

## Advisory Board Appointment Application

NOTE: Each applicant is advised to attend at least one meeting prior to applying for appointment.

### Contact Information:

\* Name  
Daniel Cianciotto

\* Home Address  
9170 tresmore ct  
Boynton beach FL 33472

\* Cell Phone  
(561) 707-0360

\* **Email**  
daniel@theheartofdelraygallery.com

\* **Occupation**  
Artist/ Gallery Owner

**Business Name**  
The Heart Of Deleay Gallery

Business Address  
301 NE 2nd Ave  
Delray Beach FL 33444

Business Phone  
(561) 278-0074

Office of the City clerk

Received  
6/16/2024

Expires  
6/16/2026

### Advisory Board Selection:

Please select your top four boards in order of preference (first choice to fourth choice) from the drop down lists below:

**First Choice**  
Public Art Advisory Board

**Second Choice**  
\*\*SKIPPED\*\*

**Third Choice**  
\*\*SKIPPED\*\*

**Fourth Choice**  
\*\*SKIPPED\*\*

NOTE: Your responses or disclosures are intended to assist the City Council in considering an application for appointment/re-appointment to a City board or committee, and will not result in the automatic disqualification from consideration or appointment/re-appointment. Therefore, complete and accurate responses should be provided.

### Qualifications:

\* Please select all qualifications that apply:  
Artist  
Own a business or are an officer, director or manager of a business in Delray Beach  
Own property in Delray Beach

\* Are you a registered FL voter?

Yes

\* Are you a vendor or employed by a vendor that does business with the city?

No

\* Are you a lobbyist or employed by a lobbyist, as defined in the Palm Beach County Registration Ordinance?

No

\* Have you attended any Delray Beach Commission or Advisory Board Meetings?

Yes

**If yes, please explain and provide dates when possible.**

Attended meeting to put outdoor mural on the outside of my Art Gallery.

**Are you currently serving, or have you ever served on a Delray Beach Advisory Board? If yes, please provide details and dates.**

No

\* Are you aware of any potential conflict of interest (including, without limitation, any potential voting conflicts or potential prohibited conflicts) that may arise from your serving on the City board or committee to which you are seeking appointment?

No

**If yes, please explain:**

\*\*SKIPPED\*\*

\* Do you, any member of your immediate family, your employer or your business (or any entity in which you have a controlling interest) currently have any contractual relationship with, or do business with, the City, or has there been any such relationship within the past 5 years?

No

**If yes, please explain:**

\*\*SKIPPED\*\*

Do you (or any entity in which you have a controlling interest) have any delinquent accounts with the City or owe any monies to the City?

No

**If yes, please explain:**

\*\*SKIPPED\*\*

Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines relating to property in the city that is owned or rented by you (or any entity in which you have a controlling interest)?

No

**If yes, please explain:**

\*\*SKIPPED\*\*

\* Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines for any other violations relating to other city codes?

No

**If yes, please explain:**

\*\*SKIPPED\*\*

Have you ever been found to have violated, or had a complaint filed against you alleging a violation of, the Florida Code of Ethics for public officers and employees, Palm Beach County Code of Ethics (or any other ethics code)?

No

**If yes, please explain:**

\*\*SKIPPED\*\*

If you selected the Downtown Development Authority, do you own land in the downtown area?

No

If you lease property in the downtown area, do you pay taxes on the property as part of your lease agreement?

No

Please upload a copy of your lease

\*\*SKIPPED\*\*

## **Interest & Experiences**

**List any certifications or licenses which may further qualify you to serve on a board or committee.**

**\*\*SKIPPED\*\***

**Briefly describe why you wish to serve as a member of a board or committee and how your personal experience and background relate:**

As an Artist/Gallerist, I would like to see more involvement of the local artists. I created the largest, (14,000 sqft) Art Gallery in Delray Beach located at 1440 N Federal Highway which wound up closing due to covid.

**List any other community/civic involvement which you would like the Commission to consider:**

**\*\*SKIPPED\*\***

**Educational Background:**

**University attended:**

None

**Degrees received:**

**\*\*SKIPPED\*\***

**Major area of study:**

**\*\*SKIPPED\*\***

Upload your resume:

**\*\*SKIPPED\*\***

**Terms Of Acceptance**

Applications are kept on file in the City Clerk's Office for a period of two years.

Applicants may supplement their application with a resume or other information relevant to their qualifications.

**Declaration of Personal Information Exemption:**

Personal information provided in this application is public information unless the applicant qualifies for an exemption pursuant to Florida Statutes. You are encouraged to thoroughly read the applicable sub-sections of F.S. 119.0 71

([http://www.leg.state.fl.us/Statutes/index.cfm?App\\_mode=Display\\_Statute&URL=0100-0199/0119/Sections/0119.071.html](http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0100-0199/0119/Sections/0119.071.html)).

If you qualify for an exemption, please indicate below which statutory provision you are citing for the exemption. If you qualify, your address and phone number are protected information. You may contact the Board Liason at 243-7056 if you have any questions.

My address and telephone number are statutorily exempt from public disclosure:

**If yes, pursuant to which sub-section of F.S. 119.071?**

**\*\*SKIPPED\*\***

Please agree with the following statement: I understand the duties and responsibilities of the board(s) or committee(s) for which I am applying. By signing below, I warrant the truthfulness and accuracy of the information provided in this application.

I agree

\* E-Signature of Applicant:

Daniel Cianciotto

\* **Date:**

06/16/2024

\* Please agree with the following statement: I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

I Agree