Agenda Item #: 8A-1

Palm Beach County Board of County Commissioners Board Appointment Summary Form

Meeting Date:

08/21/2007

Department:

Equal Opportunity

Submitted By:

Office of Equal Opportunity

Advisory Board Name:

Handicap Accessibility and Awareness Grant Review Committee

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: A) reappointment of seven (7) at large members to the Handicap Accessibility and Awareness Grant Review Committee for a term, beginning on August 28, 2007 through August 27, 2009, and the B) appointment of two (2) new at-large members for the same term. The appointments are to be made from the following nominees:

Nominee	Nominated By:	Seat No.:
Roberta Van Sickle	Commissioner Greene Commissioner Koons	. 1
Daniel G. Riley	Commissioner Greene Commissioner Koons	2
Scott Shoemaker	Commissioner Greene Commissioner Koons	5
Sandy White	Commissioner Greene Commissioner Koons	6
Johnny Charlisle	Commissioner Greene Commissioner Koons	7
Bobbie Valentine	Commissioner Greene Commissioner Koons	8
Allen Preston	Commissioner Greene Commissioner Koons	9
New Apppointments:		
Andrea Bryant	Staff	3
William Lapp	Staff	4

Summary: These appointments are necessary to fill vacancies on the Handicap Accessibility and Awareness Grant Review Committee. The terms of the existing members expired on July 17, 2007. All appointments are for a two year term and are at-large. Countywide (TKF)

Background and Justification: Pursuant to BCC Resolution No. R-92-1890, members of the Handicap Accessibility and Awareness Grant Review Committee shall be advocates for persons with disabilities in the community. Members of the committee are responsible for reviewing proposals made by non-profit agencies for funding to improve accessibility and to increase public awareness for physically disabled persons. The committee makes recommendations to the BCC on the award of Handicapped Accessibility Grant funds.

Attachments: 1. Board Appointment Information Forms(9) 2. BCC Resolution No. 92-1890	
Recommended by: Department Director	8-/-2007 Date
Legal Sufficiency: Assistant County Attorney	Date

Part I:

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by members of the public.

Part I:

Board Name: <u>Handicap Accessib</u>	oility and Awareness	Grant Review Con	<u>imittee</u>
[x] At Large Appointment	or	[] District Appo	intment
Term of Appointment: 2	Years. From:	7/20/2007	To: <u>7/20/2009</u>
Seat Requirement: Appointees sha disabilities in the	all be an advocate of po he Community.	ersons with	Seat #:
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or [] to complete the term of Completion of term to		Due []	resignation [] other
expire on:		·	
Part II: APPLICANT, UNL.	ESS EXEMPTED, M	UST BE A COUNT	TY RESIDENT
Name:			
Van Sickle	Rob		
Last		First	Middle
Occupation/Affiliation: Florida In	dependent Living Cou	ıncil, Florida Rehal	pilitation and NFB
Business Name: New Holl	and Enterprises		
Business Address: 4082 Ches	stnut Avenue		
City & State Palm Beac	ch Gardens, Florida	Zip Code	: 33410
Residence Address: 4082 Ches	stnut Avenue		
77	ch Gardens, Florida	······································	33410
Home Phone: (561) 691-822	Busin	ness Phone: ()	Ext.
Cell Phone: ()	Fax:	()	
Email Address:			
Mailing Address preference: [] I	Business Address [x]] Residence	
Minority Identification Code: [] IF (Native-American Female) [] AF (Asian-American Female) [] BF (African-American Female) [] HF (Hispanic-American Female) [x] WF (Caucasian Female)	[] AM (Asia [] BM (Afri	ve-American Indian an-American Male) can-American Male anic-American Male casian Male))
Part III: COMMISSIONER COM	MMENTS		
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Pursuant to Florida's Public Records Law	w, this document may be	e reviewed	Revised 6/2007

and photocopied by members of the public.

