

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

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**Meeting Date:** January 13, 2009  
**Department:** Community Services  
**Advisory Board:** Palm Beach County HIV CARE Council  
 =====

**I. EXECUTIVE BRIEF**

**Motion and Title:** **Staff recommends motion to approve:** Reappointment /appointment of the following individuals to the Palm Beach County HIV Comprehensive AIDS Resources Emergency (CARE) Council for a term of two (2) years, effective January 13, 2009.

<u>Seat No.</u>	<u>Reappointment</u>	<u>Seat Requirement</u>
1	Dr. Nicholas Potochny	Health Care Provider
2	Lorenzo Robertson	Community Based Organization
13	Thomas McKissack	Mental Health Substance Abuse Provider
15	Mary Piper Kannel	Local Public Agencies
16	Mary Jane Reynolds	Affected Community
18	Glenn Krabec, PhD	Affected Community
22	Cecil Smith	Affected Community
25	Shirley Samples	Affected Community
27	Laurence Osband	Affected Community
41	Michael Greene	Hospital Planning Agn/ Health Care Planning Agency
45	David Begley	Representative of Incarcerated PLWH

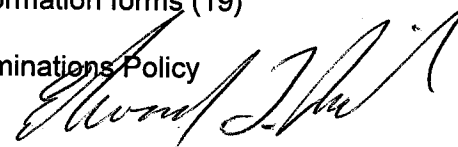
<u>Seat No.</u>	<u>Appointment</u>	<u>Seat Requirement</u>
17	Alice Holmes	Affected Community
19	Chris LaCharite	Affected Community
23	Bobbie Cleveland	Affected Community
24	Raymond Philmore	Affected Community
26	Gilbert Owens	Affected Community
40	Kimberly Bradley	State Ryan White Part B Agency
42	Jennifer Piva	Ryan White Part D Agency
44	Linda Leary	Other Federal HIV Programs


**Summary:** The Palm Beach County HIV CARE Council Bylaws state that total membership shall be no more than 45 and no less than 21 members. Founding members were appointed for one (1) and two (2) year terms with subsequent terms of two (2) years. The HIV CARE Council Nominations Process is an open process with publicized criteria and legislatively defined conflict of interest standards. The 11 reappointments and eight (8) new appointments successfully completed the HIV CARE Council Nominations process, and the HIV CARE Council has recommended their reappointment/appointment. (Ryan White) Countywide (TKF)

**Background and Justification:** In accordance with the Ryan White Comprehensive Aids Resources Emergency Act of 1990 (P.L.101-381), Palm Beach County was designated an eligible metropolitan area disproportionately affected by the HIV epidemic and having a demand for services exceeding the capacity of local resources to meet that demand. The federal government, through the Department of Health and Human Services has made funds available to Palm Beach County to meet such demand. In order to access these funds, it is legally mandated by Title I (Part A) of the Ryan White Care Act that Palm Beach county designate a Title I (Part A) HIV Services Planning Council. To that end, the Board established the Palm Beach County HIV CARE Council, Per Resolution No. R-93-1182, dated September 21, 1993, as amended by Resolution No.R-97-1067. The Ryan White CARE Act Amendments of 1996 mandate a nomination process for appointments to Title I (Part A) planning councils. As vacancies occur on the CARE Council, replacements are selected in accordance with the HIV CARE Council Nominations Process that was adopted by the CARE Council and approved by the Board on September 2, 1997.

**Attachments:**

- A. Board Appointment information forms (19)
- B. Current Board Listing
- C. HIV CARE Council Nominations Policy

**Recommended by:**  12-10-2008  
 Department Director Date

**Legal Sufficiency:**  12-11-08  
 Assistant County Attorney Date

**II. REVIEW COMMENTS**

**A. Other Department Reviews:**

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**Department Director**

**II. REVIEW COMMENTS**

**A. Other Department Review:**

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**Department Director**

**REVISED 06/92**

**ADM FORM 03**

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

**Palm Beach County  
HIV CARE Council**

**Inventory of Seats**

November 2008

**Bold** = In Process

**Bold + Italicized** = Approved by Council and Sent to Board of County Commissioners for Approval

AAF= African American Female, AAM= African American Male, HAIF= Haitian Female, HAIM= Haitian Male, WF= White Female, WM= White Male, HISF= Hispanic Female, HISM= Hispanic Male

