

Special Service Area (SSA) Commissioner Application

v. 1/10



City of Chicago
Richard M. Daley
Mayor

Christine Raguso, Acting Commissioner
Department of Community Development

Special Service Area (SSA) Program Overview

A Special Service Area (SSA) is an economic development tool that utilizes the levy of real estate property taxes to provide special services for a targeted area in addition to what the City provides generally.

Special services must predominantly benefit properties located within the SSA boundaries. Services include, but are not limited to: public way maintenance and beautification, advertising and marketing, business recruitment/retention, transit, and safety programs.

The City creates local SSA Commissions to advise the City on appropriate SSA programs and costs. SSA Commissioners are typically property and/or business owners in the SSA boundaries. The Commission's role, as defined by ordinance, is to recommend annually to the City a scope of services, budget, and a Service Provider Agency. Service Provider Agencies are typically a local non-profit organization.

Role of an SSA Commissioner

As an SSA Commissioner, you are representing the City of Chicago on the Commission as a public official. Your role includes the recommendation of the annual SSA services, budget and Service to your local Aldermen and the Department of Community Development (DCD). You will also approve budget revisions and advise DCD on such revisions. You will be required to file annual City and County ethics statements. Your term of office shall run the number of years as set in your SSA establishment ordinance.

Role of the City of Chicago

DCD oversees SSAs, processes and reviews budgets and tax levies, and monitors performance. The Office of Budget and Management reviews SSA budgets and annual audits. The Department of Law prepares ordinances pertaining to SSAs. The Department of Finance Risk Management Division establishes and reviews SSA insurance requirements. The Mayor's Office appoints SSA Commissioners. City Council authorizes SSA designations, services/budgets, service providers, and confirms SSA Commissioner mayoral appointments. The City Comptroller distributes tax collections to the SSA Provider Agency.

Role of a Service Provider

DCD contracts with Service Provider Agencies, which function as the SSA's General Contractor. They provide and/or coordinate the provision of SSA services, which may include hiring staff and/or subcontractors as needed to fulfill the SSA services. Service Provider Agencies generate program reporting and assist the City with application processing of SSA Commissioners.

Application Components

NEW APPLICANTS: Complete Parts 1 and 2 as described below.

RENEWING COMMISSIONERS & COMMISSIONERS FOR RECONSTITUTED SSAs: Check with DCD staff to confirm which application parts may already be on file for re-use. If you filed ethics statements for the current year, do not complete another City Ethics Statement. If it is before May 1, complete the ethics forms sent to you by both the City and County Boards of Ethics.

PART 1: To be considered for your local SSA Commission, please complete Part 1, attach a resume, and submit to the appropriate local depository (typically local Aldermanic office and/or Service Provider Agency office). Aldermen may convene a Nominating Committee to review Part 1's.

PART 2: If you are nominated for your local SSA Commission, you will then complete Part 2, which includes part 1 plus the Principal Profile Form (to conduct City debt investigations), Affidavit of Child Support Compliance (regardless of having children), cleared City debt reports (prepared by the City), City Board of Ethics Statement (new candidates), and Aldermanic Letter(s) of Support.

For more information, contact:

Gina Caruso, Assistant Commissioner, DCD PH 312-744-8356 Email: gina.caruso@cityofchicago.org

Annie Coakley, Assistant to the Commissioner, DCD, PH 312-744-8280 Fax: 312-742-8549 Email: anne.coakley@cityofchicago.org

SSA Commissioner Application: PART 1

Date: _____

SSA Name & Number: _____

Applicant's Name: _____
First Middle Last

Home Address: _____
Street City Zip Code Ward

Telephone(s): _____
Work Home Fax

Email Address: _____

Ethnic Affiliation (optional): _____ Gender (circle one): Male Female

List addresses and tax PINs of all properties in this SSA that you own and/or lease in whole or in part:

_____ Owned/Leased Since: _____ Ward _____

_____ Owned/Leased Since: _____ Ward _____

Do you currently sit on another SSA Commission? If so, which one(s): _____

Do you currently sit on the board of directors of this SSA's Service Provider Agency? (circle one) YES NO

If yes, please state the executive seat you hold or if you are a board member at large: _____

Name of Employer/Business: _____

Business Address: _____
Street City Zip Code Ward

Description of Business: _____

Briefly explain your interest in becoming a Commissioner for this SSA: _____

Briefly explain your work history and attach a resume: _____

Applicant's Signature: _____ Date: _____

DCD USE ONLY:

Re-appointment: _____ Date of appointment: _____ Term Length: _____

New appointment: _____ Date of expiration: _____ Replacing: _____

SSA Commissioner Application: PART 2

For SSA Commission Nominees Only

Please complete the following and attach to PART 1:

1. Principal Profile Form (see below)

Information on this form is used by the City's Department of Revenue to check your status of City debt (parking tickets, administrative hearings, etc.). Appointed officials must not have City debt and thus a clear debt report is needed to complete the application. DCD or your Service Provider Agency will forward you a debt report for remedy if debt is found.

