



Advisory Group Application Safe and Affordable Funding for Equity and Resilience (SAFER)

The State Water Board seeks qualified applicants for the SAFER Drinking Water Program Advisory Group. Deadline to apply: <u>August 31, 2024</u>. For questions or help, contact SAFER@waterboards.ca.gov or (916) 445-5615.

- For emailed applications, send to <u>SAFER@waterboards.ca.gov</u> by 11:59 p.m. on August 31, 2024.
- For mailed applications, postmark by August 31, 2024, and send to:
 - State Water Resources Control Board
 - o Attention: Office of Public Participation, SAFER Advisory Group Applications
 - o 1001 I Street, MS 13-A, Sacramento, CA 95814

Applicant information:

Name:
Mailing address:
City, State, Zip:
Phone:
Email:
Primary or preferred language:
Secondary language (optional):

(Application continues on the next page)

lect the category for which you are ore, or indicate additional categorie	applying (applicant may choose one or es that apply to you):					
The Public						
Affiliation/ Work	Your Title					
Public Water Systems						
System Name	Your Title					
Technical Assistance Providers						
Provider Name	Your Title					
Local agencies						
Agency Name	Your Title					
Non-governmental Organizations						
Name of Organization	Your Title					

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	Tribal Representative								
	Name of Tribe, Member of a System, Tribal Non-Governr Other				ur Title/Role				
☐ Residents served by community water systems in disadvantaged communities, st small water systems, and domestic wells (Resident).									
	Community Name		Time in this community?			Drinking water source (private well, water system, etc.)?			
(OPTIONAL) Identify organizations/individuals supporting your application: □ Public Water System □ Technical Assistance □Local □ Non-Governmental Organization □ Resident									
	Name		Phone			Email			

(Application continues on the next page)

What motivates you to become a member of the SAFER Advisory Group? Explain why you are interested in joining the SAFER Advisory Group: (500-character max)
What perspective can you bring to the SAFER Advisory Group? For example, what experiences make you a strong candidate; and do you have any ideas or suggestions for the SAFER Program you would like to share? (500-character max)
■ I have read the SAFER Advisory Group Charter and understand the roles, responsibilities, expectations, and conflict of interest provisions associated with an appointment to the SAFER Advisory Group.
Applicant Signature: Date:
Please share how you heard about the SAFER Advisory Group application: ☐ Instagram ☐ Facebook ☐ SAFER Advisory Group Meeting
☐ SAFER email list serve announcement
☐ SAFER Webpage ☐ Other, please specify: