

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

3A-8

AGENDA ITEM SUMMARY

MEETING DATE: 11/06/07

Consent Regular

Workshop Public Hearing

Department: Office of Equal Opportunity

Submitted By: Office of Equal Opportunity

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to: approve travel and to reimburse expenses incurred by Vincent Goodman, member of the Fair Housing / Equal Employment Board, in the total amount of \$1,251.30 during his attendance at the NAHRW/IAOHRA conference and to authorize direct payment to the vendor for registration fees in the amount of \$395.

Summary: Vincent Goodman is a member of the Fair Housing / Equal Employment Board who attended the annual conference of the National Association of Human Rights Workers (NAHRW) and the International Association of Official Human Rights Agencies (IAOHRA) in Atlanta, GA during the period September 16-21, 2007. Total expenses for this trip were \$1,646.30 (\$1,251.30 actual travel expenses and \$395.00 registration fee). (Countywide)(TKF)

Background and Policy Issues: The Board of County Commissioners enacted Ordinances 95-31 and Ordinance 90-1, as codified in Sections 2-261 through 2-313 of the Palm Beach County Code and Sections 15-36 through 15-64, respectively, establishing the Fair Housing/Equal Employment Board. This board serves as a quasi-judicial body empowered to hear and decide upon the merits of employment and housing discrimination complaints investigated by the Office of Equal Opportunity.

Vincent Goodman serves as a district appointee on the Fair Housing / Equal Employment Board and attended the annual conference of NAHRW/IAOHRA in Atlanta, GA. The conference was held during the period September 16-21, 2007. This was the first joint national conference of these human and civil rights organizations. The conference brings together civil rights specialists from across the nation. The training agenda covered all human and civil rights areas including modules on: fair housing discrimination complaint investigations; education and outreach; complying with the ADA and mediation skill building. The NAHRW and IAOHRA conferences have proven to be one of the best training and refresher opportunities for OEO investigators and staff members.

Total travel expenses to be reimbursed to Mr. Goodman are \$1,251.30 plus direct payment to the vendor, IAOHRA, in the amount of \$395 for conference registration fees. Pursuant to PPM CW-F-009 travel expenses for advisory board members must be approved by the Board of County Commissioners.

Attachments:

1. Travel Request / Reimbursement Form with attachments
2. IAOHRA Invoice for registration fees, dated 09/24/2007

Recommended by: _____

Department Director

10/12/07

Date

Approved by: _____

Assistant County Administrator

10/22/07

Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2008	2009	2010	2011	2012
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>1,646,30</u>	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>1,646,30</u>	-0-	-0-	-0-	-0-
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Is Item Included in Current Budget? Yes X No _____
 Budget Account No.: Fund 1253 Agency 402 Org. 4161 Object 4001
 Reporting Category _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

No Ad Valorem dollars are involved in this item, these funds are to be paid to the County by the U. S. Equal Employment Opportunity Commission.

C. Departmental Fiscal Review:

III. REVIEW COMMENTS:

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

John Dowl 10-15-07 John J. Howell 10/16/07
 OFMB Contract Administration
 10/15/07 11/15/07 G. Jones 10/16/07

B. Legal Sufficiency:

[Signature] 10/7/07
 Assistant County Attorney

C. Other Department Review:

 Department Director

THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.

TRAVEL REQUEST/REIMBURSEMENT FORM
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

NAME Vincent Goodman TITLE FH/EEO Board Member
PRINT NAME TECH PROF MNGR OTHR
DEPARTMENT Equal Opportunity DIVISION _____
PHONE # 355-4884 ACCOUNT # 1253-402-4161-4001 DATE 10/11/2007
TRAVEL CONTACT Stefanie Rodriguez PHONE # 355-4884
DESTINATION (City & State) Atlanta, GA
VACATION COMBINED WITH TRIP? YES NO WAS TRIP BUDGETED? YES NO
TITLE OF CONFERENCE/SEMINAR 2007/NAHRW/IAOHRA Conference
PURPOSE OF TRIP: Business Training Conference/Convention
 Certification Lobbying
 OUT OF STATE IN STATE IN PALM BEACH COUNTY

