



Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: PROSAC

Seat # or Category (If applicable): District: 5

Name: Allyson Eddy Bravmann

[Redacted] Zip: 94115

[Redacted] Occupation:

Work Phone: Employer:

Business Address: Zip:

Business E-Mail: Home E-Mail: [Redacted]

Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Registered voter in San Francisco: Yes [checked] No [] If No, where registered:

Resident of San Francisco [checked] Yes [] No [] If No, place of residence:

Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I'm a disabled parent with many years' of youth advocacy, interested in equity in public resources

Business and/or professional experience:

Consulting archivist, Golden Gate National Recreation Area
Archives Assistant, SF Public Utilities Commission

Civic Activities:

Public Education Enrichment Fund Community Advisory Committee
Francisco Middle School Site Council
SF Bicycle Coalition member

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (*Applications must be received 10 days before the scheduled hearing.*)

Date: 6/8/21 Applicant's Signature: (required) 

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____