|  |  |
| --- | --- |
|  | **2020-21 Redistricting Commission**  **Supplemental Questionnaire** |

|  |
| --- |
| **Overview** |

Thank you for applying to serve on the 2020-21 Redistricting Commission. Based on your responses to the initial application, the Screening Panel and City staff have determined that you are eligible to serve on the Commission. The next phase in the application process is a Supplemental Questionnaire which will help the Screening Panel assess and nominate candidates to serve on the Commission.

The Screening Panel for the Redistricting Commission is tasked with identifying 30 candidates that reflect the geographic, racial, ethnic, and economic diversity of the City of Oakland. Candidates most likely to be selected will also demonstrate relevant analytical skills, an ability to be impartial, and a capacity to work collaboratively.

Your participation in this Supplemental Questionnaire is necessary for advancement in the nomination process. **Please note that your application materials will become a public record, and any confidential information may be redacted as permitted by privacy laws.**

For more information on the application and nomination process, visit [www.oaklandca.gov/redistricting](http://www.oaklandca.gov/redistricting).

|  |
| --- |
| **Instructions** |

Use this document to complete the supplemental questionnaire. In the header on page 2, replace the highlighted section with your information. For example, if your name is Jane Doe, the highlighted section should now read: Doe, Jane.

Answer all mandatory questions in this Supplemental Questionnaire and submit by the deadline. If you are submitting via email, please include your responses as a single Word or PDF attachment with the following file name:

**Last Name, First Name\_Redistricting Supplemental Questionnaire**

|  |  |
| --- | --- |
| Submit via email:  (*Word or PDF*  *attachment)*  ***preferred method*** | To: **CityAdministratorsOffice@oaklandca.gov**  Cc: **RLuna@oaklandca.gov**  Subject: **Redistricting Supplemental Questionnaire** |
| *Or* Mail/Hand-Deliver to:  Office hours  Monday – Friday  8:30 am – 5:00 pm | **Redistricting Supplemental Questionnaire**  **c/o City Administrator’s Office**  **1 Frank H. Ogawa Plaza, 3rd Floor**  **Oakland, CA 94612** |
| Deadline: | **5:00 pm on April 15, 2020** |

|  |
| --- |
| **Supplemental Questionnaire** |

Your response to each of the mandatory following questions is limited to no more than 500 words. Please type in the space provided for each question.

\*1. Why do you wish to serve on the Commission and why do you think the work of the Commission is important?

|  |
| --- |
|  |

\*2. Explain what it means to be impartial and describe your ability to exercise impartiality.

|  |
| --- |
|  |

\*3. The Commissioners will need to work collaboratively in redrawing district boundaries. Provide an example from when you had to set aside your own self-interest to achieve a common goal.

|  |
| --- |
|  |

\*4. All Commissioners must demonstrate an understanding of and appreciation for Oakland’s diversity. Describe your knowledge of and appreciation for Oakland’s people and places, and how this will enhance your work as a commissioner.

|  |
| --- |
|  |

\*5. Provide an example from when you faced a complex question or situation. What problem solving skills did you use to solve it?

|  |
| --- |
|  |

\*6. Describe any professional, social, political, volunteer, community activities, and/or causes in which you have been involved or that you have financially supported. If you do not have any activities to report, type N/A in the space provided.

|  |
| --- |
|  |

***Additional Information (Optional)***

If there is any additional information that was not asked in the Supplemental Questionnaire that you believe would help the Screening Panel in making their nominations, you may enter that information here. Your response here is optional.

|  |
| --- |
|  |

\*I understand that if selected as a Commissioner, I shall be ineligible, for a period of 10 years beginning from the date of appointment, to hold elective public office for the City of Oakland. Additionally, I shall be ineligible, for a period of four years beginning from the date of appointment, to hold appointive public office for the City of Oakland or Oakland Unified School Board, to serve as paid staff for or as a paid consultant to Oakland City Council, or any member of the City Council or Oakland School Board, to receive a non-competitively bid contract with the City of Oakland, or to register as a lobbyist. This four-year ban on having a paid consultancy or entering noncompetitively bid contracts applies to myself individually and all entities for which I am a controlling person. Please enter your initials below to confirm your understanding of these statements.

|  |  |
| --- | --- |
| Initials: |  |

\*I affirm, by entering my name in the space provided, that the statements contained in this application are true and correct to the best of my knowledge.

|  |  |
| --- | --- |
| Name: |  |