

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD APPOINTMENT SUMMARY**

Meeting Date: September 25, 2007

Department: Community Services

Submitted By: Community Action Program

Advisory Board Name: Community Action Board

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: appointment and/or reappointment of the following representatives to the Community Action Council Administering Board for a term of three (3) years, effective October 1, 2007.

| | | | |
|-------------------|--------------------|--------------------------------|--|
| Seat | | | |
| <u>ID#</u> | <u>Name</u> | <u>Seat/Requirement</u> | <u>Nominated By Commissioner(s)</u> |

Re-Appoint:

| | | | |
|----|-----------------------|---------------------------|----------------------|
| 1A | Lynda Charles | Public Rep | Greene/Koons |
| 2A | Dr. Yvette Coursey | Public Rep | Greene/Koons/McCarty |
| 3A | Vincent P. Goodman | Public Rep | Greene/Koons/McCarty |
| 4A | Von Sheila Hatcher | Public Rep | Greene/Koons |
| 6A | Jerry Kelly | Public Rep | Greene/Koons |
| 7A | Autrie Moore-Williams | Public Rep | Greene/Koons |
| 9 | Laura Tingo | Business, Social Services | Greene/Koons |
| 11 | Easie La Rose | Business, Social Services | Greene/Koons |
| 12 | Anax Pompillus | Business, Social Services | Greene/Koons |
| 15 | Yvette Jakes | Rep. of Poor | Greene/Koons |
| 16 | Asleen Stepherson | Rep. of Poor | Greene/Koons |
| 21 | Loretha Daniels | Rep. of Poor | Greene/Koons |

Appoint:

| | | | |
|----|----------------|--------------|--------------|
| 22 | Angelia Fowler | Rep. of Poor | Greene/Koons |
| 23 | Robert Walker | Rep. of Poor | Greene/Koons |

Summary: Ordinance No. 2004-042, establishes the Community Action Council Administering Board (CACAB). The CACAB is comprised of not less than 15, and not more than 23 members. One third of the members are elected public officials, holding term on the date of selection, or their representatives. The remaining are members of business, industry, labor religion, law enforcement, education or other major groups in the community served. On January 25, 2007, and August 6, 2007, written notice was sent to each Commissioner to request nominations. The nominees above meet all applicable guidelines and requirements outlined in the Community Services Block Grant Contract establishing ordinance. The CACAB has reviewed and approved the nominees listed above. (Community Action) Countywide (TKF).

Background and Justification: The Community Services Block Grant contract requires the establishment of a Community Services Block Grant Board and that the Board fully participates in the planning, implementation and evaluation of the Community Services Block Grant program to serve low-income communities.

Attachments:

- 1) Ordinance No. 2004-042
- 2) Board Appointment forms
- 3) Current list of CACAB Members

Recommended by: 9-14-2007
 Department Director Date

Legal Sufficiency: 9-17-2007
 Assistant County Attorney Date

III. REVIEW COMMENTS

A. Other Department Reviews

Department Director

REVISED 06/92
ADM FORM 03
(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT).

ORDINANCE NO. 2004-042

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AN ORDINANCE OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, REPEALING AND REPLACING, IN ITS ENTIRETY, ORDINANCE NO. 74-20, AS CODIFIED IN SECTIONS 2-166 THROUGH 2-169 OF THE PALM BEACH COUNTY CODE; DESIGNATING THE BOARD OF COUNTY COMMISSIONERS AS COMMUNITY ACTION COUNCIL; RE-ESTABLISHING THE ADMINISTERING BOARD OF THE COMMUNITY ACTION COUNCIL; DESIGNATING SUCH BOARD AS THE COMMUNITY SERVICE BLOCK GRANT ADVISORY COMMITTEE; PROVIDING FOR A PURPOSE; PROVIDING FOR A ROLE AND RESPONSIBILITIES; PROVIDING FOR MEMBERSHIP AND OFFICERS; PROVIDING FOR REPEAL OF LAWS IN CONFLICT; PROVIDING FOR SEVERABILITY; PROVIDING FOR INCLUSION IN THE CODE OF LAWS AND ORDINANCES; AND PROVIDING FOR AN EFFECTIVE DATE.

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WHEREAS, the Board of County Commissioners of Palm Beach County, Florida determined that it was in the public interest to be designated as a Community Action Council and to appoint an administering board pursuant to the Economic Opportunity Act of 1964; and

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WHEREAS, Palm Beach County is the recipient of Community Services Block Grant funds and is designated as the Community Action Council of Palm Beach County; and

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WHEREAS, the Board of County Commissioners of Palm Beach County, Florida, acts as the Governing Board of the Community Action Council pursuant to the Community Service Block Grant Act of 1981; and

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WHEREAS, the Board of County Commissioners of Palm Beach County, Florida, established the Community Action Council Administering Board in 1974 pursuant to Ordinance 74-20; and

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WHEREAS, Ordinance 74-20 is outdated and needs to be repealed and replaced; and

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WHEREAS, the Board of County Commissioners now wishes to repeal and replace the referenced ordinance relating to the Community Action Council.

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

SECTION 1. REPEALER:

Ordinance No. 74-20, as codified in Sections 2-166 through 2-169 of the Palm Beach County Code, is hereby repealed and replaced in its entirety by the provisions herein.

SECTION 2. SAVINGS CLAUSE:

Any and all actions taken under the Ordinance referenced in Section 1 are hereby preserved and may be enforced.

SECTION 3. BOARD OF COUNTY COMMISSIONERS DESIGNATED AS COMMUNITY ACTION COUNCIL:

The Board of County Commissioners of Palm Beach County is hereby designated as the Community Action Council of Palm Beach County.

SECTION 4. REESTABLISHMENT OF THE PALM BEACH COUNTY COMMUNITY ACTION COUNCIL ADMINISTERING BOARD:

The Community Action Council Administering Board (hereinafter "Administering Board") established pursuant to Ordinance 74-20 is hereby reestablished pursuant to the guidelines of the State of Florida Department of Community Affairs and is designated as the Community Services Block Grant Advisory Committee. All members currently appointed pursuant to Ordinance No. 74-20 shall remain members until the expiration of their term.

