply.

- Current or former state elected official    Title     Office   
 Current or former local elected official    Title     Office   
 Current or former SCFD board member  
 Tier III representative  
 Community member

Are you willing to disclose any conflict of interest?  Yes  No

**EMPLOYMENT**

Present Employer  Present Title

Business Address

City  State  Zip Code

List memberships in organizations, offices held and volunteer activities (indicate if past or present and length of time served).

**REFERENCES**

**Reference 1**

Name  Phone (W)

Address

City  State  Zip Code

**Reference 2**

Name  Phone (W)

Address

City  State  Zip Code

**Reference 3**

Name  Phone (W)

Address

City  State  Zip Code

## ADDITIONAL QUESTIONS

What do you bring or offer to the Inclusivity Fund Advisory Committee?

What is your experience with the arts, cultural, or scientific sector? Describe the nature of your involvement, including the organization(s) or individuals and time period(s).

Briefly describe your leadership experience, education, and the knowledge and skills you would bring to the Inclusivity Fund Advisory Committee.

How did you hear about the Advisory Committee?  SCFD Newsletter/ Website  Word of Mouth  Social Media  
 Print Media  Chamber of Commerce  County Cultural Council  Other \_\_\_\_\_

## ADDITIONAL INFORMATION

I understand that the Colorado Open Records Act may require that certain information contained in this application be  Yes available for inspection by the general public.

Please answer the questions stated above and submit a completed application with your bio (optional) and resume by **October 6, 2017** to either:

Email: [scfd@scfd.org](mailto:scfd@scfd.org); include in the subject line "Inclusivity Fund Advisory Committee Application"

Mail: Scientific & Cultural Facilities District, 899 Logan Street, Suite 500, Denver, CO 80203

Fax: (303) 861-4315

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