

Please return via email to:  
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Via mail:  
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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: \_\_\_\_\_

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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:

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**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 6/5/2024