SECTION 5. PURPOSE:

The purpose of the Administering Board shall be to assist the Board of County Commissioners in the development, planning, implementation and evaluation of the Community Services Block Grant Program to serve low-income communities. The Board of County Commissioners reserves the major policy and decision-making powers relating to the Community Action Council.

SECTION 6. ROLE AND RESPONSIBILITIES:

The Administering Board shall have the following roles and responsibilities:

- A. To fully participate in the development and implementation of programs and projects designed to serve the poor or low income areas in Palm Beach

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County.

- B. To create a forum for citizen participation that maximizes participation of those served so as to best stimulate and take full advantage of capabilities for self-advancement and assure that programs and projects are meaningful to and widely utilized by their intended beneficiaries.
- C. To review and recommend programs and projects for the use of the Community Services Block Grant (CSBG) Funds.
- D. Submit an annual narrative report to the Board of County Commissioners on activities undertaken and accomplishments made during the preceding year.
- E. To receive reasonable advance notice of, and an opportunity to make recommendations to the Board of County Commissioners concerning:
 - 1. Appointment of the staff.
 - 2. Determination, subject to federal regulations and policies, of major personnel, fiscal, and program policies.
 - 3. Determination of overall program plans and priorities.
 - 4. Approval of all program proposals and budgets.
 - 5. Enforcement of compliance with all conditions of federal and state grants.
 - 6. Determination, subject to federal regulations and policies, of rules of procedure for the Administering Board.
 - 7. Any changes to this ordinance. In the event that the Administering Board determines a public meeting is necessary to address any changes to this ordinance, said public meeting will be arranged prior to submission of any such ordinance change to the Board of County Commissioners.
- F. To perform such other duties as may be from time to time assigned by the Board of County Commissioners.

SECTION 7. MEMBERSHIP:

The Administering Board shall be comprised of not less than 15 members and not more than 23 members. All members must reside in Palm Beach County.

1 Membership shall be representative of the racial, ethnic and geographic diversity of Palm
2 Beach County.

3 A. Appointment. Members shall be appointed by the Board of County
4 Commissioners, and serve for staggered terms of three (3) years, but without
5 limitation to the total number of terms. Terms shall begin on October 1st, and
6 end on September 30th. The Administering Board shall be constituted so that:

7 1. One-third of the members of the Administering Board are elected
8 public officials holding office on the date of selection, or their
9 representatives. A letter reaffirming delegation to a representative,
10 signed by the elected official, shall be required each year regardless
11 of the number of years the term runs.

12 2. Not fewer than one-third of the members of the Administering Board
13 are persons chosen in accordance with democratic selection
14 procedures adequate to assure that they are representatives of low
15 income individuals and families in the neighborhood served. Each
16 representative of the low-income sector selected to represent a
17 specific neighborhood within the community must reside in the
18 neighborhood served. The County will define what constitutes a
19 neighborhood.

20 3. The remainder of the members of the Administering Board are
21 officers or members of business, industry, labor, religious, law
22 enforcement, education, or other major groups and interests in the
23 community served. Interest groups are organizations with non-profit
24 status, incorporated and registered with the State of Florida.

25 B. Conflict of Interest. Members shall be governed by the applicable
26 provisions of the Palm Beach County Ethics Resolution (R-94-693, as
27 amended by Resolution R-2003-0962) and as may be further amended.

28 C. Compensation. Members shall receive no compensation for service,
29 but may be entitled to travel reimbursement incurred only for travel outside
30 Palm Beach County necessary to fulfill board member responsibilities and

1 only when sufficient funds have been budgeted and when prior approval has
2 been given by the Board of County Commissioners.

3 D. Attendance. Members shall be automatically removed for lack of
4 attendance. Lack of attendance is defined as failure to attend three (3)
5 consecutive meetings or failure to attend at least two-thirds of the meetings
6 scheduled during a calendar year. Participation for less than three-fourths of
7 a meeting shall be the same as a failure to attend a meeting. Members
8 removed pursuant to this paragraph shall not continue to serve on the
9 Administering Board and such removal shall create a vacancy.

10 **SECTION 8. OFFICERS:**

11 A chair and vice-chair shall be elected by a majority vote of the Administering
12 Board and shall serve for a term of one year, but not to exceed two consecutive terms in any
13 one office. The duties of the chair shall be to:

- 14 (A) Call Administering Board meetings and organize the agenda for the
- 15 same;
- 16 (B) Preside at Administering Board meetings;
- 17 (C) Establish subcommittees, appoint subcommittee chairs, and charge
- 18 subcommittee with specific tasks;
- 19 (D) Serve as primary liaison with staff; and,
- 20 (E) Perform other functions as the Administering Board may assign.

21 The vice-chair shall perform the duties of the chair in the chair's absence and
22 such other duties as the chair may assign.

23 If a vacancy occurs in the office of the chair, then the position shall be
24 assumed by the vice-chair for the remainder of the term. Any remaining vacancies shall be
25 filled through a majority vote of the Administering Board.

26 Any officer may be removed from office by a majority vote of the
27 Administering Board whenever the best interest of the Administering Board and public
28 would be served.

29 **SECTION 9. MEETINGS:**

30 The Administering Board shall meet on a regular basis. A quorum must be

1 present for the conduct of all regular meetings. A majority of the members appointed shall
 2 constitute a quorum. The chair may call a meeting or a meeting may be called upon the
 3 written request of three members. All meetings shall be governed by Robert's Rules of
 4 Order and shall comply with the Sunshine Law. Reasonable public notice of all meetings
 5 shall be provided. All meetings of the Administering Board shall be open to the public at all
 6 times and minutes shall be taken at each meeting.

7 **SECTION 10. REPEAL OF LAWS IN CONFLICT:**

8 All local laws and ordinances in conflict with any provisions of this
 9 Ordinance are hereby repealed to the extent of such conflict.

10 **SECTION 11. INCLUSION IN THE CODE OF LAWS AND ORDINANCES:**

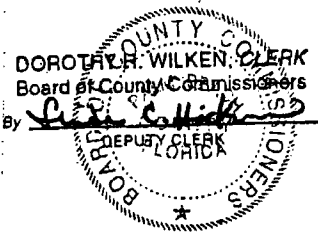
11 The provisions of this Ordinance shall be come and be made a part of the
 12 Code of Laws and Ordinances of Palm Beach County, Florida. The sections of this
 13 Ordinance may be renumbered or relettered to accomplish such, and the word "ordinance"
 14 may be changed to "section," "article," or other appropriate word.