Part I:

Board Name: <u>Handica</u>	ap Accessibility and A	wareness Grant Re	view Commit	tee
[x] At Large Ap	pointment	or	District A	ppointment
Term of Appointment:	2 Years.	From: 7/20/2	<u>007</u> To	: _7/ 20/ 2009
Seat Requirement: App	pointees shall be advoc sons with various disab			at #: x
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or [] to complete term of Completion of term to expire on:	the	Due to:	[] res	ignation [] other
•	ANT, UNLESS EXEN	APTED, MUST BE	— A COUNTY R	ESIDENT
Name: Riley		Daniel		D.
	Last	Fir	st	Middle
Occupation/Affiliation:	MIS Technician/ Me Bdoard.	mber Boca Raton Ph	ysically & Me	entally Challenged
Business Name:				
Business Address:				•
City & State			Zip Code:	
Residence Address:	2915 SW 22 nd Aver	nue Apt. #105		
City & State	Delray Beach, Florid	la	Zip Code:	33445-7811
Home Phone: (56	1) 272-4251	Business Phone	e: <u>(</u>)	Ext.
Cell Phone: ()	Fax:	()	
Email Address:				
Mailing Address prefer Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-America [] HF (Hispanic-America [] WF (Caucasian Females)	Code: 1 Female) [] Female) [] In Female) [] Can Female) []		can Indian Ma can Male) rican Male) rican Male)	le)
Part III: COMMISSIO	ONER COMMENTS			
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Pursuant to Florida's Public			/~	/

and photocopied by members of the public.

Part I:

Board Name: Handica	ap Accessibility and	Awareness G	rant Review Co	<u>ommittee</u>	
[x] At Large Ap	pointment	or	[] Dist	rict Appointme	ent
Term of Appointment:	Years.	From:	7/ 20/ 2007	To: <u>7/ 20/</u>	2009
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term of Completion of term to expire on:			to:	roosgnacion	į j Guler
Part II: APPLIC	'ANT, UNLESS EXE	MPTED, MU	ST BE A COU	N TY RESIDE !	V <i>T</i>
Name: Riley		Danie	.}	D.	
	Last		First		Middle
Occupation/Affiliation:	MIS Technician/ M Bdoard.	ember Boca R	Laton Physically	& Mentally Cl	hallenged
Business Name:					
Business Address:	, 				
City & State			Zip Cod	de:	
Residence Address:	2915 SW 22 nd Ave	enue Apt. #10	5		
City & State	Delray Beach, Flori	da	Zip Co	ode: 33445	-7811
Home Phone: (56	1) 272-4251	Busines	ss Phone: ()	Ext.
Cell Phone:)	Fax:)	
Email Address:				_	
Mailing Address prefer Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-America [] HF (Hispanic-Americ [] WF(Caucasian Femal	Code: Female) [Female) [Female) [an Female) [] IM (Native] AM (Asian] BM (Africa	-American India -American Male n-American Ma ic-American Ma	e) le)	
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Pursuant to Florida's Public				f '	