Seat	Description	Occupant	Position/Organization	Term Expires	Demographic Info.
1	Health care provider, including federally qualified health centers	Dr. Nicholas Potochny	Health Care Provider	12/19/10	WM
2	CBO's serving affected populations/ASOs	Lorenzo Robertson	CBO Serving Affected Community	12/19/10	AAM
3	CBO's serving affected populations/ASOs	OPEN CHAIR		12/18/10	
5	CBO's serving affected populations/ASOs	OPEN CHAIR		8/15/10	
7	Social Service Providers, including housing and homeless service providers	OPEN CHAIR		12/19/10	
8	Social Service Providers, including housing and homeless service providers	OPEN CHAIR			
9	Social Service Providers, including housing and homeless service providers	Kimberly Rommel-Enright	Legal Aid Society of Palm Beach County, Inc.	12/19/09	WF
12	Social Service Providers, including housing and homeless service providers	OPEN CHAIR		8/15/10	
13	Mental Health and/or Substance Abuse Providers	Thomas McKissack	Oakwood Center	8/15/10	AAM
14	Substance Abuse and/or Mental Health Providers	Rosalyn Collins	Gratitude House	12/19/09	AAF
15	Local Public Health Agencies	Mary Piper Kannel	Palm Beach County Health Department	8/15//10	WF
16	Affected Communities, including PLWH and historically underserved subpopualtions	Mary Jane Reynolds	Affected Community	12/18/09	AAF
17	Affected Communities, including PLWH and historically underserved subpopualtions	Alice Holmes	Affected Community	12/19//10	AAF
18	Affected Communities, including PLWH and historically underserved subpopualtions	Glenn Krabec, PhD	Affected community	8/15//10	WM
19	Affected Communities, including PLWH and historically underserved subpopualtions	Chris LaCharite	Affected Community	12/19/09	WM
22	Affected Communities, including PLWH and historically underserved subpopualtions	Cecil Smith	Affected community	8/15/10	AAM
23	Affected Communities, including PLWH and historically underserved subpopualtions	Bobbie Cleveland	Affected Community	12/19/10	AAF

# Palm Beach County HIV CARE Council

# Council Policy

Policy Number: 10  
Approved: April 30, 2001  
Amended: January 26, 2004  
Issue: Nominations Process for CARE Council Membership

This policy is adopted by the Palm Beach County HIV CARE Council (CARE Council), for the purpose of ensuring there is an open and fair nominations process which will provide for a CARE Council membership which is reflective of the AIDS epidemic in Palm Beach County, Florida. In addition, it is the intention of the CARE Council to maintain a nominations policy which complies with directives of the Division of HIV Services (DHS) and the Health Resources Services Administration (HRSA) as those directives relate to the Ryan White CARE Act Amendments of 1996.

## I. Legislative Background

Section 2602(b) of the reauthorized CARE Act states: "Nominations to the planning council (CARE Council) shall be identified through an open process and candidates shall be selected based upon locally delineated and published criteria. Such criteria shall include a conflict of interest standard for each nominee."

## II. Expectations

An open nominations process, in combination with other legislative requirements and existing DHS policy on PLWH participation, shall result in broad and diverse community inclusion and culturally competent deliberations in CARE Council processes. The CARE Council will only approve and/or appoint members who have gone through the nominations process and shall appoint members on a timely basis to ensure minimum disruption to CARE Council activities.

Nominations to the Council shall be sought from a wide spectrum of potential members. Recruitment shall be made through existing Council committees and through ongoing solicitation through existing council members, service providers, outreach through advertising, and staff working with consumers of HIV/AIDS services. Particular consideration shall be given to disproportionately affected and historically underserved groups and sub-populations.

Every member of the CARE Council is encouraged to actively recruit members to fill gaps in Council membership. Recruitment is not just the Membership Committee's responsibility. Council members should use their own network and seek key contacts in other communities to help identify potential members to fill gaps and to provide individuals to participate in CARE Council committee activities.