15 **SECTION 12. EFFECTIVE DATE:**

16 The provisions of this Ordinance shall become effective upon filing with the
 17 Department of State.

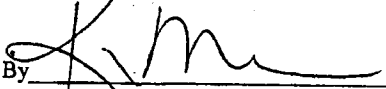
18 **APPROVED AND ADOPTED** by the Board of County Commissioners of

19 Palm Beach County, Florida, on this the 19 day of October, 2004.




PALM BEACH COUNTY, FLORIDA,
 BY ITS BOARD OF COUNTY
 COMMISSIONERS

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By 
 Karen T. Marcus, Chair

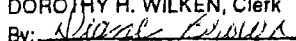
25 APPROVED AS TO FORM AND
 26 LEGAL SUFFICIENCY

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 County Attorney

29 **EFFECTIVE DATE:** Filed with the Department of State on the 25 day of
 30 October, 2004.

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STATE OF FLORIDA, COUNTY OF PALM BEACH
 I, DOROTHY H. WILKEN, ex-officio Clerk of the
 Board of County Commissioners certify this to be a
 true and correct copy of the original filed in my office
 on October 19, 2004
 DATED at West Palm Beach, FL on 11/9/04
 DOROTHY H. WILKEN, Clerk
 By:  D.C.

COMMUNITY ACTION BOARD MEMBERSHIP ROSTER

PUBLIC SECTOR (7 Seats)

1. **PBC BCC AT-LARGE**
Bd. County Commissioner
P.O. Box 1989
West Palm Beach, FL 33402

2. **PBC BCC AT-LARGE**
Bd. County Commissioner
P.O. Box 1989
West Palm Beach Beach, FL 33402

3. **PBC BCC AT-LARGE**
Bd. County Commissioner
P.O. Box 1989
West Palm Beach, FL 33402

4. **PBC BCC AT-LARGE**
Bd. County Commissioner
P.O. Box 1989
West Palm Beach, FL 33402

5. **PBC BCC AT-LARGE**
Bd. County Commissioner
P.O. Box 1989
West Palm Beach, FL 33402
355-2207

6. **Mayor, City of West Palm Beach**
P.O. Box 3366
West Palm Beach, FL 33402
659-8000 / 822-1424 (fax#)

REPRESENTATIVES

- Lynda Charles**
1555 Palm Beach Lakes Blvd.
Suite 1500
West Palm Beach, FL 33401
735-4232 (H) / 471-7700
(Re-Appointment Pending)
- Dr. Yvette Coursey, Vice Chair**
Sickle Cell Foundation
P.O. Box 3823
West Palm Beach, FL 33402
863-8569/833-3113 (w) 659-4505 fax
(Re-Appointment Pending)
- Vincent R. Goodman, Chairman**
450 W. 36th Street
Riviera Beach, FL 33404
842-6421(H) / 640-5091(w)
(Re-Appointment Pending)
- Von Sheila Hatcher**
4437 Davis Road
Lake Worth, FL 33461
(561) 856-9769
(Re-Appointment Pending)
- Pamela "Pam" Williams**
1572 W. 33rd Street
Riviera Beach, FL 33404
844-4854 (H) / 616-4968 (W)
- Jerry Kelly**
ECD Dept.
200 2nd Street / P.O. Box 3366
West Palm Beach, FL 33402
(561) 822-1258 / (561) 969-1037
(Re-Appointment Pending)

BUSINESS/INDUSTRY, SOCIAL SERVICES ETC. (7 Seats)

7. **City of South Bay**
Bobby "Tony" Smith, City Manager
335 S.W. 2nd Avenue
South Bay, FL 33493

Autrie Moore-Williams
P.O. Box 848
South Bay, FL 33493
(561) 996-5861 (H) / (561) 914-1511
(Re-Appointment Pending)
1. **Ann Simpson, MSW**
4397 Lake Lucerne Circle
West Palm Beach, FL 33409
478-1884 (h) / 355-7531

Public Defender's Office
2. **Anax Pompilus**
3330 Forest Hill Blvd., C-210
West Palm Beach, FL 33406
434-8852 / 644-2472 (cell) / 963-3859 (fax #)
(Re-Appointment Pending)

PBC School District
3. **Evelyn Palencia**
3111 S. Dixie Hwy., Suite 140
West Palm Beach, FL 33405
820-8902 / 820-8892 (fax)
evelyn.palencia@frls.org

Florida Rural Legal Services, Inc.
4. **Laura L. Tingo**
111 S. Sapodilla Street
West Palm Beach, FL 33401
837-58686 (w) / 248-4621 (cell)
(Re-Appointment Pending)

Dept. of Children & Families
5. **Tequisha Myles**
423 Fern Street, Suite 220
West Palm Beach, FL 33401
655-8944 ext. 296 / 655-5269 (fax #)

PBC Legal Aid Society
6. **Esaie LaRose**
c/o Salvation Army
1577 North Military Trail
West Palm Beach, FL 33409
682-1118 ext. 204
esaiealarose@uss.salvationarmy.org
(Re-Appointment Pending)

Urban League of PBC

REPRESENTATIVES OF THE POOR (9 Seats)

- | | | |
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| 7. | Verdina Coleman, Secretary/Treasurer 4100 Okeechobee Blvd. West Palm Beach, FL 33409 340-1060 ext. 348 / 340-1058 (Fax#) | PBC Workforce Alliance |
| 1. | Yvette Jakes 5874 Whirla Way Road Palm Beach Gardens, FL 33418 624-5661 (Home) 841-8180 (Work) <i>(Re-Appointment Pending)</i> | Jupiter |
| 2. | Asleen Stepherson 1417 West 33 rd Street Riviera Beach, FL 33404 863-1640 / 881-4769 (work) <i>(Re-Appointment Pending)</i> | Riviera Beach |
| 3. | Tombalena Guyton 1917 Baythorne Road West Palm Beach, FL 33415 357-7967 / 655-4120 (w) / 722-1460 (cell) | Lake Worth TAC |
| 4. | Mildred Edwards 40 S.W. 7 th Avenue Delray Beach, FL 33444 (561) 276-3586 | Delray Beach TAC |
| 5. | Phyllis Clark P.O. Box 713 / 502 Oak Court South Bay, Florida 33493 992-7929 (h) / 996-8710 (w) | South Bay |
| 6. | Loretha Daniels 2513 S.E. 2 nd Street Boynton Beach, FL 33435 364-3531 <i>(Re-Appointment Pending)</i> | Boynton Beach |
| 7. | Lillie Pettigrew 751 Palm Blvd. Pahokee, FL 33476 924-3500 (H) | Pahokee |