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or [] to complete	the		Due []	resignation [] other
term of Completion of term to expire on:			to:	resignation [] office
Part II: APPLIC	ANT, UNLESS EXEM	IPTED, MU	UST BE A COUN	TY RESIDENT
Name: Shoemak	cer	Scott		
	Last		First	Middle
Occupation/Affiliation:	Sergeant		·	
Business Name:	Palm Beach County S	Sheriff Depa	artment	
Business Address:	3228 Gun Club Road	d		·
City & State	West Palm Beach, Fl	orida	Zip Code	e: 33406
Residence Address:	257 Ponderosa Court			
City & State	Royal Palm Beach, F	lorida	Zip Coo	le: 33411
Home Phone: (56	1) 333-6084	Busine	ess Phone: (561)) 688-4162 Ext.
Cell Phone: ()	Fax:	()	
Email Address:		<u>-</u>		
Mailing Address prefer Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-America [] HF (Hispanic-America [] WF (Caucasian Femal Part III: COMMISSION Appointment to be made *When a person is being conflicts shall be consider.	Code: In Female) [] Female) [] In Female [] In	IM (Native AM (Asian BM (Afric HM (Hispa WM (Cauc July 20, 2	e-American Indian n-American Male) an-American Male nic-American Mal asian Male)	e) de)
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Part II: APPLIC	ANT, UNLESS EXE	MPTED, MU	UST BE A COUN	TY RESIDENT
Name: Shoemak	(er	Scott		
	Last		First	Middle
Occupation/Affiliation:	Sergeant			
Business Name:	Palm Beach County	y Sheriff Depa	artment	
Business Address:	3228 Gun Club Ro	ad	***************************************	
City & State	West Palm Beach, I	Florida	Zip Cod	e: 33406
Residence Address:	257 Ponderosa Cou	rt	· ,	
City & State	Royal Palm Beach,	Florida	Zip Co	de: 33411
Home Phone: (56	1) 333-6084	Dugino	ag Dhana. (EC)) (00 A1 (3 T) A
Cell Phone: ()		ss Phone: (561) 688-4162 Ext.
)	Fax:		
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Part II: APPLI	CANT, UNLESS EX	EMPTED, MU	ST BE A COU	NTY RESIDENT
Name:				
White	T o at	Sandy	D'	В.
	Last		First	Middle
Occupation/Affiliation	: National Federation Committee.	on of The Blind,	Stroke Club an	nd Palm Tran Advisory
Business Name:				·
Business Address:				
City & State			Zip Co	de:
Residence Address:	200 Wood Dale D	rive	· 	
City & State	Wellington, Floric	la	Zip Co	de: 33414
Home Phone:	561) 798-4162	Busines	s Phone: () Ext.
Cell Phone: _()	Fax:	<u>(</u>)
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Signature:			Date:	Revised 6/2007

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Part I:

Board Name: <u>Handica</u>	р Accessibility ал	id Awareness	Grant Review Cor	mmittee
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Part II: APPLIC	ANT, UNLESS EX	KEMPTED, M	UST BE A COUN	TY RESIDENT
Name:				
White		Sand		В.
	Last		First	Middle
Occupation/Affiliation:	National Federati Committee.	ion of The Blir	nd, Stroke Club and	Palm Tran Advisory
Business Name:			·	
Business Address:				
City & State			Zip Code	e:
Residence Address:	200 Wood Dale I	Orive		
City & State	Wellington, Flori	da	Zip Code	e: 33414
Home Phone: (50	61) 798-4162	Busir	ness Phone: (Ext.
Cell Phone:)	Fax:	_(_)	
Email Address:				
Mailing Address prefer Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-America [] HF (Hispanic-American [x]WF (Caucasian Females)	Code: n Female) Female) n Female) can Female)	[] IM (Nati [] AM (Asia [] BM (Afri	ve-American India an-American Male) can-American Mal anic-American Ma	e)
Part III: COMMISSIO	NER COMMEN	TS		,
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Pursuant to Florida's Public	Records Law, this c	locument may b		Revised 6/2007

and photocopied by members of the public.

Part I:

Board Name: <u>Handica</u>	ıp Accessibili	ity and Awar	eness Grant Rev	iew Commi	<u>ittee</u>
[x] At Large App	oointment	or	[] Distr	ict Appointr	nent
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Part II: APPLICA	ANT, UNLES	SS EXEMPTI	ED, MUST BE A	COUNTY	RESIDENT
Name:		e.			
Carlisle	Last		Johnny First		Middle
Occupation/Affiliation:	Retired Edu	cator/ Board 1	Member of Florid	a Needs Ass	sociation
Business Name:					
Business Address:	,				
City & State		<u> </u>	Z	Zip Code:	
Residence Address:	250 West 2	3 rd Street			
City & State	Riviera Bea	ch, Florida	Z	Zip Code:	33404
Home Phone: (50	61) 842-1250		Business Phone:	()	Ext.
Cell Phone: ()		Fax:	()	
Email Address:					
Mailing Address prefer	ence: [] Bu	siness Addres	ss [x] Residence	•	
Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-America [] HF (Hispanic-Americ [] WF(Caucasian Femal	r Female) Female) In Female) In Female)	[] AM [x] BM [] HM	(Native-America I (Asian-America I (African-Americ I (Hispanic-Ameri I (Caucasian Male	n Male) can Male) ican Male)	ale)
Part III: COMMISSIO	NER COM	MENTS			
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Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by members of the public.

Board Name: Handic	ap Accessibility and	Awareness (Grant Revi	w Comm	ittee	
[x] At Large Ap	pointment	or	[] Distric	ct Appoint	ment	
Term of Appointment:	Years.	From:	7/20/2007	Т	Co: <u>7/20/2009</u>	<u>.</u>
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Part II: APPLIC	CANT, UNLESS EX	EMPTED, M	UST BE A	COUNTY	RESIDENT	
Name:			,			
Carlisle		Johnr	·			
	Last		First		Middle	
Occupation/Affiliation:	Retired Educator/	Board Memb	er of Florida	Needs A	ssociation	
Business Name:			<u> </u>			
Business Address:						
City & State			Z	ip Code:		
Residence Address:	250 West 23 rd Stre	eet			33404	
City & State	Riviera Beach, Flo	rida	Z	ip Code:		
Home Phone: (5	61) 842-1250	Busin	ess Phone:	()	Ext.	
Cell Phone:)	Fax:		()		
Email Address:			·····			
Mailing Address prefer	rence: [] Business	Address [x	Residence			
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Pursuant to Florida's Publi and photocopied by memb	c Records Law, this do ers of the public.	cument may be	e reviewed		Revised 6/2007	

Board Name: <u>Handica</u>	p Accessibility and	d Awareness Gi	rant Review Con	nmittee
[x] At Large App	pointment	or	[] District Appo	vintment
Term of Appointment: _	2 Years.	From:	7/20/007	To: <u>7/20/2009</u>
Seat Requirement: App	ointees shall be an bilities in the Comr		ons with	Seat #:
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or [] to complete term of Completion of term to expire on:	the		Due [] _ to:	resignation [] other
· .	ANT, UNLESS EX	EMPTED, MU	ST BE A COUNT	TY RESIDENT
Name:				
Valentine	Last	Bobbie	First	Middle
Occupation/Affiliation:	Palm Tran Servic	e Board		
Business Name:				
Business Address:				
City & State			Zip Code	:
Residence Address:	716 Aspen Road		2007-a-mir	
City & State	West Palm Beach		Zip Code	e: <u>33409</u>
Home Phone: (50	51) 319-4096	Busines	ss Phone: ()	Ext.
Cell Phone: ()	Fax:	()	
Email Address:				
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Board Name: Handica	p Accessibility an	d Awareness	Grant Review Co	mmittee
[x] At Large App	pointment	or	[] District App	ointment
Term of Appointment:	2 Years.	From:	7/20/007	To: 7/20/2009
Seat Requirement: App	pointees shall be an bilities in the Com		ersons with	Seat #:
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Part II: APPLIC	ANT, UNLESS EX	KEMPTED, M	AUST BE A COUN	NTY RESIDENT
Name:	•			
Valentine		Bobl	·	
	Last	,	First	Middle
Occupation/Affiliation:	Palm Tran Service	ce Board		
Business Name:	-	-		
Business Address:				
City & State	-		Zip Cod	le:
Residence Address:	716 Aspen Road		· · · · · · · · · · · · · · · · · · ·	
City & State	West Palm Beach	1	Zip Coo	ie: 33409
Home Phone: (56	61) 319-4096	Busi	ness Phone: () Ext.
Cell Phone: ()	Fax:)
Email Address:			NEE-VIII-VIII-VIII-VIII-VIII-VIII-VIII-V	-
Mailing Address prefer	ence: [] Busines	ss Address [7	k] Residence	
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Pursuant to Florida's Public	Records Law, this		Duv.	Revised 6/2007