	ESTIMATED EXPENSES	ACTUAL EXPENSES
Departure	Date: _____ Time: _____	Date: <u>09/16/07</u> Time: <u>8:00 a.m.</u>
Return	Date: _____ Time: _____	Date: <u>09/21/07</u> Time: <u>6:00 p.m.</u>
Registration Fee	\$ _____	\$ <u>395.00</u>
Transportation:		
Airline	_____	<u>281.30</u>
Private Vehicle (Attach Detail)	_____	_____
Destination Miles @ 36¢ /mile	_____	_____
Vicinity Miles @ 36¢ /mile	_____	_____
County Vehicle:		
Vehicle # _____	_____	_____
Taxi	_____	<u>30.00</u>
Car Rental (Attach Justification)	_____	_____
Lodging: <u>5</u> Days @ <u>\$142.60</u> / Day	_____	<u>713.00</u>
Meals:		
# <u>2</u> Breakfasts (\$6.00)	_____	<u>6.00</u>
# <u>3</u> Lunches (\$12.00)	_____	<u>36.00</u>
# <u>4</u> Dinners (\$22.00)	_____	<u>88.00</u>
Per Diem:		
# _____ Qtrs @ \$23.75 /Qtr..	_____	_____
Miscellaneous:		
Parking	_____	<u>3.00</u>
Tolls	_____	_____
Other	_____	_____
TOTAL ALL EXPENSES:	\$ _____	\$ <u>1,646.30</u>
TRAVEL ADVANCE REQUESTED:	\$ _____	\$ <u>-0-</u>
Less:		
Travel Advance	_____	<u>--</u>
Payments By County	_____	<u>395.00</u>
Payments By Other Entities	_____	<u>--</u>
Amount of Reimbursement <REFUND>	_____	\$ <u>1,251.30</u>

TRAVEL APPROVALS:
Traveler's: _____ Date _____
Approving Authority's: _____ Date _____

REIMBURSEMENT APPROVALS:
Traveler's: Vincent Goodman Date Oct 12, 2007
Approving Authority's: _____ Date _____

*** CERTIFICATION AND AUTHORIZATION**

I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the traveler as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of the Palm Beach County travel regulations and Chapter 112.061, Florida Statutes.

PALM BEACH
INTERNATIONAL AIRPORT
USA PARKING

Fee Computer Number:	3
Cashier:	Maria ID #22
Transaction Number:	156
Entered:	09/21/07 17:35
Exited:	09/21/07 18:05
Ticket #69527	Dispenser #8
Rate:	Premium 06
Parking Fee:	\$3.00
Total Fee:	\$3.00
Cash:	\$5.00
Change:	\$2.00

Above amount includes the following tax(es):

FL SALES TAX	6.00%	\$0.17
COUNTY TAX	0.50%	\$0.01

Thank you for choosing PBIA
No Refunds After 14 Days
Information 561.4 www.pbia.org



165 Courtland Street
Atlanta, GA 30303
Phone: 404-589-8071
www.internationallimo.net

International Limo & Shuttle Service

Name: Goodman

Date: 9/16/07

Amount: \$ 15⁰⁰

Airport Other

Chauffeur: _____

Number: _____



165 Courtland Street
Atlanta, GA 30303
Phone: 404-589-8071
www.internationallimo.net

International Limo & Shuttle Service

Name: Goodman

Date: 9/21/07

Amount: \$ 15.00

Airport Other

Chauffeur: _____

Number: _____

Myrtice R Goodman

From: Chrystal Mathews [Cmathews@co.palm-beach.fl.us]
Sent: Monday, August 27, 2007 9:51 AM
To: Myrtice R Goodman
Subject: Fwd: AirTran Airways Confirmation for VINCENT GOODMAN on September16, 2007

Chrystal Mathews
Senior Planner
Office of Community Revitalization
2300 North Jog Road
West Palm Beach, FL 33411
(561) 233-5565 Office
(561) 656-7933 Fax
(561) 248-9705 Cell

>>> <confirmations@airtran.com> 08/27/07 9:36 AM >>>



Thank you for flying AirTran Airways.
If you have any questions about your reservation, please
call 1-800-AIR-TRAN.

Confirmation number: O334PY

Passenger:
VINCENT GOODMAN
450 WEST 36TH STREET
RIVIERA BEACH, FL 33404

Flight Information:
Should our flight schedule change, we will notify you by email as early as possible.

September 16, 2007, Flight 232 [Non-Stop]
Departing West Palm Beach, FL (PBI) at 8:15 AM
Arriving Atlanta, GA (ATL) at 10:04 AM

September 21, 2007, Flight 230 [Non-Stop]
Departing Atlanta, GA (ATL) at 4:10 PM
Arriving West Palm Beach, FL (PBI) at 5:50 PM

Payment Information:

Air Fare	262.00
Federal Segment Tax	6.80
Airport Passenger Facility Charge	7.50
September 11th Security Fee	5.00
Ticket Total	281.30

Ticket Reference Number: 3320029016207

Now you can check in for your flight online - see details below.