REPRESENTATIVES OF THE POOR (9 Seats) - Cont'd

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|----|--|------------------------|
| 8. | Angelia Fowler 4226 Plumosa Street West Palm Beach, FL 33406 (561) 337-4417(H) / (561) 598-4415 (W) <i>(Appointment Pending - Sept. 25, 2007)</i> | West Palm Beach |
| 9. | Robert Walker 816 S.E. 2 nd Street Belle Glade, FL 33430 (561) 261-2100 <i>(Appointment Pending - Sept. 25, 2007)</i> | Belle Glade |

DIVISION 2. COMMUNITY ACTION COUNCIL*

***Editor's note:** Ord. No. 04-042, §§ 1 and 3--9, adopted October 19, 2004, amended the code by repealing former div. 2, §§ 2-166--2-169, and adding a new div. 2. Former div. 2 pertained to similar subject matter, and derived from Ord. No. 74-20, adopted August 20, 1974.

Sec. 2-166. Board of county commissioners designated as community action council.

The board of county commissioners is hereby designated as the community action council of the county.

(Ord. No. 04-042, § 3, 10-19-04)

Sec. 2-167. Reestablishment of the county community action council administering board.

The community action council administering board (hereinafter "administering board") established pursuant to Ord. No. 74-20 is hereby reestablished pursuant to the guidelines of the state department of community affairs and is designated as the community services block grant advisory committee. All members currently appointed pursuant to Ord. No. 74-20 shall remain members until the expiration of their term.

(Ord. No. 04-042, § 4, 10-19-04)

Sec. 2-168. Purpose.

The purpose of the administering board shall be to assist the board of county commissioners in the development, planning, implementation and evaluation of the community services block grant program to serve low-income communities. The board of county commissioners reserves the major policy and decision-making powers relating to the community action council.

(Ord. No. 04-042, § 5, 10-19-04)

Sec. 2-169. Role and responsibilities.

The administering board shall have the following roles and responsibilities.

- (1) To fully participate in the development and implementation of programs and projects designed to serve the poor or low income areas in the county;
- (2) To create a forum for citizen participation that maximizes participation of those served so as to best stimulate and take full advantage of capabilities for self-advancement and assure that programs and projects are meaningful to and widely utilized by their intended beneficiaries;
- (3) To review and recommend programs and projects for the use of the community services block grant (CSBG) funds;
- (4) Submit an annual narrative report to the board of county commissioners on

activities undertaken and accomplishments made during the preceding year;

(5) To receive reasonable advance notice of, and an opportunity to make recommendations to the board of county commissioners concerning:

- a. Appointments of the staff;
- b. Determination, subject to federal regulations and policies, of major personnel, fiscal and program policies;
- c. Determination of overall program plans and priorities;
- d. Approval of all program proposals and budgets;
- e. Enforcement of compliance with all conditions of federal and state grants;
- f. Determination, subject to federal regulations and policies, of rules of procedure for the administering board;
- g. Any changes to this division. In the event that the administering board determines a public meeting is necessary to address any changes to this division, said public meeting will be arranged prior to submission of any such ordinance change to the board of county commissioners.

(6) To perform such other duties as may be from time to time assigned by the board of county commissioners.

(Ord. No. 04-042, § 6, 10-19-04)

Sec. 2-170. Membership.

The administering board shall be comprised of not less than fifteen (15) members and not more than twenty-three (23) members. All members must reside in the county. Membership shall be representative of the racial, ethnic and geographic diversity of the county.

(1) *Appointment.* Members shall be appointed by the board of county commissioners, and serve for staggered terms of three (3) years, but without limitation to the total number of terms. Terms shall begin on October 1, and end on September 30. The administering board shall be constituted so that:

a. One-third of the members of the administering board are elected public officials holding office on the date of selection, or their representatives. A letter reaffirming delegation to a representative, signed by the elected official, shall be required each year regardless of the number of years the term runs.

b. Not fewer than one-third of the members of the administering board are persons chosen in accordance with democratic selection procedures adequate to assure that they are representatives of low income individuals and families in the neighborhood served. Each representative of the low-income sector selected to represent a specific neighborhood within the community must reside in the neighborhood served. The county will define what constitutes a neighborhood.

c. The remainder of the members of the administering board are officers or members of business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served. Interest groups are organizations with nonprofit status, incorporated and registered with the state.

(2) *Conflict of interest.* Members shall be governed by the applicable provisions of the county ethics resolution (R-94-693, as amended by Resolution R-2003-0962) and as may be further amended.

(3) *Compensation.* Members shall receive no compensation for service, but may be entitled to travel reimbursement incurred only for travel outside the county necessary to

fulfill board member responsibilities and only when sufficient funds have been budgeted and when prior approval has been given by the board of county commissioners.

(4) *Attendance.* members shall be automatically removed for lack of attendance. Lack of attendance is defined as failure to attend three (3) consecutive meetings or failure to attend at least two-thirds of the meetings scheduled during a calendar year. Participation for less than three-fourths of a meeting shall be the same as a failure to attend a meeting. Members removed pursuant to this paragraph shall not continue to serve on the administering board and such removal shall create a vacancy.

(Ord. No. 04-042, § 7, 10-19-04)

Sec. 2-171. Officers.

A chair and vice-chair shall be elected by a majority vote of the administering board and shall serve for a term of one (1) year, but not to exceed two (2) consecutive terms in any one (1) office. The duties of the chair shall be to:

- (1) Call administering board meetings and organize the agenda for the same;
- (2) Preside at administering board meetings;
- (3) Establish subcommittees, appoint subcommittee chairs, and charge subcommittees with specific tasks;
- (4) Serve as primary liaison with staff; and
- (5) Perform other functions as the administering board may assign.