Part I:

Board Name: Handica	p Accessi	bility and Av	vareness G	rant Revie	w Com	mittee	
[x] At Large App	ointment		or	[]	District	Appointme	nt
Term of Appointment:	2	Years.	From:	7/ 20/ 200	7	To: <u>7/20/</u>	2009
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or [] to complete term of Completion of term to expire on:	the			Due to:	[]	resignation	[] other
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Name: Preston	_		Allen				
· · · · · · · · · · · · · · · · · · ·	Last			First		N	1iddle
Occupation/Affiliation:	Board of	Director Cen	ter for Inde	pendent Li	ving		
Business Name:							
Business Address:							
City & State			- · · · · · · · · · · · · · · · · · · ·	Zi	p Code:	—————	
Residence Address:	542 Che	erry Road					
City & State	West Pal	m Beach, Flo	rida	Z	Cip Code	: 33409	
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Cell Phone: ()		Fax:		()	1880 M	
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Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by members of the public.

Part I:

Board Name: Handic	ap Accessibility and	Awareness (Grant Review Co	mmittee	
[x] At Large App	pointment	or	[] Distr	rict Appointment	
Term of Appointment:	Years.	From:	7/ 20/ 2007	To: 7/20/200)9
Seat Requirement: Apper [x]*Reappointm	sons with various dis	abilities in the	Community.	Seat #: x	
· · · ·		or	[] New Appoin	tment	•
or [] to complete term of	the		Due []	resignation [] other
Completion of term to expire on:					
Part II: APPLIC	CANT, UNLESS EXE	EMPTED, MU	UST BE A COUN	TY RESIDENT	
Name: Preston		Allen		·	
	Last		First	Mide	dle
Occupation/Affiliation:	Board of Director (Center for Inde	enendent Living		
Business Name:			ependent Elving		
Business Address:					
City & State			Zip Cod	a.	
				C	
Residence Address:	542 Cherry Road				
City & State	West Palm Beach,	Florida	Zip Co	de: 33409	
Home Phone:		Dunina	an Dhana		
·		Busine	ss Phone:		Ext.
Cell Phone:)	Fax:	()		
Email Address:					
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Part 1:

Board Name: Handica	ap Accessibility and	d Awareness	Grant Revie	ew Com	mittee	
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Occupation/Affiliation:	Area On Aging					-
Business Name:						
Business Address:						
City & State			Zi	ip Code	:	
Residence Address:	433 Silver Beach	Road				
City & State	Lake Park Florida	l.	Zi	p Code:	33403	
Home Phone:	61) 848-7271	Busin	ess Phone:	(561)		Ext.
Cell Phone: ()	Fax:		()		
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Business Name:				
Business Address:		·····		
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City & State	Lake Park Florida	L .	Zip Code	e: <u>33403</u>
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Board Name: Handi	cap Accessibility an	d Awareness	Grant Review Cor	mmittee
[x] At Large A	ppointment	or	[] District Appo	ointment
Term of Appointment:	Years.	From:	7/20/07	To: <u>7/20/2009</u>
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	Last		First	Middle
Occupation/Affiliation:	Vice President Fl the Blind and Pal			nd, National Federation of
Business Name:	Florida Outreach	Center for the	Blind Inc.	
Business Address:	1280 North Cong	gress Avenue,	Suite 108	
City & State	West Palm Beach	, Florida	Zip Code	e: 33409
1				
Residence Address:	1386 Victoria Dr	ive		
City & State	West Palm Beach	, Florida	Zip Code	33406
Home Phone: (561) 968-6268	Busir	ness Phone: (561 Ext.	1) 640-6029
Cell Phone: ()	Fax:	_(_)	
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Occupation/Affiliation:	Vice President F the Blind and Pa	lorida Outreach lm Tran Adviso	n Center for the Bl ory Committee.	ind, National Federation of
Business Name:	Florida Outreach	Center for the	Blind Inc.	
Business Address:	1280 North Con	gress Avenue,	Suite 108	
City & State	West Palm Beach	h, Florida	Zip Cod	le: 33409
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Residence Address:	1386 Victoria D	rive		
City & State	West Palm Beach	h, Florida	Zip Cod	le: 33406
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Cell Phone: ()	Fax:)
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RESOLUTION NO. R-92-1890

