Metropolitan Transportation Planning Organization For the Gainesville and Alachua County Area

January 27, 2025

MEETING MEMORANDUM		
To:	Metropolitan Transportation Planning Organization Board	
From:	Brad Thoburn	
Subject:	Appointment of Mike Escalante to the Citizen Advisory Committee	

STAFF RECOMMENDATION

Appoint Mike Esclante to the Citizens Advisory Committee for a term ending February 28, 2028.

BACKGROUND

Mike Escalante has applied to serve a three-year term on the Citizens Advisory Committee. His application for appointment is attached as Exhibit 1.

Attachment

METROPOLITAN TRANSPORTATION PLANNING ORGANIZATION FOR THE GAINESVILLE URBANIZED AREA

CITIZENS ADVISORY COMMITTEE APPLICATION

1 1

Please return to:

Metropolitan Transportation Planning Organization	Date:	12-13(124
for the Gainesville Urbanized Area		
c/o North Central Florida Regional Planning Council		
2009 NW 67th Place		
Gainesville, FL 32653-1603		
NAME Michael Escalante		
ADDRESS 6522 NW 37th Drive		
CITY/STATE/ZIPCODE Gaines Gille FL 32653		
EMAIL esculante. mb gor p gmail .com	<u>.</u>	
TELEPHONE (HOME)		
(WORK)		
(CELL) 352 376 5413		
HOW LONG A RESIDENT OF ALACHUA COUNTY?	YEARS	
ARE YOU CURRENTLY AN ELECTED OFFICIAL? YES	NO	

OCCUPATION <u>Retired</u> EDUCATION VF

TRAINING OR EXPERIENCE RELATED TO ACTIVITIES FOR THIS APPOINTMENT $\mathfrak{P}(\mathfrak{s}_{\mathcal{A}\mathcal{A}},\mathfrak{c}_{\mathcal{A}})$

PAST CIVIC AND PROFESSIONAL ACCOMPLISHMENTS OR HONORS

I will attend meetings in accordance with the adopted Bylaws of the Metropolitan Transportation Planning Organization for the Gainesville Urbanized Area. If at any time my business or professional interests conflict with the interests of this board or committee, I will not advocate for any projects or activities from which I may receive financial benefit. Should any business of this board or committee constitute a conflict of interest, I will declare a conflict of interest and submit a Conflict of Interest Form (Form 8B). Additional information on me may be secured from: (List three references - name, address, and telephone number)

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	Signature Mt

Additional information may be attached to this form

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