Will you need a rental car?
Follow this [link](#) to receive the AirTran Airways discount on a Hertz car rental.



Looking for a place to stay once you get there?
[Book your hotel](#) on our partner site.



Net Escapes - sign up and save.
Get our best deals emailed to you weekly.
[Sign up here.](#)

Passenger Check-In Information

Online Flight Check-In Service!

[Check in for your flight online](#) at [airtran.com](#).

Most passengers with an electronic ticket for a domestic flight may use our online flight check-in service from 24 hours to 90 minutes before the flight's scheduled departure to obtain their boarding pass and seat assignment.

Ticket Counter Check-In Requirements

AirTran Airways recommends that passengers arrive at the airport 90 minutes prior to the scheduled departure of their flight. Due to security requirements, passengers and their baggage will not be accepted at the ticket counter less than 30 minutes prior to the scheduled departure of their flight. Please note the minimum check-in time may be greater than 30 minutes at some airports.

Gate Check-In Requirements

Customers must present themselves at the flight departure gate no later than ten minutes prior to the scheduled departure of their flight. Failure to comply will cause the customer to lose their reservation and, if so, they will not be eligible for denied boarding compensation.

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Condition of Contract: Air Transportation by AirTran Airways is subject to the terms of AirTran Airways' Condition of Contract including Contract of Carriage terms or international tariff rules. Such conditions include, without limitations, limits on liability for personal injury, death and baggage claims, provisions for reservations, refusal to transport, consequential damages, substitution of alternate air carrier or aircraft waiver/modification of terms, delays, and failure or inability to perform service. The Warsaw Convention may govern international travel. For such passengers, the Warsaw Convention, including special contract of carriage embodied in applicable tariffs, governs the liability of the carrier. The AirTran Airways contract of Carriage may be inspected at AirTran Airways customer service counter. For more information, direct inquiries to: AirTran Airways, Inc. Customer Relations Department, Dept. OSF, 9955 AirTran Boulevard, Orlando, FL 32827.



255 Courtland Street NE • Atlanta, GA 30303
 Phone (404) 659-2000 • Fax (404) 221-6368
 Reservations
 www.atlanta.hilton.com or 1 800 HILTONS

Name & Address

GOODMAN, VINCENT
 450 W 36TH ST

 WEST PALM BEACH, FL 33404
 US

Room 707/D2
 Arrival Date 09/16/07 11:09AM
 Departure Date 09/21/07 11:13AM

 Adult/Child 2/0
 Room Rate 124.00

RATE PLAN C-NAH

HH#

AL:
 BONUS AL: CAR:

Folio

CONFIRMATION NUMBER : 3277077306

09/21/07 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
08/21/07	VS *8940	ADVAN2	4261242		\$142.60	
09/16/07	VS *8940	NWOEL	4329555		\$570.40	
09/16/07	GUEST ROOM	CJUDE	4331074	\$124.00		
09/16/07	STATE ROOM TAX	CJUDE	4331074	\$9.92		
09/16/07	OCCUPANCY TAX	CJUDE	4331074	\$8.68		
09/17/07	GUEST ROOM	CJUDE	4334384	\$124.00		
09/17/07	STATE ROOM TAX	CJUDE	4334384	\$9.92		
09/17/07	OCCUPANCY TAX	CJUDE	4334384	\$8.68		
09/18/07	SERVIBAR	LINTR	4335546	\$6.48		
09/18/07	GUEST ROOM	CJUDE	4338014	\$124.00		
09/18/07	STATE ROOM TAX	CJUDE	4338014	\$9.92		
09/18/07	OCCUPANCY TAX	CJUDE	4338014	\$8.68		
09/19/07	GUEST ROOM	AFINK	4341235	\$124.00		
09/19/07	STATE ROOM TAX	AFINK	4341235	\$9.92		
09/19/07	OCCUPANCY TAX	AFINK	4341235	\$8.68		
09/20/07	SERVIBAR	LINTR	4342482	\$6.48		
09/20/07	GUEST ROOM	JOHNZ	4344237	\$124.00		
09/20/07	STATE ROOM TAX	JOHNZ	4344237	\$9.92		
09/20/07	OCCUPANCY TAX	JOHNZ	4344237	\$8.68		
09/21/07	CASH	MVOGEL	4345184		\$12.96	
	BALANCE					\$0.00

The Hilton Family



ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO. 689290 A
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION <small>ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT</small>	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
	TOTAL AMOUNT	

