



CITY OF ALLENTOWN

No: 30256

RESOLUTION

R112 - 2021

Introduced by the Administration on July 21, 2021

Authorities, Boards, Commissions Appointments

Resolved by the Council of the City of Allentown, That

City Council does hereby give advice and consent to the following reappointment to the Allentown Neighborhood Improvement Zone Development Authority (NIZ) submitted to this Council by Mayor Ray O'Connell.

ALLENTOWN NEIGHBORHOOD IMPROVEMENT ZONE DEVELOPMENT AUTHORITY (NIZ)

Tiffany Polek (State Representative Peter Schweyer's Appointment)

817 W. Gordon Street

Allentown, PA 18102

Term Expiration: 01/01/2026

	Yea	Nay
Candida Affa	X	
Ce-Ce Gerlach	X	
Daryl Hendricks	X	
Cynthia Mota	X	
Joshua Siegel	X	
Ed Zucal	X	
Julio A. Guridy, President	X	
TOTAL	7	0

THIS IS TO CERTIFY, That the above copy of Resolution No. 30256 was adopted by the City Council of Allentown on the 21st day of July, 2021, and is on file in the City Clerk's Office.



 City Clerk



Ray O'Connell, Mayor
City of Allentown
435 Hamilton St, 5th Floor
Allentown, PA 18101-1699
Office 610.437.7546
Fax 610.437.8730
Ray.OConnell@allentownpa.gov

TO: Michael Hanlon
City Clerk

FROM: Ray O'Connell *ROC*
Mayor

DATE: June 25, 2021

SUBJECT: Authorities, Boards, Commissions Appointments

Mayor O'Connell has approved the following reappointment for City Council's consideration.

<u>Name</u>	<u>Authority/Board/Commission</u>	<u>Term to Expire</u>
Tiffany Polek	Allentown Neighborhood Improvement Zone Development Authority (NIZ)	01/01/2026

Ms. Polek is currently a member of this authority. I have attached her resume for your review. Thank you.

ROC/kal
Attachments

RECEIVED

FEB 17 2021

REQUEST FOR APPOINTMENT

DATE 2/11/2021 MAYOR'S OFFICE

AUTHORITY, BOARD OR COMMISSION YOU ARE REQUESTING APPOINTMENT TO: ANIZDA

NAME: Tiffany Polek

HOME ADDRESS: 817 W Gordon St., Allentown PA 18102

BUSINESS ADDRESS: _____

TELEPHONE NO. (RESIDENCE) 484860-9277 BUSINESS _____

EMAIL: polek.t@allentownsd.org / tiffanypolek@gmail.com

PRESENTLY EMPLOYED BY: Allentown School District

JOB TITLE: Director of Student Services

EMPLOYMENT (Prior): Allentown School District : Principal at Mosser Elementary School

EDUCATION:

HIGH SCHOOL GRADUATE:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
COLLEGE OR UNIVERSITY GRADUATE	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
DEGREE/FIELD OF STUDY	<u>Psychology / El. Ed. / Educ. Ldrshp.</u>	

CURRENT MEMBERSHIP IN ORGANIZATIONS AND OFFICES: _____

PAST ORGANIZATIONAL MEMBERSHIP AND OFFICES

HELD: ANIZDA

DO YOU LIVE IN THE CITY OF ALLENTOWN: **YES** **NO**

DO YOU HAVE A SIGNIFICANT "BUSINESS" OR "PROPERTY" INTEREST IN ALLENTOWN? PLEASE EXPLAIN:

No

ARE YOU A REGISTERED VOTER: **YES** **NO**

WHY ARE YOU INTERESTED IN THIS APPOINTMENT? BE SURE TO INCLUDE WHAT VALUE YOU WILL BRING TO THE BOARD:

Being a resident in the city and an employee of the district, I would serve as an advocate for our community including children and our families.

DO YOU ANTICIPATE A CONFLICT OF INTEREST BY SERVING AS A MEMBER OF AN AUTHORITY, BOARD OR COMMISSION: **YES** **NO**

IF YES, EXPLAIN: _____

IF YOU ARE BEING CONSIDERED FOR REAPPOINTMENT, PLEASE INDICATE HOW MANY TERMS YOU HAVE SERVED 1 AND THE YEAR YOU WERE FIRST APPOINTED 2017.

NOTE: This information will be used for making appointments to authorities, boards and commission and in the event you are appointed/reappointed, it may be used as a news release to identify you to the community.



Signature



Date

Please forward this request for appointment, along with a resume to:

**Mayor's Office
City Hall
435 Hamilton Street
Allentown, PA 18101**