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, then the position shall be assumed by the vice-chair for the remainder of the term. Any remaining vacancies shall be filled through a majority vote of the administering board.

Any officer may be removed from office by a majority vote of the administering board whenever the best interest of the administering board and public would be served.

(Ord. No. 04-042, § 8, 10-19-04)

Sec. 2-172. Meetings.

The administering board shall meet on a regular basis. A quorum must be present for the conduct of all regular meetings. A majority of the members appointed shall constitute a quorum. The chair may call a meeting or a meeting may be called upon the written request of three (3) members. All meetings shall be governed by Robert's Rules of Order and shall comply with the Sunshine Law. Reasonable public notice of all meetings shall be provided. All meetings of the administering board shall be open to the public at all times and minutes shall be taken at each meeting.

(Ord. No. 04-042, § 9, 10-19-04)

Secs. 2-173--2-180. Reserved.

I. AUTHORITY:

Ordinance No. 74-20, adopted August 20, 1974; as amended by Resolution No. R-75-121, adopted on March 4, 1975; Community Action Board By-Laws as amended on September 17, 1991; as amended by Community Action By-Laws, September 1995; repealed and replaced by Ordinance No. 2004-042 adopted on October 19, 2004.

II. APPOINTING AUTHORITY:

Board of County Commissioners (BCC)

III. COMPOSITION, QUALIFICATIONS, TERMS & REMOVAL:

This Board shall be comprised of not less than fifteen (15) members, and not more than twenty-three (23) members. All members must reside in Palm Beach County. Membership shall be representative of the racial, ethnic and geographic diversity of Palm Beach County. Members shall be appointed by the BCC, and serve for staggered terms of three (3) years, but without limitation to the total number of terms. Terms shall begin on October 1st and end on September 30. One-third of the members are elected public officials holding offices on the date of selection, or their representatives. Not fewer than one-third of the members are chosen in accordance with democratic selection procedures adequate to assure that they are representatives of low income individuals and families in the neighborhood served and must reside in the neighborhood served. The County will define what constitutes a neighborhood. The remainder members are officers or members of business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served. Interest groups are organizations with non-profit status, incorporated and registered with the State.

IV. MEETINGS:

The Administering Board shall meet on a regular basis.

V. FUNCTIONS:

- A. To fully participate in the development and implementation of programs and projects designed to serve the poor or low income areas in PBC.
- B. To create a forum for citizen participation that maximizes participation of those served for citizen participation that maximizes participation of those served so as to best stimulate and take full advantage of capabilities for self-advancement and assure that programs and projects are meaningful to and widely utilized by their intended beneficiaries.
- C. To review and recommend programs and projects for the use of the CSBG Funds.
- D. Submit an annual report to the BCC on activities undertaken and accomplishments made during the preceeding year.
- E. To receive reasonable notice of, and an opportunity to make recommendations to the BCC concerning
 - 1) Appointment of the staff.
 - 2) Determination, subject to federal regulations and policies, of major personnel, fiscal, and program policies.
 - 3) Determination of overall program plans and priorities.
 - 4) Approval of all program proposals and budgets.
 - 5) Enforcement of compliance with all conditions of federal and state grants.
 - 6) Determination, subject to federal regulations and policies, of rules of procedure for the Administering Board.
 - 7) Any changes to this ordinance.
- F. To perform such other duties assigned by the BCC.

VI. LIAISON DEPARTMENT:

Community Services

VII. CONTACT PERSON:

Maureen Perrault
810 Datura Street

99%

06/14/2005
(specbrd1)

COMMUNITY SERVICE BLOCK GRANT ADVISORY

West Palm Beach, FL 33401
(561) 355-4727

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 10/1/07 To: ~~9/24/10~~ 9/30/10

Seat Requirement: Representative of the Poor - WPB Seat #: 22

*Reappointment or New Appointment

or to complete the term of _____ Due to: resignation other

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Fowler Last Angelia First S. Middle

Occupation/Affiliation: VP - South East Region

Business Name: First Capital Funding & Investments

Business Address: 145 Longfellow Dr.

City & State: Palm Springs, FL Zip Code: 33461

Residence Address: 4226 Plumosa Street

City & State: West Palm Beach, FL Zip Code: 33406

Home Phone: (561) 337 4417 Business Phone: (561) 598 4415 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: 10/1/07 9/25/07
~~August 21, 2007~~ ~~September 25, 2007~~

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts during the previous term _____

Signature: Addie L. Greene Date: 8/11/07

2007 AUG 17 AM 9:31
PALM BEACH COUNTY
COMMUNITY SERVICES

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

AUG - 6 2007

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 10/1/07 To: ~~8/21/10~~ 9/24/10 9/30/10

Seat Requirement: Representative of the Poor - WPR Seat #: 22

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Fowler Angelia S.
Last First Middle

Occupation/Affiliation: VP - South East Region

Business Name: First Capital Funding & Investments

Business Address: 145 Longfellow Dr.

City & State: Palm Springs, FL Zip Code: 33461

Residence Address: 4226 Plumosa Street

City & State: West Palm Beach, FL Zip Code: 33406

Home Phone: (561) 337 4417 Business Phone: (561) 598 4415 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

- Minority Identification Code:**
- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: August 21, 2007 September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: [Signature] Date: 8/20

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: 9/25/07 ^{10/1/07} ~~8/21/07~~ To: 9/24/10 ^{9/30/10} ~~8/21/10~~

Seat Requirement: Public Representative - PBC BCC Seat #: 4A

*Reappointment or New Appointment

or to complete the term of _____ Due to: resignation other

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Hatcher Last Von Sheila First Middle

Occupation/Affiliation: Housewife

Business Name: N/A

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 4437 Davis Road

City & State Lake Worth, FL Zip Code: 33461

Home Phone: (561) 856-0769 Business Phone: (561) N/A ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: Addie L. Greene Date: 8/11/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 10/1/07 To: ~~9/24/10~~ 9/30/10
~~8/21/07~~

Seat Requirement: Public Representative - PBC BCC Seat #: 4A

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Hatcher Last Von Sheila First _____ Middle _____

Occupation/Affiliation: Housewife

Business Name: N/A

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 4437 Davis Road

City & State Lake Worth, FL Zip Code: 33461

Home Phone: (56) 856-0769 Business Phone: (56) N/A ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts during the previous term _____