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT



255 Courtland Street NE • Atlanta, GA 30303
 Phone (404) 659-2000 • Fax (404) 221-6368
 Reservations
 www.atlanta.hilton.com or 1 800 HILTONS

Name & Address

GOODMAN, VINCENT
 450 W 36TH ST
 WEST PALM BEACH, FL 33404
 US

Room 707/D2
 Arrival Date 09/16/07 11:09AM
 Departure Date 09/21/07
 Adult/Child 2/0
 Room Rate 124.00

RATE PLAN C-NAH

HH#
 AL:
 BONUS AL: CAR:

Folio

CONFIRMATION NUMBER : 3277077306

09/16/07 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
08/21/07	VS *8940	ADVAN2	4261242		\$142.60	
09/16/07	VS *8940	NWOEL	4329555		\$570.40	
	BALANCE					(\$713.00)

The Hilton Family



Official Sponsor

ACCOUNT NO. VS *8940	DATE OF CHARGE 09/16/07	FOLIO NO./CHECK NO. 689290 A
CARD MEMBER NAME GOODMAN, VINCENT	AUTHORIZATION 191005	INITIAL
ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
	TOTAL AMOUNT	

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

Reservation Confirmation for Vincent Goodman
Confirmation Number: 3277077306

Hilton Atlanta
 255 Courtland Street NE
 Atlanta, GA, United States 30333
 Phone: 1-404-659-2000 Fax: 1-
 404-221-6366

Check-In date: 16 Sep 2007
 Check-Out date: 21 Sep 2007
 Check-In time: 3:00 PM
 Check-Out time: 11:00 AM

Hotel Page:

<http://www.hilton.com/en/hotels/index.html?citycode=ATLAFHH>

Rate Information:

Rate Type:

NAHRW/AOHRA

Rate per night: 124.00 USD

Total for Stay per Room:

Rate	620.00 USD
Taxes	93.00 USD
Total	713.00 USD

Total for Stay: 713.00 USD

Includes estimated taxes and service charges

Tax & Service Charges

- There is a 15.00% Per Room Per Night tax.

Additional Charges

- Valet parking: 24.00/night Self parking: 17.00/night

Rules & Restrictions:

- A deposit of 142.6 USD has been charged to your credit card.
 - Your reservation is guaranteed for late arrival.
 - Should you need to cancel please contact us before 11:59 PM on 13 Sep 2007 local property time to avoid cancellation penalties.
-

Room Information:

1 Rooms: 1 Adult
 Non-Smoking Confirmed

Room Type: 2 DOUBLE BEDS

Your room type preferences have been submitted with your reservation, but are subject to hotel availability.

Map & Directions:

http://www.hilton.com/en/hotels/maps_directions.html?citycode=ATLAFHH

Traveling 75/85 South: Exit at 249A (Courtland Street). This is a one way street and the hotel is one block ahead on your left. Traveling 75/85 North: Exit at 249B (Peachtree Street). At first light, turn right on Peachtree Street. Next light, turn left on Ralph McGill Blvd. Next light, right on Courtland Street. The hotel is one block on your left. Traveling from East/West I-20: Take 75/85 North and follow directions for 75/85 North. From the Airport by the Subway (MARTA): Take the train north and exit at Peachtree Center Station. Take the Harris Street escalator or follow the directions for Peachtree Center Mall. You will go up a very steep escalator into the Mall. Take the walkway from the Mall to the parking garage & Peachtree Center Athletic Club. Take the elevator to the street. The hotel is on your right when you exit the garage. From GA 400 Follow GA 400 South to I-85 South. Follow 85 south and take exit 249A (Courtland St). This is a one way street and the hotel is one block ahead on the left. Parking Restrictions in the Garage: Max height 6 feet. Please don't drop person if your vehicle is larger than 6 feet.

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Check-In/Check-out Times and Policy: Check-in time is 3:00 PM. Check-out time is 11:00 AM. Note, hotels may impose an early departure fee.

Revision/Cancellation: Should you need to cancel, please do so before the local hotel hold time to avoid cancellation fees. Cancellation of reservations for which payment was guaranteed or for which a deposit has been sent must reach the destination hotel by the local hotel hold time for the cancellation date indicated to avoid your credit card being charged or the forfeiture of your deposit. Cancellation numbers are issued at the time of cancellation provided the reservation is canceled by the date and time specified. Please make a note of the cancellation number for your records in the event of questions regarding cancellation of guaranteed reservations. A new deposit is required for revisions to reservations received after the cancellation remain due date. Any changes to the arrival date, departure date, or room type of this reservation is subject to the hotel's availability at the time the change is requested and may result in a possible rate change and/or service fee.