Be the **CHANGE** you want to see **in your COMMUNITY**

JOIN THE UPO BOARD

UNITED PLANNING ORGANIZATION (UPO) BOARD OF DIRECTORS WHO ARE REPRESENTATIVES OF RESIDENTS WITH LOW INCOMES

Here's **Your Opportunity** to:

Make a Positive Impact in the Community

Contribute to Strategic Planning to Alleviate Poverty

"Friend-raise" and Fundraise to Combat Poverty

United Planning Organization (UPO), the designated nonprofit Community Action Agency serving Washington, DC, was launched in 1962 to help people become the change agents of their lives and achieve economic security. Today, UPO continues to offer Pro-Education, Pro-Career, and Pro-Community programs, including early childhood education; youth development; job training and placement; financial and housing counseling; community health; case management; and referrals to other supportive services.

UPO helps DC residents to overcome barriers and lift themselves up

UPO's Board of Directors is governed by a 21-member tripartite structure. Members represent Washington, DC's 8 wards and the public and private communities:

- 1/3 are democratically elected representatives of residents with low incomes, including one designated representative of the UPO Policy Council
- 1/3 are elected public officials or their representatives: one member designated by DC's Delegate in the US House of Representatives and 6 members designated by the Mayor
- 1/3 are representatives of major groups and interests, elected by the UPO Board

This passionate group of people has the responsibility is to ensure that UPO assesses and responds to the causes and conditions of poverty in the District, and remains fiscally and administratively sound.

SELECTED ORGANIZATIONAL ACCOMPLISHMENTS IN 2025

53,321
customers served

615
jobs obtained by customers

558
children educated and nurtured in DC's largest Early Head Start program

945
youth mentored by senior volunteers (Foster Grandparents)

69,194
total volunteer hours

41,576
emergency calls answered by Shelter Hotline about people experiencing homelessness

(Source: 2025 UPO Annual Report)

HOW TO APPLY

If you're interested and you live within one of the following **Wards: 1/3; 4/5; 8B**, please complete the application to be considered.

To apply, you must be:

- At least **21 years old**
- A **District of Columbia resident** and live within one of the Election Service Areas (District of Columbia Census Tracts).

  Election Service Areas (ESAs) are selected based on the economic characteristics of the community.
- Able to complete and pass a background check.

We welcome community leaders who bring compassion, grit, and insight

UPO BOARD ELECTION 2026

APPLICATION CHECKLIST

Email your completed application to **BODapplications@upo.org** or mail or hand-deliver it to:

> **UPO Community Elections**
> *United Planning Organization, Community Impact Division*
> 301 Rhode Island Ave., NW, Washington, DC 20001.

Incomplete applications will not be considered. If you require assistance with completing the application, please contact Regina Murphy, Director Community Impact Division, at (202) 238-4638.

Application MUST include:

- Completed Application for Nomination
- **Biography** (not to exceed 1 page) which includes hobbies and talents, and **Resume** (not to exceed 2 pages)
- Copy of a government-issued Photo Identification
- Full color headshot of you
- Signed "Statement of Interest" detailing your interest in becoming a UPO Board Member
- Two signed "Recommendation Letters" (From a non-family member, preferably from someone who knows you from a community, civic, or faith-based organization)
- Petition signed by members of 10 different households in your Election Service Area
- Signed Photo Release Form
- Signed Criminal Background Check Authorization Form
- Optional: Self-addressed Return Receipt Request Card (if you want a record that your application was received)

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በአማርኛ እርዳታከፈለጉ በ **(202) 238-4600** ይደውሉ። የነፃ አስተርጓሚ ይመደብልዎታል።

語言協助
如果您需要用（中文）接受幫助，請電洽 **(202) 238-4600**，將免費向您提供口譯員服務

AIDE LINGUISTIQUE
Si vous avez besoind'aide en Français appelez-le **(202) 238-4600** et l'assistance d'un interprète vous sera fournie gratuitement.

언어 지원
한국어로 언어 지원이 필요하신 경우 **(202) 238-4600** 로 연락을 주시면 무료로 통역이 제공됩니다.

