

COMMUNITY COMPENSATION PROGRAM APPLICATION

Working Together for Safer Communities Name **Email** Phone number Workgroup, Commission, Board, Taskforce, or one-time event name Date Brief statement indicating reason for interest in serving on this group: Are you personally impact by the topic concerning this group, or do you have direct, lived experience with the subject matter? If yes, please explain. □ Yes □ No Do you qualify as low-income? ☐ Yes □ No This refers to anyone whose income is not more than 400% of the federal poverty level. You can find current federal poverty guidelines here. If you answered yes to either of the two questions above, you may be eligible to compensation. Please describe your general availability in hours per month, and what if any accessibility needs you may have. This could include preference for virtual meetings, ASL or translation services, only available nights/weekends, etc. Demographic information: This data will not be used outside of its intended purpose, which is to aggregate demographic data regarding workgroup participation statewide. Your name and any other identifying information will be removed before reporting. Race (mark all that apply): ☐ American Indian or Alaska Native ☐ Black or African American ☐ Asian □ Native Hawaiian or Other Pacific Islander □ White or Caucasian Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino Total gross annual income: □ \$0-\$19,000 □ \$20,000-\$49,999 □ \$90,000-\$120,000 □ \$120,000+ □ \$50,000-\$89,999 The Washington county I reside in is:

Signature

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: ORIGINAL - Chairperson/Facilitator

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