

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.)

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 (\$ _____)