AYUDA EN SU IDIOMA
Si necesita ayuda en Español, por favor llame al **(202) 238-4600** para proporcionarle un intérprete de manera gratuita.

GIÚP ĐỠ VỀ NGÔN NGỮ
Nếu quý vị cần giúp đỡ về tiếng Việt, xin gọi **(202) 238-4600** để chúng tôi thu xếp có thông dịch viên đến giúp quý vị miễn phí.

UPO BOARD OF DIRECTORS
APPLICATION FOR NOMINATION

APPLICANT'S INFORMATION

(Please type or print neatly in ink)

FIRST NAME | MIDDLE INITIAL | LAST NAME

STREET ADDRESS (P.O. BOX NOT ACCEPTED)

CITY | STATE | ZIP | WARD | ESA

TELEPHONE NUMBER | EMAIL

ELECTION SERVICE AREAS (ESA)

- ESA: Ward ___

FOR ASSISTANCE IN DETERMINING IF YOU LIVE IN AN ELIGIBLE ELECTION SERVICE AREA CALL REGINA MURPHY, DIRECTOR OF COMMUNITY IMPACT DIVISION, AT (202) 238-4638.

COMMUNITY AFFILIATIONS

(if necessary, use additional paper and attach it to this page)

ORGANIZATION	Duties and Responsibilities	Date (MM/YY)

VOLUNTEER SERVICES

(if necessary, use additional paper and attach it to this page)

ORGANIZATION	Duties and Responsibilities	Date (MM/YY)

CERTIFICATION

I certify, under penalty of law, that I am the individual submitting this BOD Community Election Application and that the information contained in this application, including all supporting documents and statements, is true, accurate, and complete to the best of my knowledge, information, and belief.

I understand that any false statement, misrepresentation, or omission may result in the denial of this application, removal from the BOD should I win the Election, or other actions as permitted by law.

.

APPLICANT SIGNATURE

.

DATE

STATEMENT OF INTEREST

(Explain why you want to be a UPO Board Member)

APPLICANT'S INFORMATION

(Please type or print neatly in ink)

FIRST NAME

MIDDLE INITIAL

LAST NAME

STREET ADDRESS (P.O. BOX NOT ACCEPTED)

CITY STATE

ZIP WARD

TELEPHONE NUMBER

EMAIL

APPLICANT SIGNATURE

DATE

PLEASE INCLUDE THESE ITEMS:

- Your passion and commitment to serve underserved communities and residents.
- Why do you want to represent citizens of your ward and what will be your greatest contribution?
- What are your ward's pressing issues and what role have you played, if any, in addressing them?
- What was the result of your efforts?

FIRST RECOMMENDATION LETTER

(2 are required - You can attach signed letters with the requested information instead of using this form.)

RECOMMENDER'S INFORMATION

(Please type or print neatly in ink)

FIRST NAME

MIDDLE INITIAL

LAST NAME

ORGANIZATION

TITLE

STREET ADDRESS (P.O. BOX NOT ACCEPTED)

CITY STATE

ZIP WARD

TELEPHONE NUMBER

EMAIL

SIGNATURE OF RECOMMENDER

DATE

APPLICANT'S INFORMATION

(Please type or print neatly in ink)

FIRST NAME MIDDLE INITIAL LAST NAME

STREET ADDRESS (P.O. BOX NOT ACCEPTED)

CITY STATE ZIP WARD

TELEPHONE NUMBER EMAIL

1. How long have you known the applicant?

- ☐ **Less than 1 year**
- ☐ **1-2 year(s)**
- ☐ **3 or more years**

2. What is your relationship with the applicant?

3. Describe the applicant's community leadership abilities.

4. What are the applicant's greatest attributes?

5. Provide a brief statement about the role the applicant played in bringing change to the community.

SECOND RECOMMENDATION LETTER

(2 are required - You can attach signed letters with the requested information instead of using this form.)