Signature: [Signature] Date: 8/20

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: 9/25/07 / 01/07 To: 9/24/10 / 9/30/10
~~2/27/07~~ ~~2/27/10~~

Seat Requirement: Public Representative - PBC BCC Seat #: 3A

*Reappointment or New Appointment

or to complete the term of _____ Due to: resignation other

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Goodman Vincent
Last First Middle

Occupation/Affiliation: Retired

Business Name: N/A

Business Address: N/A

City & State _____ Zip Code: _____

Residence Address: 450 W. 36th Street

City & State Riviera Beach, FL Zip Code: 33404

Home Phone: (561) 842 6421 Business Phone: () ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|--|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input type="checkbox"/> BF (African-American Female) | <input checked="" type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: Adelle L. Green

Date: 8/11/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: 9/25/07 ^{10/1/07} ~~2/27/07~~ To: 9/24/10 ^{9/30/10} ~~2/27/10~~

Seat Requirement: Public Representative - PBC BCC Seat #: 3A

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Goodman Vincent
Last First Middle

Occupation/Affiliation: Retired

Business Name: N/A

Business Address: N/A

City & State _____ Zip Code: _____

Residence Address: 450 W. 36th Street

City & State Riviera Beach, FL Zip Code: 33404

Home Phone: (561) 842 6421 Business Phone: () ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|--|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input type="checkbox"/> BF (African-American Female) | <input checked="" type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

____ Number of previously disclosed voting conflicts during the previous term

Signature: [Signature] Date: 8/20

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: 10/1/07 To: 9/30/10
~~2/27/07~~ ~~2/27/10~~

Seat Requirement: Public Representative - PBC BCC Seat #: 3A

*Reappointment or New Appointment

or to complete the term of _____ Due to: resignation other

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Goodman Vincent
Last First Middle

Occupation/Affiliation: Retired

Business Name: N/A

Business Address: N/A

City & State _____ Zip Code: _____

Residence Address: 450 W. 36th Street

City & State Riviera Beach, FL Zip Code: 33404

Home Phone: (561) 842 6421 Business Phone: () ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|--|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input type="checkbox"/> BF (African-American Female) | <input checked="" type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: August 21, 2007 9/25/07

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Signature: Mary McCarty Date: 8/15/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ ^{10/1/07} ~~7/27/07~~ To: ~~9/24/10~~ ^{9/30/10} ~~7/27/10~~

Seat Requirement: Public Representative -PBC BCC Seat #: 2A

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Dr. Coursey Last Yvette First Middle

Occupation/Affiliation: Administrator

Business Name: Sickle Cell Foundation

Business Address: 1600 N. Australian Avenue

City & State: West Palm Beach, Florida Zip Code: 33407

Residence Address: P.O. Box 3823

City & State: West Palm Beach, Florida Zip Code: 33402

Home Phone: (561) 863-8569 Business Phone: (561) 833-3113 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: Robbie L. Greene Date: 8/11/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: 9/25/07 ^{10/1/07} ~~9/24/10~~ ^{9/30/10} To: 9/27/10 ~~9/27/10~~

Seat Requirement: Public Representative -PBC BCC Seat #: 2A

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Dr. Coursey Yvette
Last First Middle

Occupation/Affiliation: Administrator

Business Name: Sickle Cell Foundation

Business Address: 1600 N. Australian Avenue

City & State: West Palm Beach, Florida Zip Code: 33407

Residence Address: P.O. Box 3823

City & State: West Palm Beach, Florida Zip Code: 33402

Home Phone: (561) 863-8569 Business Phone: (561) 833-3113 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: [Signature]

Date: 8/20

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: 10/1/07 To: 9/30/10
~~2/27/07~~

Seat Requirement: Public Representative -PBC BCC Seat #: 2A

*Reappointment or New Appointment

or to complete the term of _____ Due to: resignation other

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Dr. Coursey Yvette
Last First Middle

Occupation/Affiliation: Administrator

Business Name: Sickle Cell Foundation

Business Address: 1600 N. Australian Avenue

City & State: West Palm Beach, Florida Zip Code: 33407

Residence Address: P.O. Box 3823

City & State: West Palm Beach, Florida Zip Code: 33402

Home Phone: (561) 863-8569 Business Phone: (561) 833-3113 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
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| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: August 21, 2007 9/25/07

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts during the previous term

Signature: Mary McCarty (16) Date: 8/15/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

COMMUNITY ACTION BOARD

Board Name: _____

At Large Appointment

or

District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 10/1/07 To: ~~9/24/10~~ 9/30/10

Seat Requirement: Public Representative - PNC BCC Seat #: 1A

*Reappointment

or

New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Charles Lynda
Last First Middle

Occupation/Affiliation: _____

Business Name: LISC

Business Address: 1555 Palm Beach Lakes Blvd., Suite 1500

City & State West Palm Beach, Florida Zip Code: 33401

Residence Address: 9842 Watermill Circle, Unite E

City & State Boynton Beach, Florida Zip Code: 33437

Home Phone: (561) 471 7700 Business Phone: (661) 735 4232 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: Aldie L. Greene Date: 8/11/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 01/07 To: ~~9/24/10~~ 9/30/10

Seat Requirement: Public Representative - PNC BCC Seat #: 1A

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Charles Lynda
Last First Middle

Occupation/Affiliation: _____

Business Name: LIISC

Business Address: 1555 Palm Beach Lakes Blvd., Suite 1500

City & State West Palm Beach, Florida Zip Code: 33401

Residence Address: 9842 Watermill Circle, Unite E

City & State Boynton Beach, Florida Zip Code: 33437

Home Phone: (561) 471 7700 Business Phone: (661) 735 4232 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

_____ Number of previously disclosed voting conflicts during the previous term

Signature: [Signature] Date: 9/20

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 10/1/07 To: ~~9/24/10~~ 9/30/10
~~2/27/07~~ ~~2/27/10~~

Seat Requirement: Public Representative - City of WPB Seat #: 6A

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Kelly Jerry
Last First Middle

Occupation/Affiliation: Program & Compliance Manager

Business Name: City of West Palm Beach/Economic & Community Development

Business Address: 200 2nd Street

City & State: West Palm Beach, FL Zip Code: 33401

Residence Address: 1593 Woodland Avenue

City & State: West Palm Beach, FL Zip Code: 33415

Home Phone: (561) 969 1037 Business Phone: (561) 822 1258 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input checked="" type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

