

# Commission Event Proposal (Form A)

**COMMISSION ON DISABILITIES Event Proposal & Mission Alignment Worksheet** *(To be completed prior to Commission agreement to attend)*

## I. EVENT DETAILS

**Event Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Start Time & End Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

## II. MISSION ALIGNMENT

*Per the City Charter, the Commission exists to "promote greater awareness of, respect for, and total participation of individuals with disabilities". How does this event align?*

☐ **Commission Visibility:** Increases public knowledge of the Commission's existence, mission, and resources

☐ **Advisory:** Gather information to help us advise the City Council.

☐ **Policy Review:** Allows us to review community policies, programs, or actions.

☐ **Community Awareness:** Creates public awareness of needs in specific areas:

☐ Housing

☐ Employment

☐ Transportation

☐ General Inclusion

## III. LEVEL OF ENGAGEMENT

*To prevent confusion with event hosts, please specify exactly how we will participate:*

- **Level 1: Literature Drop.** (No staff. We leave brochures at a shared table/desk.)
- **Level 2: Roaming/Networking.** (Commissioners attend to network. No table. **Badges may be required.**)
- **Level 3: Shared Table.** (Sitting at a table with another Dept/Group. 1-2 chairs.)
- **Level 4: Full Commission Booth.** (Tent, table, banner, full staffing required.)
- **Level 5: Presentation.** (Commissioners present slides at event/conference.)

## IV. RESOURCE CHECK

- **Staffing:** Who is the "Lead Commissioner"? \_\_\_\_\_
- **How many Commissioners are requested for this event?** \_\_\_\_\_
- **Cost:** Is there a fee for us to be there? ☐ No ☐ Yes \_\_\_\_\_