

**City of Tampa**  
**Community Redevelopment Agency**  
**Community Advisory Committee Questionnaire**  
**Ybor City Development Corporation, Inc.**

Instructions:

- Completed questionnaires serve as requests for 1) Nomination for election to the Ybor City Development Corporation, Inc. Board of Directors and 2) Appointment to the Ybor City Community Advisory Committee by the Tampa Community Redevelopment Agency.
- Complete all portions of the questionnaire.
- Completed questionnaires will be on file in the office of the City Clerk for two years from date received.
- Please type or print legibly in black ink.
- **Completed questionnaire and acknowledgement form must be received at the Ybor City Development Corporation office, via fax or e-mail. (Fax: 813-274-7935; E-mail: Courtney.Orr@tampagov.net; Office Address: 2015 E. 7<sup>th</sup> Ave., Tampa, FL 33605)**

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**Applicant's Full Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Alternate Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Fax:** ( ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Business Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Alternate Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Fax:** (\_\_\_\_\_) \_\_\_\_\_

**Are you a resident of the City of Tampa?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, how long?** \_\_\_\_\_

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1. **Have you ever been convicted of any felony or misdemeanor offense? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please elaborate (omit minor traffic violations and offenses as a minor).**

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2. **Are you currently serving in another position appointed by the Mayor, City Council or the Community Redevelopment Agency? If so, please elaborate.**

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3. **Are you, or have you been an active member of YCDC, Inc. or an advisory or executive group representing your CRA through the staff of the Urban Development department? Please describe your role and length of service.**

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4. **Please list your educational history by institution beginning with High School and include degrees attained.**

Name / Location	Dates Attended	Level/Degree Attained

5. **Do you have relatives who currently work for the City of Tampa? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please list by name, relationship and position held.**

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6. Check the category or categories that you feel you represent in Ybor City. Check At-large if none of the categories apply.

<input type="checkbox"/> Retail/Arts	<input type="checkbox"/> Bar
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Professional Office
<input type="checkbox"/> Hotel/Bed & Breakfast	<input type="checkbox"/> Property Owner
<input type="checkbox"/> Multi-family Residential	<input type="checkbox"/> Entertainment/Events
<input type="checkbox"/> Finance/Banking	<input type="checkbox"/> At-large
<input type="checkbox"/> Ex-officio (Specify organization or affiliation): _____	
_____	

7. For all representative areas checked in question #6, please describe your experience and other elements of your personal history that you believe should be considered relative to your appointment.

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8. If you are appointed, do you know of any reason whatsoever why you will not be able to attend regular meetings, participate fully or otherwise fulfill your responsibilities as an Advisory Committee member? (YCDC Board meetings are generally the fourth Tuesday of the month from 4 to 6 p.m. Committee meetings are Tuesday or Thursday from 3:30 to 4:30 p.m. every other month).

Yes \_\_\_ No \_\_\_

If so, please elaborate: \_\_\_\_\_

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9. List at least three persons as references who have known you well within the past five years, including a current address, phone number and the capacity in which they have known you. If you checked an area(s) of expertise above, two references should be able provide reference as to that expertise.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Capacity: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Capacity: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Capacity: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Capacity: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Capacity: \_\_\_\_\_

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**10. List any business, professional, civic or fraternal organizations of which you are a member and the dates of your membership.**

<b>Organization</b>	<b>Dates of Membership</b>
_____	_____
_____	_____
_____	_____
_____	_____

**11. YBOR CITY SUPPLEMENTAL QUESTIONS (Please attach a separate sheet with responses):**

- a. How does your personal, professional, and/or educational background connect with the redevelopment and development of Ybor City as a place to ‘live, work, and play.’**
- b. In what ways have you supported Ybor City’s advancement in the past?**
- c. How would you improve and enhance the image of Ybor City?**
- d. What is it about Ybor City that attracts you to want to serve on this volunteer advisory board?**
- e. On which committee(s) would you find your skills the most valuable and why?**
  - 1. \_\_\_\_\_ Public Safety and Transportation**
  - 2. \_\_\_\_\_ Planning, Infrastructure and Economic Development**
  - 3. \_\_\_\_\_ Culture, Arts and Special Events**

**I certify that the foregoing responses to the questionnaire are true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

**City of Tampa**  
**Community Redevelopment Agency**  
**Community Advisory Committee Application Instructions**  
**Ybor City Development Corporation, Inc.**

**Please complete the Community Advisory Committee Questionnaire and the Sunshine Law and Ethics Code Acknowledgement Form. If you have any questions, contact the YCDC office at 813-274-7936.**

**When completed, both forms must be received by the Ybor City Development Corporation Nominating Committee **no later than 12 p.m. on Friday, July 30, 2021**, via one of the following three options:**

**Hand delivery or mail to:**

**Nominating Committee  
Ybor City Development Corporation  
2015 E. 7<sup>th</sup> Ave  
Tampa, FL 33605**

**Fax to:**

**CAC/YCDC Nominating Committee  
(813) 274-7935**

**Email to:**

**Courtney.Orr@tampagov.net**

**Thank you for your interest in volunteering as a board member of the Ybor City Development Corporation.**

**OFFICE USE ONLY**

**Date received in the YCDC Office \_\_\_\_\_**

**Initials of the person receiving the Questionnaire Form \_\_\_\_\_**

**Initials of the person receiving the Acknowledgement Form \_\_\_\_\_**

**Date that the questionnaire was transmitted to the Community Redevelopment Agency Board and the Board Coordinator \_\_\_\_\_**