_____ Number of previously disclosed voting conflicts during the previous term

Signature: Addie L. Greene Date: 8/27/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 10/1/07 To: ~~9/24/10~~ 9/30/10

Seat Requirement: Public Representative - City of WPB Seat #: 6A

*Reappointment or New Appointment

or to complete the term of _____ Due to: resignation other

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Kelly Jerry
Last First Middle

Occupation/Affiliation: Program & Compliance Manager

Business Name: City of West Palm Beach/Economic & Community Development

Business Address: 200 2nd Street

City & State: West Palm Beach, FL Zip Code: 33401

Residence Address: 1593 Woodland Avenue

City & State: West Palm Beach, FL Zip Code: 33415

Home Phone: (561) 969 1037 Business Phone: (56) 822 1258 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input checked="" type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: [Signature] Date: 8/20

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 9/1/07 To: ~~9/24/10~~ 9/30/10
~~2/27/07~~ ~~2/27/10~~

Seat Requirement: City of South Bay - Public Representative Seat #: 7A

*Reappointment or New Appointment

or to complete the term of _____ Due to: resignation other

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Moore-Williams Autrie
Last First Middle

Occupation/Affiliation: Family Service Coordinator

Business Name: PEPPI Head Start

Business Address: 301 S. W. 8th Street

City & State: Belle Glade, FL Zip Code: 33430

Residence Address: P.O. Box 848

City & State: South Bay, FL Zip Code: 33402

Home Phone: (561) 996 5861 Business Phone: (661) 996 1718 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: *Addie L. Greene* Date: 8/11/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 10/1/07 To: ~~9/24/10~~ 9/30/10

Seat Requirement: City of South Bay - Public Representative Seat #: 7A

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Moore-Williams Autrie
Last First Middle

Occupation/Affiliation: Family Service Coordinator

Business Name: PEPPI Head Start

Business Address: 301 S. W. 8th Street

City & State Belle Glade, FL Zip Code: 33430

Residence Address: P.O. Box 848

City & State South Bay, FL Zip Code: 33402

Home Phone: (561) 996 5861 Business Phone: (561) 996 1718 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

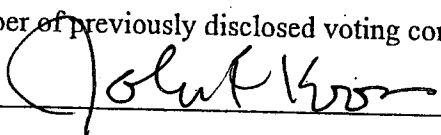
- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

_____ Number of previously disclosed voting conflicts during the previous term

Signature:  Date: 8/20

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: 9/25/07 To: 9/24/10
~~2/27/07~~ ~~2/27/10~~ ^{9/30/10}

Seat Requirement: Business/Social Services Seat #: 9

*Reappointment or New Appointment

or to complete the term of _____ Due to: resignation other

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Tingo Laura
Last First Middle

Occupation/Affiliation: _____

Business Name: Department of Children & Families

Business Address: 111 S Sapodilla Street

City & State: West Palm Beach, FL Zip Code: 33401

Residence Address: _____

City & State: _____ Zip Code: _____

Home Phone: () _____ Business Phone: (561) 837-5686 ext. _____

Cell Phone: () _____ Fax: () _____

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|---|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input checked="" type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: Adelle L. Greene

Date: 8/11/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 10/1/07 To: ~~9/24/10~~ 9/30/10

Seat Requirement: Business/Social Services Seat #: 9

*Reappointment or New Appointment

or to complete the term of _____ Due to: resignation other

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Tingo Laura
Last First Middle

Occupation/Affiliation: _____

Business Name: Department of Children & Families

Business Address: 111 S Sapodilla Street

City & State: West Palm Beach, FL Zip Code: 33401

Residence Address: _____

City & State: _____ Zip Code: _____

Home Phone: () Business Phone: (561) 837-5686 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|---|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input checked="" type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts during the previous term

Signature: John F. Kern Date: 8/20

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment

or

District Appointment

Term of Appointment: 3 Years.

From:

~~9/25/07~~ 10/1/07 To: ~~9/24/10~~ 9/30/10
~~2/27/07~~ 2/27/10

Seat Requirement: Business/Social Services

Seat #: 11

*Reappointment

or

New Appointment

or to complete the term of _____

Due to:

resignation

other

Completion of term to expire on: _____

Part II:

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: LaRose Esaie
Last First Middle

Occupation/Affiliation: Housing Coordinator

Business Name: Urban League of PBC, Inc

Business Address: 1700 N. Australian Avenue

City & State: West Palm Beach, FL Zip Code: 33407

Residence Address: 904 37th Street

City & State: West Palm Beach, FL Zip Code: 33407

Home Phone: (561) 848 0468 Business Phone: (561) 833 1461 ext.

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|--|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input type="checkbox"/> BF (African-American Female) | <input checked="" type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts during the previous term _____

Signature: R. Addie L. Greene

Date: 8/11/07

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

Revised 6/2007

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: 9/25/07 10/1/07 To: 9/24/10 9/30/10
~~2/27/07~~ ~~2/27/10~~

Seat Requirement: Business/Social Services Seat #: 11

*Reappointment or New Appointment

or to complete the term of _____ Due to: resignation other

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: LaRose Esaie
Last First Middle

Occupation/Affiliation: Housing Coordinator

Business Name: Urban League of PBC, Inc

Business Address: 1700 N. Australian Avenue

City & State: West Palm Beach, FL Zip Code: 33407

Residence Address: 904 37th Street

City & State: West Palm Beach, FL Zip Code: 33407

Home Phone: (561) 848 0468 Business Phone: (561) 833 1461 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|--|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input type="checkbox"/> BF (African-American Female) | <input checked="" type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: [Signature] Date: 8/20

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 10/1/07 ~~7/27/07~~ To: ~~9/24/10~~ 9/30/10 ~~7/27/10~~

Seat Requirement: Business/Social Services Seat #: 12

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Pompilus Anax
Last First Middle