RECOMMENDER'S INFORMATION

(Please type or print neatly in ink)

FIRST NAME

MIDDLE INITIAL

LAST NAME

ORGANIZATION

TITLE

STREET ADDRESS (P.O. BOX NOT ACCEPTED)

CITY STATE

ZIP WARD

TELEPHONE NUMBER

EMAIL

SIGNATURE OF RECOMMENDER

DATE

APPLICANT'S INFORMATION

(Please type or print neatly in ink)

FIRST NAME MIDDLE INITIAL LAST NAME

STREET ADDRESS (P.O. BOX NOT ACCEPTED)

CITY STATE ZIP WARD

TELEPHONE NUMBER EMAIL

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2. What is your relationship with the applicant?

3. Describe the applicant's community leadership abilities.

4. What are the applicant's greatest attributes?

5. Provide a brief statement about the role the applicant played in bringing change to the community.

PHOTO RELEASE FORM

I hereby authorize the United Planning Organization to use my likeness and my name and photograph in any and all of its publications, advertising, including website entries and educational training, without payment or any other consideration.

I acknowledge that since my participation in publications, advertising, including website entries and educational training, produced by the United Planning Organization is voluntary. I will receive no financial compensation and will not receive any right to royalties or other compensation arising or related to the use of the photograph.

I understand and agree that these materials will become the property of the United Planning Organization and will not be returned.

I hereby irrevocably authorize the United Planning Organization to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the United Planning Organization's programs, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the United Planning Organization from liability for all claims, demands, and causes of action which I or any third party may have in connection with or by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

PRINTED NAME

APPLICANT SIGNATURE DATE

CRIMINAL BACKGROUND CHECK – AUTHORIZATION FORM

for Obtaining Consumer Reports for Employment Or Volunteer Purposes

DISCLOSURE

In consideration of your employment or volunteer eligibility (or continued employment or volunteer eligibility if you are currently an employee or volunteer) with the United Planning Organization (UPO), UPO may request and rely upon one or more consumer reports or investigative consumer reports about you that UPO obtains from one or more consumer reporting agencies such as Good Egg or any other vendor chosen by UPO to furnish such information.

For explanation purposes:

- A **"consumer report"** is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- An **"investigative consumer report"** is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (FCRA).

Under the FCRA, before UPO can obtain a consumer report or investigative consumer report about you for employment/volunteer purposes, UPO must have your written authorization. Before UPO takes adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION FOR OBTAINING CONSUMER REPORTS FOR EMPLOYMENT OR VOLUNTEER PURPOSES

I have read and understand the foregoing Disclosure, and authorize the United Planning Organization to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize UPO to obtain any such reports and to share the information received with any person involved in their decision about me. I understand that this release is signed free from duress, and with the full knowledge and understanding that any information obtained will be used in assessing my relative fitness for employment or volunteer eligibility with UPO.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the United Planning Organization.

PRINTED NAME

APPLICANT SIGNATURE DATE

PERSONAL DATA - *please print the information below*

FIRST NAME | MIDDLE NAME | LAST NAME

OTHER NAMES USED *(including maiden name)*

CURRENT ADDRESS

CITY | STATE | ZIP CODE

Addresses for the past seven (7) years *(include street, city, state and zip code)*	Dates of Residence

DATE OF BIRTH | SOCIAL SECURITY NUMBER

DRIVER'S LICENSE # OR ID # | ISSUING STATE

I have the right to make a request to Good Egg, or other vendor used by UPO, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc., or other vendor used by UPO, has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me will be sufficient grounds for rejection or discharge.

PRINTED NAME

APPLICANT SIGNATURE | DATE

PETITION TO BECOME A CANDIDATE FOR MEMBERSHIP ON THE UPO BOARD OF DIRECTORS

UNITING PEOPLE WITH OPPORTUNITIES

UNITED PLANNING ORGANIZATION

DC's COMMUNITY ACTION AGENCY
301 Rhode Island Avenue, NW, Washington, DC 20001

APPLICANT'S NAME _____ DATE _____

DIRECTIONS: *Please provide signatures of support from at least 10 different households in your Election Service Area. They must be 18 years of age or older. Please print neatly.*

	PRINT NAME	SIGNATURE	ADDRESS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			