2. Affidavit of Child Support Compliance (see attached)

The Department of Consumer Services Child Support Compliance Program screens for child support compliance as part of the City's commitment to children by requiring staff and elected/appointed officials to be clear of outstanding child support payments. **ALL APPLICANTS MUST COMPLETE THIS AFFIDAVIT REGARDLESS OF WHETHER ONE HAS CHILDREN OR NOT.** DCD or your Service Provider Agency will forward you a debt report for remedy if debt is found.

3. City of Chicago Board of Ethics Statement of Financial Interests (see 2010 Ethics Form & Instructions PDF's)

The Governmental Ethics Ordinance requires SSA Commissioners to file an annual Statement of Financial Interests with the Board of Ethics. Once you are confirmed as a Commissioner, the City Board of Ethics will mail you're the annual form as well as the Cook County Board of Ethics. Only the City statement is needed at this time and only new nominees need to complete the form. **NOTE: Existing Commissioners up for renewal may already have City (and County) Ethics Statements on file – confirm receipt of Statements with DCD staff.**

4. Aldermanic Letter(s) of Support

Your local SSA Service Provider Agency will contact the aldermen within your local SSA district for your support letter.

5. Mayoral Appointment and City Council Confirmation

Once a completed application is on file with DCD, DCD forwards the application to the Mayor's Office for appointment and subsequent City Council confirmation. Once confirmed by City Council, appointees are officially seated and can partake in official SSA Commission business.

Completed Application Checklist:

- Part 1 (including resume)
- Part 2
 - Principle Profile Form & Affidavit of Child Support Compliance (regardless of parental status)
 - Cleared indebtedness reports (prepared by the City)
 - City of Chicago Board of Ethics Statement
 - Letters(s) of Aldermanic support (secured by the SSA Provider Agency on your behalf)

PRINCIPLE PROFILE FORM - PLEASE COMPLETE FULLY AND CLEARLY -			
Date Completed: _____		SSA Name/Number: _____	
First Name: _____	Middle: _____	Last Name: _____	
Home Street Address _____	City _____	State _____	Zip _____
Date of Birth: _____		Social Security Number: _____ - _____ - _____	
Driver's License Number: _____		State Issued: _____	
License Plate Number(s): _____		State Issued: _____	

For questions or more information, contact:

Gina Caruso, Assistant Commissioner, DCD PH 312-744-8356 Email: gina.caruso@cityofchicago.org
Annie Coakley, Assistant to the Commissioner, DCD, PH 312-744-8280 Fax: 312-742-8549 Email: anne.coakley@cityofchicago.org

STATE OF ILLINOIS)
COUNTY OF COOK)

AFFIDAVIT OF CHILD SUPPORT COMPLIANCE

I, _____, being duly sworn on oath, state that the following statements are true and correct to the best of my knowledge and belief:

1. My full legal name is: _____.
2. My home address is: _____.
3. My home phone number is: _____; my work phone number is _____.
4. My driver's license number is: _____.
5. My social security number is: _____, My date of birth is: _____.
6. If I have any child support obligations, I affirm that I am in compliance with such obligations and that my court case number is: _____.
7. I agree to comply in the future with any court order to pay child support.
8. I agree to comply with any present, or future, order to withhold child support payments from an employee's salary, if I or my company are named as a payor for withholding child support.
9. I agree to enroll children in a health insurance plan, if I or my company are now, or in the future, named as a payor for enrolling a child in a health insurance plan.
10. I agree to have the information provided in this affidavit audited by the Department of Consumer Services for the purposes of assuring that any child support obligation I may have now or in the future is met.
11. I understand that I may be prosecuted by the Department of Consumer Services if any of the above statements are found to be false, either wholly or partially.
12. I further understand that in addition to being prosecuted by the City for false or misleading statements on this affidavit, that any misrepresentation made in this affidavit may result in a three-year period of ineligibility with the City.
13. I understand that all city employees must comply with all court-ordered child support obligations as a condition of city employment. Noncompliance shall be grounds for disciplinary action.

Under penalties as provided by law, including but not limited to Chapter 1-21 of the Municipal Code of the City of Chicago set forth below, I certify that the above statements are true and correct.

Signed: _____ **Dated:** _____

Subscribed and sworn to before me this
_____ day of _____, 20__

_____, **Notary Public**