Occupation/Affiliation: Homeless Prevention Coordinator

Business Name: PBC School District

Business Address: 3330 Forest Hill Blvd., C210

City & State West Palm Beach, FL Zip Code: 33406

Residence Address: 95 Citrus Park Avenue

City & State Boynton Beach, FL Zip Code: 33436

Home Phone: (561) 731 5329 Business Phone: (561) 434 8852 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|--|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input type="checkbox"/> BF (African-American Female) | <input checked="" type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: Allyce L. Greene Date: 9/11/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 10/1/07 To: ~~9/24/10~~ 9/30/10

Seat Requirement: Business/Social Services Seat #: 12

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Pompilus Anax
Last First Middle

Occupation/Affiliation: Homeless Prevention Coordinator

Business Name: PBC School District

Business Address: 3330 Forest Hill Blvd., C210

City & State West Palm Beach, FL Zip Code: 33406

Residence Address: 95 Citrus Park Avenue

City & State Boynton Beach, FL Zip Code: 33436

Home Phone: (561) 731 5329 Business Phone: (561) 434 8852 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|--|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input type="checkbox"/> BF (African-American Female) | <input checked="" type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: *John F. Kern* Date: 8/20

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 9/1/07 To: ~~9/24/10~~ 9/30/10

Seat Requirement: Representative of the Poor - Jupiter TAC Seat #: 15

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Jakes Yvette
Last First Middle

Occupation/Affiliation: Owner

Business Name: Warcecer Insurance Agency, Inc.

Business Address: 101 N. Point Parkway

City & State: West Palm Beach, FL Zip Code: 33407

Residence Address: 5874 Whirla Way Road

City & State: Palm Beach Gardens, FL Zip Code: 33418

Home Phone: (561) 624 5661 Business Phone: (561) 841 8180 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts during the previous term _____

Signature: Addie L. Greene

Date: 8/15/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 10/1/07 To: 9/24/10 9/30/10
7/27/07 7/27/10

Seat Requirement: Representative of the Poor - Jupiter TAC Seat #: 15

*Reappointment or New Appointment

or to complete the term of _____ Due to: resignation other

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Jakes Yvette
Last First Middle

Occupation/Affiliation: Owner

Business Name: Warcecer Insurance Agency, Inc.

Business Address: 101 N. Point Parkway

City & State: West Palm Beach, FL Zip Code: 33407

Residence Address: 5874 Whirla Way Road

City & State: Palm Beach Gardens, FL Zip Code: 33418

Home Phone: (561) 624 5661 Business Phone: (561) 841 8180 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: [Signature] Date: 8/20

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: 9/25/07 ^{10/1/07} ~~7/27/07~~ To: 9/24/10 ^{9/30/10} ~~2/27/10~~

Seat Requirement: Representative of the Poor - Riviera Beach Seat #: 16
TAC

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Stepherson Last Asleen First _____ Middle _____

Occupation/Affiliation: Media Specialist

Business Name: PBC School District/West Riviera Elementary School

Business Address: 1057 W. 6th Street

City & State: Riviera Beach, FL Zip Code: 33404

Residence Address: 1417 West 33rd Street

City & State: Riviera Beach, FL Zip Code: 33404

Home Phone: (561) 863 1640 Business Phone: (561) 881 4769 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: August 21, 2007 ~~September 25, 2007~~

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: Aldie L. Greene Date: 8/11/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 10/1/07 To: ~~9/24/10~~ 9/30/10

Seat Requirement: Representative of the Poor - Riviera Beach Seat #: 16
TAC

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Stepherson Last Asleen First Middle

Occupation/Affiliation: Media Specialist

Business Name: PBC School District/West Riviera Elementary School

Business Address: 1057 W. 6th Street

City & State: Riviera Beach, FL Zip Code: 33404

Residence Address: 1417 West 33rd Street

City & State: Riviera Beach, FL Zip Code: 33404

Home Phone: (561) 863 1640 Business Phone: (661) 881 4769 ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

____ Number of previously disclosed voting conflicts during the previous term

Signature: John Koon Date: 8/20

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ ^{10/1/07} ~~2/27/07~~ To: ~~9/24/10~~ ^{9/30/10} ~~7/27/10~~

Seat Requirement: Representative of the Poor-Boynton Beach Seat #: 21
TAC

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Daniels Loreta
Last First Middle

Occupation/Affiliation: _____

Business Name: State of Florida Division of Drivers License

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 2513 S.E. 2nd Street

City & State Boynton Beach, FL Zip Code: 33435

Home Phone: (561) 364 3531 Business Phone: () ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts during the previous term

Signature: John F. Koon Date: 8/20

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: 9/25/07 ^{10/1/07} To: 9/24/10 ^{9/30/10}
~~7/27/07~~ ~~7/27/10~~

Seat Requirement: Representative of the Poor-Boynton Beach Seat #: 21
TAC

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Daniels Loreta
Last First Middle

Occupation/Affiliation: _____

Business Name: State of Florida Division of Drivers License

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 2513 S.E. 2nd Street

City & State Boynton Beach, FL Zip Code: 33435

Home Phone: (561) 364 3531 Business Phone: () ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: Adelle L. Greene Date: 8/17/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: 9/25/07 To: 9/24/10

Seat Requirement: Representative of the Poor- South Bay TAC Seat #: 23

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Walker Last Robert First _____ Middle _____

Occupation/Affiliation: Life Skills Instructor

Business Name: GEO Group - South Bay Correctional Facility

Business Address: 600 U.S. Highway 27

City & State: South Bay, FL Zip Code: 33493

Residence Address: 816 S.E. 2nd Street

City & State: Belle Glade, FL Zip Code: 33430

Home Phone: () _____ Business Phone: () _____ ext. _____

Cell Phone: () _____ Fax: () _____

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|--|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
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| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: Adel L. Greene Date: 8/11/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: COMMUNITY ACTION BOARD

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: ~~9/25/07~~ 9/1/07 To: ~~9/24/10~~ 9/30/10

Seat Requirement: Representative of the Poor- South Bay TAC Seat #: 23

*Reappointment or New Appointment

or to complete the term of _____ Due to: resignation other

Completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Walker Last Robert First Middle

Occupation/Affiliation: Life Skills Instructor

Business Name: GEO Group - South Bay Correctional Facility

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Minority Identification Code:

- | | |
|--|--|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input type="checkbox"/> BF (African-American Female) | <input checked="" type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: ~~August 21, 2007~~ September 25, 2007

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Signature: John F. Kwon Date: 8/20