



City of Flint
Department of Business and Community Services
Imagine Flint Comprehensive Plan
Steering Committee Interest Form

This form may be completed and submitted to Department of Business and Community Services (“DBCS”) staff to express interest in serving on the Steering Committee during the Imagine Flint Comprehensive Plan (“Plan”) update.

Name (Printed) **Phone**

Primary Address **Ward**

Email

Are you interested in serving as a Co-Chair? Yes No

Additional responsibilities may include leading meetings, participating in community engagement sessions, providing updates regarding the Plan update process, relaying community feedback to the Committee, etc.

Why are you interested in serving on this committee? Please include relevant experience or expertise as it relates to the committee, community engagement, leadership, etc.

Continued on reverse page.

Return via mail, email, or in-person:
City of Flint – Zoning Division
1101 S. Saginaw St.
Flint, MI 48502

imagineflintupdate@cityofflint.com
(810) 766-7426



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Department of Business and Community Services

Imagine Flint Comprehensive Plan Steering Committee Interest Form

Steering Committee

- The Steering Committee is an appointed body of community leaders in support of the Imagine Flint Comprehensive Plan update process. While not a board assigned with decision-making authority of the Plan, the Steering Committee will help channel community resources towards the Plan update and ensure the broadest feasible community ownership of the comprehensive planning process.

Appointed members are expected to do the following in their role:

- Make every effort to attend all regular and special meetings.
- Actively participate in meetings in good-faith and give fair treatment to all individuals.
- Abide by the City of Flint Code of Ordinances, the Open Meetings Act, the Michigan Planning and Zoning Enabling Acts, and any other applicable rules and regulations regarding conduct and transparency.

***Please include a resume, cv, short biography, and/or other relevant information.**

By signing below, you acknowledge that you understand and agree to the above expectations. I certify that the information contained on this form is accurate and complete to the best of my knowledge. I understand that all information disclosed on this form will be available to the public as part of a Freedom of Information Act request.

Signature

Date

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