## <u>CITY OF ST. AUGUSTINE</u> <u>APPLICATION REQUESTING APPOINTMENT TO THE WEST CITY CRA STEERING COMMITTEE</u>

The undersigned wishes to apply for City Commission appointment to serve in a voluntary capacity on the West City Community Redevelopment Area (WCCRA) Steering Committee.

1.	APPLICANT:
2.	RESIDENCE:
3.	BUSINESS OWNED:
4.	PROPERTY OWNED:
5.	MAILING ADDRESS PREFERRED:
6.	PHONE NUMBER:
7.	EMAIL ADDRESS:
CRIT	ERIA FOR THE WEST CITY COMMUNITY REDEVELOPMENT AREA STEERING COMMITTEE:
Stee	ring Committee Membership:
	Preference shall be given to members who have established their primary residence within the boundaries of the West City CRA, have established a business within the boundaries of the West City CRA, own real property within the boundaries of the West City CRA, or are otherwise a stakeholder within the West City CRA. The Steering Committee will assist with the establishment of the West City CRA Community Redevelopment Plan and will dissolve upon its adoption.
8.	Please check those criteria that apply to you:
	☐ Primary Resident
	☐ Business Owner
	☐ Property Owner
	☐ Other Stakeholder
9.	If identifying as "Other Stakeholder", please explain your stake in the West City CRA:

10.	If affiliated with an organization, church, school, museum, or other entity in West City, please explain your role there:
11.	Please attach a cover letter elaborating your desire to serve on the WCCRA Steering committee, connection with the West City community, and ability to meet the time commitments necessary.
12.	"Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revision to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation."
	Specific Instructions: The two questions below are designed to identify your ethnicity and race.  Regardless of your answer to question 1, go to question 2.
	Question 1. Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) □Yes □ No
	Question 2: Please select the racial category or categories with which you most closely identify by checking the appropriate box. Check as many as apply:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander
	□White
13.	SIGNATURE OF APPLICANT
	DATE
14.	AGREEMENT: In filing this application, the undersigned understands that it becomes a part of the public records of the City of St. Augustine and does hereby certify that all information contained herein is true to the best of his/her knowledge. It is also understood that if appointed, the appointee may be required by the State of Florida to file financial disclosure forms upon appointment, each year thereafter, and upon termination of appointment. The appointee may also be required to comply with other statutory disclosures, including gift disclosures and client disclosures, as required by the Florida Commission on Ethics. Questions regarding your compliance with Florida Ethics laws should be directed to the Florida Commission on Ethics at 850-488-7864, <a href="http://www.ethics.state.fl.us/">http://www.ethics.state.fl.us/</a> , The Florida Commission on Ethics, P. O. Drawer 15709, Tallahassee, FL 32317-5709. Submit applications to Darlene Galambos, City Clerk, P.O. Box 210, St. Augustine, FL 32085.
	Initials