RESOLUTION BOARD OF THE OF COUNTY COMMISSIONERS OF PALM COUNTY, BEACH FLORIDA, REPLACING RESOLUTION NO. R-88-1929 WHICH ESTABLISHED THE OFFICE OF EQUAL OPPORTUNITY HANDICAP ACCESSIBILITY AND AWARENESS GRANT REVIEW COMMITTEE AND PROVIDING FOR THE RE-ESTABLISHMENT OF THE OFFICE OF EQUAL OPPORTUNITY HANDICAP ACCESSIBILITY AND AWARENESS GRANT REVIEW COMMITTEE PURSUANT TO THE COUNTY'S UNIFORM POLICIES ON ADVISORY BOARDS

WHEREAS, the Board of County Commissioners of Palm Beach County has a firm commitment to the promotion of equal opportunity for disabled persons; and

WHEREAS, in demonstration of that commitment the Board of County Commissioners enacted Ordinance No. 92-29, the Palm Beach County Physically Disabled Parking Space Ordinance which included increased fines for violation; and

WHEREAS, a portion of the funds collected under Ordinance No. 92-29 through the imposition of fines are to be used to improve accessibility and equal opportunity to physically disabled persons in the County and to provide funds to conduct public awareness programs in the County concerning physically disabled persons; and

WHEREAS, Palm Beach County awards grants to non-profit organizations for projects designed to improve accessibility and equal opportunity to physically disabled persons in the County and/or to conduct public awareness programs in the County concerning physically disabled persons; and

WHEREAS, the Board of County Commissioners through Resolution No. R-88-1929 authorized the formulation of the Office of Equal Opportunity Handicap Accessibility and Awareness Grant Review Committee to review proposals and make recommendations on the award of grant funds; and

WHEREAS, it is necessary to replace Resolution No. R-88-1929 in order that the duties and responsibilities of the Office of Equal Opportunity Handicap Accessibility and Awareness Grant Review Committee are consistent with the County's uniform policies regarding advisory boards as provided in Resolution No. R-91-1003.

Participation for less than three-quarters of a meeting shall constitute lack of attendance. Excused absences due to illness, absence from the County, or personal hardship, if approved by a majority vote of the Grant Review Committee, shall not constitute a lack of attendance. Excused absences shall be entered into the minutes of the next regularly scheduled meeting of the Grant Review Committee. Members removed under this paragraph shall not continue to serve until a new appointment is made. A removal shall create a vacancy.

F. Elected Office.

Members shall not be prohibited from qualifying as candidates for elected office.

G. Travel Reimbursement.

Travel reimbursement is limited to expenses incurred for travel outside Palm Beach County necessary to fulfill Grant Review Committee member responsibilities when sufficient funds have been budgeted and are available and upon the prior approval of the Board of County Commissioners.

No other expenditures are reimbursable except documented long distance telephone calls to the liaison County Department.

H. Ethics.

Members shall be governed by the applicable provisions of the Palm Beach County Ethics Ordinance upon its adoption.

