



MACSSA

Minnesota Association of County
Social Service Administrators

Request for Appointment

In order to provide quality services, please complete the following information with regards to your request to have a MACSSA representative involved with your group.

Group Name: (What is the name of the Committee, Task Force, Council, etc.)
Group Purpose(s): (Briefly explain this group's reason for existence/its primary purpose.)
Meetings: (Indicate frequency and location of meetings; Indicate date of next meeting; Is ITV or phone conferencing a possibility?)
Expected Outcomes: (Briefly explain the expected outcome of the group's process.)
How will this group's work impact racial equity?
How is racial equity being considered in the composition and work of this group?
Number of MACSSA Representatives Needed:

