



## Participatory Budgeting Committee Application



Please complete the application in its entirety. This application is a public document open for inspection and reproduction by any person. Personal contact information will be redacted prior to public release. *Committee members must be residents of Saratoga Springs, or be applying as a representative of a non-profit organization located in Saratoga Springs.*

Full Name \_\_\_\_\_

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

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

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

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

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

Why are you interested in joining the Participatory Budgeting Committee?

What expertise, skills or unique perspective do you bring to the committee?

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
- Writing/designing program materials
- Evaluation of community projects
- Evaluation of the PB process and program design
- Other (please describe)

What would you like to see the PB program accomplish?

The committee typically meets twice monthly between 5 and 7pm. Does this fit your schedule? Are you able to attend occasional outreach events in the community?

Are you a current or former Saratoga Springs employee?

- Yes
- No

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. Please read carefully and check the box.

- I certify that all statements made in this application are true and complete, and subject to verification. 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 \_\_\_\_\_

For more information, contact:

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Please return this application to:

Deputy Commissioner of Finance  
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Saratoga Springs, NY 12866  
Or email to:  
[samantha.clemmey@saratoga-springs.org](mailto:samantha.clemmey@saratoga-springs.org)