

## Advisory Board Appointment Application

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

Received  
03/18/2021  
City Clerk  
Expires  
03/18/2023

### Contact Information:

\* Name

Ann Stacey-Wright

\* Home Address

1518 SW 3rd St  
Florida Delray Beach 33444

\* Cell Phone

(561) 305-1744

\* **Email**

annstaceywright@yahoo.com

\* **Occupation**

\*\*\*\*\*

**Business Name**

N/A

Business Address

1518 SW 3rd St  
Florida Delray Beach 33444

Business Phone

(561) 305-1744

### 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**

Community Redevelopment Agency

**Second Choice**

\*\*SKIPPED\*\*

**Third Choice**

Delray Beach Housing Authority

**Fourth Choice**

Police Advisory Board

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:

Delray Beach resident

Local organizer

Member of religious or faith-based organizations

Parent of child attending a Delray Beach public school

\* 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.**

Attend meetings as a resident,

**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\*\*

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:  
I have volunteered with my community for over 40 plus years, co-chair of WARC, Carver Park Neighborhood Chair, co-founder of Keith Straghn Foundation, and member of The Coalition,

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

Educational Background:

University attended:  
\*\*SKIPPED\*\*

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 Coordinator at 393-7744 if you have any questions.

My address and telephone number are statutorily exempt from public disclosure:  
No

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:  
Ann Stacey-Wright

\* **Date:**  
03/18/2021

\* 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