

**Application Form**

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**Disclaimer**

Under Florida law, all information, including e-mail, written letters, documents and phone messages, sent to the Alachua County Board of County Commissioners are subject to Public Records law. This includes the sender's e-mail address, home address or phone number if shown in the message, the content of the message and any associated attachments to the mail. If you are exempt from aspects of the public records law pursuant to F.S. 119.071, contact the advisory board coordinator at 352-264-6906 prior to submission of this form.

**Please Agree with the Following Statement**

**I have read the disclaimer above and understand my application is subject to Florida's Public Records Law.**

☒ I Agree

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**Profile**

K Richard

First Name

Blount

Middle Initial

Last Name

401 SE 6th Terrace

Home Address

Suite or Apt

Gainesville

City

FL

State

32601

Postal Code

tanacabana@yahoo.com

Email Address

Home: (352) 219-0508

Primary Phone

Alternate Phone

N/A

Employer

Occupation

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**Education:**

Masters of Urban Regional Planning; Bachelors in Urban Studies/Political Science; Associates of Science in Nursing; Associates of Science in CardioPummonary Technology; Associates of Science in Biology

**Professional Organizations:**

Nat'l Black Nurses Assoc.; Nat'l Low Income Housing Coalition; Nat'l Assoc. of Housing and Redevelopment Officials; Assoc. for the Study of Classical Afrikan Civilization

**Which Boards would you like to apply for?**

Local Planning Agency and Planning Commission: Submitted

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**What position(s) are you applying for?**

member

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## Interests & Experiences

**Are you currently serving or have you ever served on an Alachua County advisory board?**

☒ Yes ☐ No

**If yes, please list board(s):**

Local Planning Agency & Planning Commission; Affordable Housing Advisory Committee; Alachua County Housing Authority PAST: Charter Review; Child Care Board; Health Care Board; RTS Advisory Board

**Please list any civic and professional accomplishments/honors, training or experience related to this appointment:**

REAPPOINTMENT - see past application

**What Contributions do you feel you could make if you were selected to this board?**

REAPPOINTMENT - see past application

[Upload a Resume](#)

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## Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. The following information helps track our recruitment and diversity efforts.

### Ethnicity

☒ African American

### Gender

☒ Male

10/06/1956

Date of Birth

**Are you over the age of 60? (Required for some boards)**

☐ Yes ☒ No

**Are you a resident of Alachua County?**

☐ Yes ☒ No

**If you are an Alachua County resident, how long have you lived in the county?**

35 yrs., 2 mos.

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### **Supplemental Questions**

**Some of the boards and committees appointed by the County Commission are required to comply with Chapter 112, Florida Statutes, the Financial Disclosure Law. If applicable, would you be willing to file the required financial statement?**

☒ Yes ☐ No

**Do you affirm that your personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities rules and regulations?**

☒ Yes ☐ No

**Please Agree with the Following Statement**

**Appointees to advisory board/committees are required to attend scheduled meetings as specified in the "Guidelines for Citizen Advisory Boards and Committees".**

☒ I Agree

**Please Agree with the Following Statement**

**I understand that this completed application is the property of Alachua County and I hereby certify that the statements made on this application are true and correct.**

☒ I Agree