



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 impacted 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
- White or Caucasian
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Total gross annual income:

- \$0-\$19,000
- \$20,000-\$49,999
- \$50,000-\$89,999
- \$90,000-\$120,000
- \$120,000+

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