

Please return via email to:
michael.alfano@blueprintia.org

Via mail:
Blueprint Intergovernmental
Agency
315 South Calhoun St, Suite 450
Tallahassee, Florida 32301

Via fax: (850) 219-1098

Questions? Please call: 219-
1060



BLUEPRINT INTERGOVERNMENTAL AGENCY CITIZEN ADVISORY COMMITTEE APPLICATION

Nominating Organization (if applicable): _____

Name: _____

Business or Home Address: _____

Email: _____

Work or Cell Phone: _____

Occupation: _____

Employer: _____

Address: _____

Race: White Hispanic Asian or Pacific Islander
 Black American Indian or Alaskan Native Other

Sex: Male Female

Identify any potential conflicts of interest that might occur if you are appointed:

Are you a City resident? Yes No
Are you a Leon County resident? Yes No
Are you a City property owner? Yes No
Are you a Leon County property owner? Yes No
Can you serve a full three-year term? Yes No
Can you regularly attend meetings? Yes No

Conflicts: _____

This Application may be subject to Public Records disclosure pursuant to Ch. 119, Florida Statutes.

Please provide biographical information about yourself (attach a resume, if available). Identify previous experience on other boards/committees; charitable/community activities; and skills or services you could contribute to this advisory committee:

Education:

(College/University attended)

(Degree received, if applicable)

(Graduate School Attended)

(Degree received, if applicable)

References (at least one):

(Name/Business Address) (Phone)

(Name/Business Address) (Phone)

(Name/Business Address) (Phone)

All statements and information given in this application are true to the best of my knowledge.

Signature: _____ Date: _____

Revised 7/27/2023

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