Alachua County Board of Commissioners Advisory Board Coordinator PO Box 2877 Gainesville, FL 32602-2877 Telephone: 264-6904, FAX: 338-7363 Confirmation #:7459 Submitted: 5/9/2019 1:17:17 PM

# Name of Advisory Board/Committee:

Criminal	Justice,	Mental	Health	&	Substance	Abuse	Grant	Planning	Committee
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# **Applying For:**

Representative - Area Homeless Program (Must have a letter of recommendation from an area Homeless program)

# First Name: Barbara

**Middle Initial:** 

# **Last Name:**

Berry

**Suffix:** 

## **Address:**

4300 SW 13th Street

# City:

Gainesville

# **Zip Code:**

32609

# E-Mail Address:

barbara\_berry@mbhci.org

**Home Phone:** 

## **Work Phone:**

(352)260-1557

Ext:

# **Occupation:**

Director of Homeless Recovery Services LCSW

## **Place of Employment**

Meridian

#### **Education:**

BME MSW

# **Professional Organizations:**

Age (60 and over):

# **Optional - Check the Race/Ethnic Group with which you identify:**

White

# Are you a resident of Alachua County?

Yes

# If yes, how long?

6 years

If no, what county?

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

Yes

# If yes, please list board(s):

AC Victim Services and Rape Crisis CJMSAG

## Civic and Professional Accomplishments/Honors:

MHFA instructor

# **Training or Experience Related to the Appointment:**

16 years as a social worker treating justice involved clients. 6 years as a social worker working with homeless population.

# What contributions do you feel you could make if you were selected for this board?

Experience on how to support people who are living in homelessness.

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?

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No

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

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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

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.

Checked