

**FREMONT UNIFIED SCHOOL DISTRICT  
MEASURE I CITIZENS' OVERSIGHT COMMITTEE  
Application**

**BACKGROUND:** On June 7, 2016, the voters of Fremont approved to continue a local funding measure, Measure I, an annual tax of \$73 per parcel that will generate approximately \$4.3 million annually for nine (9) years. Measure I replaced Measure K effective July 1, 2016.

Measure I includes a requirement that Fremont Unified School District establish a Citizens' Oversight Committee, like Measure K, to provide independent oversight to ensure that the Measure I revenue received by the District is spent in accordance with the commitment made to the voters.

**MEMBERSHIP:** The Committee will comprise of eleven (11) members, eligible to vote in the Fremont Unified School District, as follows:

- Two business/community members who live or conduct business in FUSD
- Six parents/guardians of current FUSD students
- One student representative
- Two seniors (65 years of age or older)

Committee members are appointed by the Board of Education. District employees are excluded from membership.

**TERM:** Applicants must agree to serve on the Citizens' Oversight Committee for at least two years. Applicants may be appointed to either a one or two-year term at the discretion of the Board. One-half of the parent/guardian, business/community and senior seats will initially begin as one-year terms. A committee member may be eligible for re-appointment.

**COMMITMENT:** The Committee will meet at least quarterly per calendar year. Meetings will take place at the FUSD Education Center located at 4210 Technology Drive, Fremont.

**FOR MORE INFORMATION:** Contact Linda Letsinger, Secretary, Accounting Department (510)659-2577.

**TO APPLY:** Email your completed application to [lletsinger@fremont.k12.ca.us](mailto:lletsinger@fremont.k12.ca.us) or mail to:

**Fremont Unified School District  
4210 Technology Drive  
Fremont, CA 94538  
ATTN: Linda Letsinger  
Secretary, Accounting Department**

**Application is due as soon as possible.**

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Name: (Mr. Mrs. Ms.) \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What is the high school attendance area of your residence? (See website for area boundaries)

- American**     **Irvington**     **Kennedy**     **Mission**     **Washington**

My children attend the following school(s): \_\_\_\_\_

Please select all categories that apply to you and indicate your preferred category in numerical order, for example 1, 2 or 3. If only one category applies, mark with an X.

\_\_\_\_\_ Business/Community member

\_\_\_\_\_ Parent/Guardian of current FUSD student

\_\_\_\_\_ Student Representative attending \_\_\_\_\_ High School

\_\_\_\_\_ Senior (65 years of age or older)

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Briefly describe any experience you have had in assessing or evaluating programs:

Please write a brief description of your involvement in the school/district and/or community:

Please explain why you would like to be selected for the Measure I Citizens' Oversight Committee:

Please describe any affiliation you or a member of your immediate family may have with vendors that provide goods and services for the District:

Any additional comments:

Candidate signature: \_\_\_\_\_ Date: \_\_\_\_\_

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