

**City of Saratoga Springs  
Participatory Budgeting Committee**

The Participatory Budgeting program is guided by a guidebook which describes the purposes and duties of this 11 member committee. Members will be appointed to serve a two-cycle term.

Application forms and program information are accessible in any of the following ways:

**Online** Find committee applications, project proposal forms, and program information at the city's website, [www.saratoga-springs.org](http://www.saratoga-springs.org).

**In person** Saratoga Springs City Hall, Tax Collector's Office, 474 Broadway, Saratoga Springs, NY 12866

**By Email** Send an e-mail to the Deputy Commissioner of Finance at [heather.crocker@saratoga-springs.org](mailto:heather.crocker@saratoga-springs.org)

**By Phone** Call the Deputy Commissioner of Finance at (518) 587-3550, ext. 2571

**By Mail** Write to the Deputy Commissioner of Finance, City of Saratoga Springs, City Hall, 474 Broadway, Saratoga Springs, NY 12866

Applicants must complete the application in its entirety. Failure to complete the form completely will result in the return of the incomplete form. A resume or additional information may be provided.

**The application form must be signed and dated and returned via mail or email to:**

Deputy Commissioner of Finance  
City of Saratoga Springs  
City Hall  
474 Broadway  
Saratoga Springs, NY 12866  
[heather.crocker@saratoga-springs.org](mailto:heather.crocker@saratoga-springs.org)

**For more information, contact the Deputy Commissioner of Finance at  
(518) 587-3550, ext. 2571 or via e-mail at [heather.crocker@saratoga-springs.org](mailto:heather.crocker@saratoga-springs.org).**

## Participatory Budgeting Committee Application

This application is a public document open for inspection and reproduction by any person.  
Personal contact information will be redacted prior to public release.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Committee members must be residents of Saratoga Springs, or be applying as a representative of a non-profit organization located in Saratoga Springs. You may include a resume and/or additional documentation with your application.

Why are you interested in joining the Participatory Budget Committee?

What expertise do you bring to the committee?

Are you able to attend regular participatory budget meetings as well as outreach events in the community?

What is your current availability?

Would you be interested in serving as chair or vice-chair?

What do you think are the main priorities facing our city today?

Have you ever participated in a city budget process or participatory budgeting? If so, in what capacity?

Committee members will play important volunteer roles throughout the PB process. Which of the following activities would you want to contribute to the most?

- Community outreach/education
- Project development (technical assistance for applicants)
- Writing/designing brochure, ballot, other program materials
- Evaluation of community projects
- Evaluation of the PB process, program design for year 2
- Other

What would you like to see the PB program accomplish?

State and local law require that you abstain from participation in decisions that may affect your financial interests, including sources of income, interests in real property or investments. All committee members will be required to submit a conflict of interest form upon joining.

Are you a current or former City of Saratoga Springs employee?

- Yes
- No

Please read carefully and check the box.

- In checking this box and signing below, I certify that all statements made in this application are true and complete, and subject to verification. I authorize investigation of all statements contained in this application. I agree and understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights to be considered for appointment to the Participatory Budgeting Steering Committee and may be cause for dismissal if already appointed. Additionally, I understand that I will not be allowed to draft, design or promote a project that may benefit me or the organization I represent.

Signature \_\_\_\_\_