

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 no later than 12 p.m. on Friday, July 28, 2023, at the Ybor City Community Redevelopment Area office, via fax or e-mail. (813-274-7935; Courtney.Orr@tampagov.net)**

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).**

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

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.**

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.

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.

| Organization | Dates of Membership |
|---------------------|----------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

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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 28, 2023, via one of the following three options:**

Hand delivery or mail to:

**Nominating Committee
Ybor City Community Redevelopment Area Office
2015 E. 7th Ave.
Tampa, FL 33605**

Fax to:

**Ybor CAC Nominating Committee
(813) 274-7935**

Email to:

Courtney.Orr@tampagov.net

Thank you for your interest in volunteering as a community advisor of the Community Redevelopment Agency's Ybor City Community Redevelopment Areas 1 and 2.

OFFICE USE ONLY

Date received in the Ybor CRA 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 _____