IV. DUTIES OF GRANT REVIEW COMMITTEE.

The Grant Review Committee will review proposals made by non-profit agencies for funding to improve accessibility and increase the public awareness for physically disabled persons in the County and make recommendations to the Board of County Commissioners as to the organizations that should be awarded the funding and the amount of funding which should be awarded, not to exceed \$5,000.

The Grant Review Committee may make recommendations to the Board of County Commissioners on amendments or improvements to the Office of Equal Opportunity Handicap

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NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, that:

I. RESCISSION OF RESOLUTION NO. R-88-1929.

Resolution No. R-88-1929 is hereby rescinded and replaced in its entirety by this resolution.

II. CREATION.

There is hereby established an Office of Equal Opportunity Handicap Accessibility and Awareness Grant Review Committee (Grant Review Committee) to be comprised of nine (9) members.

III. REQUIREMENTS FOR MEMBERSHIP

A. General Conditions.

All members of the Grant Review Committee shall be advocates for persons with disabilities. The Committee membership should be representative of persons with various disabilities in the community. All members of the Grant Review Committee shall be appointed at-large by the Board of County Commissioners.

B. Residency Requirement.

All members must be residents of Palm Beach County at the time of appointment and while serving on the Grant Review Committee.

C. Prohibition of County Staff.

County employees may not be appointed to the Grant Review Committee.

D. Term of Appointment.

The term of membership shall be for two (2) years. A vacancy occurring during a term shall be filled for the unexpired term and in the manner described above. There shall be no limit to the number of terms a member may serve.

E. Automatic Removal for Lack of Attendance.

A member of the Grant Review Committee shall be automatically removed for lack of attendance. Lack of attendance is defined as failing to attend three (3) consecutive meetings or failure to attend more than one-half of the meetings scheduled during a calendar year.

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Accessibility and Awareness Grant Program.

The Grant Review Committee must submit an annual report to the Board of County Commissioners on their activities.

V. MEETINGS OF GRANT REVIEW COMMITTEE.

The Grant Review Committee shall meet at least quarterly. A quorum must be present for the conduct of all meetings. A majority of the members appointed shall constitute a quorum. All meetings shall be governed by Roberts Rules of Order. Reasonable public notice of all meetings shall be provided and all such meetings be open to the public at all times.

VI. CHAIR AND VICE-CHAIR.

A Chair and Vice-Chair shall be elected by majority vote of the Grant Review Committee and shall serve for a term of one year.

A. Duties of the Chair.

- Call Grant Review Committee Meetings and set the agenda for same;
 - 2. Preside at Grant Review Committee Meetings;
- 3. Established committees, appoint committee chairs and charge committees with specific tasks;
- 4. Perform other functions as the Grant Review Committee may assign by rule or order.

B. <u>Duties of Vice-Chair</u>.

The Vice-Chair shall perform the duties of the Chair in the Chair's absence, and such other duties as the Chair may assign. If a vacancy occurs in the office of the Chair, the Vice-Chair shall become the Chair for the unexpired term. If a vacancy occurs in the office of Vice-Chair, the Council will elect another member to fill the unexpired term of the Vice-Chair.

VII. EFFECTIVE DATE.

This resolution shall become effective upon approval by a majority vote of the Board of County Commissioners of Palm Beach County, Florida.

The foregoing resol	lution was offered by Commissioner
No zava	moved its adoption. The Motion was
seconded by Commissioner	Roberts , and upon being put
to a vote, the vote was	as follows:
	KAREN T. MARCUS - Aye
	WARREN H. NEWELL - Aye
	BURT AARONSON - Aye
	CAROL A. ROBERTS - Aye
	MARY MC CARTY - Aye
	KEN FOSTER - Aye
	MAUDE FORD LEE - Aye
	declared the Resolution duly passed y of
APPROVED AS TO FORM	
LEGAL SUPPICIENCY	PALM BEACH COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS
	Milton T. Bauer, Clerk
1 Kalo	By: Judith Crossine

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