



February 19, 2024

AGENDA ITEM 4 B
**CITIZENS MULTIMODAL ADVISORY COMMITTEE
APPOINTMENT**

TYPE OF ITEM: Consent

STATEMENT OF ISSUE

This item seeks board approval of the appointment of Jon Sewell to serve on the CRTPA's Citizens Multimodal Advisory Committee (CMAC). The application of Mr. Sewell is provided as ***Attachment 1***.

RECOMMENDED ACTION

Option 1: Approve the appointment of Jon Sewell to the CRTPA's Citizens Multimodal Advisory Committee

BACKGROUND

The CMAC is an advisory committee to the CRTPA composed of volunteers who dedicate their time and advice to the CRTPA on issues pertaining to transportation planning within the region. Pursuant to Article III, Section 2 of the CMAC Bylaws, the CMAC may consist of a maximum of fifteen (15) voting representatives from the four (4) county region. Currently, the CMAC is comprised of eleven (11) members. In addition to the CMAC, the CRTPA is advised by the Technical Advisory Committee (TAC), which is composed of local and state planners and engineers with expertise in the area of transportation.

ATTACHMENT

Attachment 1: Application of Mr. Jon Sewell

Capital Region Transportation Planning Agency CITIZEN'S MULTIMODAL ADVISORY COMMITTEE (CMAC) APPLICATION

<p>Please return to:</p> <p>Capital Region Transportation Planning Agency 300 S. Adams St., 3rd Floor Tallahassee, Florida 32301</p> <p>Or:</p> <p>Email: yulonda.mitchell@crtpa.org</p>		<p>This application will remain in active files for two years.</p> <p>Please contact the CRTPA to advise of any changes regarding the information on this application.</p> <p>Email: yulonda.mitchell@crtpa.org</p> <p>PHONE: 850-891-8628</p>
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Name: Jon Sewell Date: 1/3/2024

Phone: 850 524 1900 Email: Jsewell48@yahoo.com

Please list your specific employer/occupation if employed by a State, Federal, or local government:

Employer: Retired

Please provide your home and work address (if applicable). Please check that box of your preferred mailing address.

Home Address: 4114 Faulkner Lane
City/State/Zip: Tallahassee FL 32311

Work Address:
City/State/Zip:

The Capital Region Transportation Planning Agency strives to ensure that its citizens multimodal advisory committee is representative of the community's demographic makeup. To assist in this endeavor, please provide the following information (voluntary).

Please also note if you are physically challenged Yes No

Race: American Indian or Alaskan Native Black Other Female
 Asian or Pacific Islander Hispanic White Gender: Male

Please identify any potential conflicts. Such conflicts may include pursuit of CRTPA consultant work related to the provision of professional services: None

Do you ride the bus? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you drive a car? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you bicycle to work/shopping? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you bicycle for recreation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do you walk to work/shopping? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do you walk for recreation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Please circle your age bracket
 18 - 25 / 26 - 35 / 36 - 49 / 50 and over

Can you serve a multi-year term? Yes No
 Can you regularly attend meetings? Yes No
 Conflicts:

Please circle any special population interests you may represent:

Road Cyclists, Off-Road Cyclists, Transit Users, Transportation Disadvantaged
 Child, Youth, or Senior Pedestrian Advocates, Students, Seniors, Persons with Disabilities

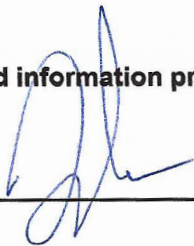
CITIZEN'S MULTIMODAL ADVISORY COMMITTEE APPLICATION

Please tell us something about yourself. This information will help us create an advisory board that is reflective of a broad spectrum of the community. If you have any interests, hobbies, community activities, previous experience on committees, or anything else you would like us to know in consideration of your application please write it here. You may also attach this information.

I'm a retired transportation planning consultant with 25+ years experience. My career focus was bicycle, pedestrian, parks & recreation, transit, and I worked for cities, rural communities, MPOs, FDOT, and across the U.S. in many states. I also worked for private sector clients. I also worked extensively in the CRTPA region and for the CRTPA itself.

All statements and information provided in this application are true to the best of my knowledge.

Signature: _____



If you have a disability requiring accommodations, or need assistance filling out this application, please contact the Capital Region Transportation Planning Agency at 850-891-8630.

The telephone number for the Florida Relay TDD Service is 711 or 1-800-955-8771.