### **III. Steps in the Nominations Process:**

1. When necessary advertising may be placed in various publications countywide notifying the public of the need for participation through membership on the CARE Council. Included in the advertising shall be notification of the need to fill membership positions based upon reflectiveness of the epidemic in Palm Beach County, and to ensure legislatively mandated positions are filled. A time limit for return of applications shall be included in the notification.
2. Potential applicants shall be provided a nominations packet containing a letter describing roles and responsibilities of the council, duties of membership, time expectations, gaps in representations, conflict of interest standards, HIV disclosure requirements, and an overview of the selection process and timeline; within three (3) business days of request. There shall also be an application form using open-ended questions to ask about relevant experience, expertise, skills, the persons interest in serving, the perspective he or she might bring to the CARE Council, how his or her peer group might relate to groups affected by HIV, and other related information.
3. Each returned application will be issued a document number, and receipt shall be logged in for tracking purposes.
4. CARE Council staff will review all application forms and will recommend a list of persons for the Membership Committee to interview. When two or more persons apply for the same slot, the committee will interview at least two applicants for the slot. Interviews shall be conducted by at least two committee members according to a structured interview format. Open ended questions about past experience on boards, ideas about significant HIV/AIDS issues and professional or affected community linkages shall be incorporated into the interview. Applicants shall be interviewed within 30 calendar days. If they are not available within that time their name will be placed on the "inactive pool list".
5. After the interviews are completed, the results of each interview are discussed at the next regularly scheduled Membership Committee meeting. When reviewing candidates for membership the committee will consider the following factors- attendance at CARE Council meetings, involvement at Membership Development Sessions and involvement on committees. In addition, seat availability, the demographics of the board and candidate qualification will be taken into consideration. The final committee recommendations will be forwarded to the Palm Beach County HIV CARE Council. If the recommendation is accepted by the CARE Council, the individuals name will then be forwarded to the Palm Beach County

Board of County Commissioners for appointment. In the event a recommended candidate is not acceptable to the Palm Beach County Board of County Commissioners, a request for a replacement candidate will be forwarded to the Membership Committee and the Membership Committee will provide the name of another candidate to the Palm Beach County HIV CARE Council. If the recommendation is accepted by the CARE Council, the individual's name will then be forwarded to the Palm Beach County Board of County Commissioners for appointment.

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

BOARD APPOINTMENT

INFORMATION FORM

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Health Care Provider Seat#1

\*Reappointment [X] or New Appointment [ ]

or [ ] to complete the term of

due to

Term of appointment to end 12/19/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Dr. Nicholas Potochny

Occupation/Affiliation: WPB Veterans Affairs Medical Center

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: WPB Veterans Affairs Medical Center

Business Address: 7305 Military Trail

City & State: West Palm Beach, FL

Zip Code: 33407

Home Phone:

Business Phone: 561-422-5732

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: CBO serving affected populations Seat#2

\*Reappointment [X] or New Appointment [ ]

or [ ] to complete the term of

due to

Term of appointment to end 12/19/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Lorenzo Robertson

Occupation/Affiliation: PBC Health Department

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: PBC Health Department

Business Address: 38754 State Road 80

City & State: Belle Glade

Zip Code: 33430

Home Phone:

Business Phone: 561-996-1600

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

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Date: \_\_\_\_\_



**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Community Based Organization Seat#13

\*Reappointment [ X] or New Appointment [ ]

or [ ] to complete the term of

due to

Term of appointment to end 8/15/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Thomas McKissack

Occupation/Affiliation: Oakwood Center

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: Oakwood Center

Business Address: 1041 45<sup>th</sup> Street

City & State: West Palm Beach, FL

Zip Code: 33407

Home Phone:

Business Phone: 383-8000

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

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Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Local Public Agency Seat#15

\*Reappointment [X] or New Appointment [ ]

or [ ] to complete the term of

due to

Term of appointment to end 8/15/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Mary Piper Kannel

Occupation/Affiliation: Quality Assurance/Hospital Coordinator

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: Palm Beach County Health Department

Business Address 7289 Gardens Road

City & State Riviera Beach, FL

Zip Code: 33404

Home Phone:

Business Phone: 804-7892

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Affected Community Seat#16

\*Reappointment [X] or New Appointment [ ]

or [ ] to complete the term of

due to

Term of appointment to end 8/15/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Mary Jane Reynolds

Occupation/Affiliation: Affected Community

Mailing Address: 1665 NW 11<sup>th</sup> Street

Residence Address: Same as Mailing

City & State: Belle Glade, FL

Zip Code:

Business Name:

Business Address:

City & State:

Zip Code: 33430

Home Phone:

Business Phone:

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Affected Community Seat#18

\*Reappointment [ X] or New Appointment [ ]

or [ ] to complete the term of

due to

Term of appointment to end 8/15/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Glenn Krabec, Phd

Occupation/Affiliation: Affected Community

Mailing Address: 5754 River Club Circle

Residence Address: Same as Mailing

City & State: Jupiter, FL

Zip Code: 33458

Business Name:

Business Address:

City & State:

Zip Code:

Home Phone:

Business Phone:

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Affected Community Seat#22

\*Reappointment [ X ] or New Appointment [ ]

or [ ] to complete the term of

due to

Term of appointment to end 8/15/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Cecil Smith

Occupation/Affiliation: Affected Community

Mailing Address: 1500 N. Congress Avenue #A-305

Residence Address: Same as Mailing

City & State: West Palm Beach, FL

Zip Code: 33401

Business Name:

Business Address:

City & State:

Zip Code:

Home Phone:

Business Phone:

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Affected Community Seat#25

\*Reappointment [ X] or New Appointment [ ]

or [ ] to complete the term of  
due to

Term of appointment to end 12/19/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Shirley Samples

Occupation/Affiliation: Affected Community

Mailing Address: 2415 Palm Glade Drive

Residence Address: same

City & State: Belle Glade, FL

Zip Code: 33430

Business Name:

Business Address:

City & State:

Zip Code

Home Phone:

Business Phone: 561-996-5004

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large  or District  Appointment

Seat requirements: Affected Community Seat#27

\*Reappointment  or New Appointment

or  to complete the term of

due to

Term of appointment to end 8/15/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Lawrence Osband

Occupation/Affiliation: Affected Community

Mailing Address: 500 Nathan Hale Road #4

Residence Address: same as above

City & State: West Palm Beach, FL

Zip Code: 33305

Business Name:

Business Address:

City & State:

Zip Code:

Home Phone:

Business Phone:

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

BOARD APPOINTMENT

INFORMATION FORM

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Health Care Planning Agency Seat#41

\*Reappointment [X] or New Appointment [ ]

or [ ] to complete the term of

due to

Term of appointment to end 8/15/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Michael Greene

Occupation/Affiliation: Palm Beach County Health Care District

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: Palm Beach County Health Care District

Business Address: 324 Datura Street Suite 401

City & State: West Palm Beach, FL

Zip Code: 33401

Home Phone:

Business Phone: 561-659-1270

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_



PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

BOARD APPOINTMENT

INFORMATION FORM

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Representative of incarcerated PLWH Seat#45

\*Reappointment [ X ] or New Appointment [ ]

or [ ] to complete the term of

due to

Term of appointment to end 12/19/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: David Begley

Occupation/Affiliation: Legal Aid of Palm Beach County

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: Legal Aid of Palm Beach County

Business Address: 423 Fern Street #200

City & State: West Palm Beach, FL

Zip Code: 33401

Home Phone:

Business Phone: 561-655-8944

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

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Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ]            or District [ ]            Appointment

Seat requirements: Affected Community            Seat #17

\*Reappointment [ ]            or New Appointment [X]

or [ ] to complete the term of

due to

Term of appointment to end 12/19/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Alice Holmes

Occupation/Affiliation: Affected Community

Mailing Address: Same as residence

Residence Address: 1818 Mary's Place #104

City & State: West Palm Beach, FL

Zip Code: 33407

Business Name:

Business Address:

City & State:

Zip Code:

Home Phone:

Business Phone:

Minority Identification Code: (Underline one)

IF    (American Indian Female)

IM    (American Indian Male)

AF    (Asian-Female)

AM    (Asian Male)

BF    (Black Female)

BM    (Black Male)

HF    (Hispanic Female)

HM    (Hispanic Male)

WF    (White Female)

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**Part Three: COMMISSIONER COMMENTS**

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment [X]

Seat requirements: Affected Community Seat#19

\*Reappointment [ ] or New Appointment [ ]

or [ ] to complete the term of

due to no longer meets requirements for Seat#3

Term of appointment to end 12/17/09

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Christopher LaCharite

Occupation/Affiliation: Affected Community

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name:

Business Address:

City & State:

Zip Code:

Home Phone:

Business Phone:

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Affected Community Seat# 23

\*Reappointment [ ] or New Appointment [X]

or [ ] to complete the term of

due to

Term of appointment to end 12/19/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Bobbie J. Cleveland

Occupation/Affiliation: Affected Community

Mailing Address: Same as residence

Residence Address: 1750 N. Congress Avenue #C410

City & State: West Palm Beach, FL

Zip Code: 33401

Business Name:

Business Address:

City & State:

Zip Code:

Home Phone: 561-689-4786

Business Phone:

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Affected Community Seat #24

\*Reappointment [ ] or New Appointment [X]

or [ ] to complete the term of

due to

Term of appointment to end 12/19/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Raymond Philmore

Occupation/Affiliation: Affected Community

Mailing Address: Same as residence

Residence Address: 2317 Avenue Z

City & State: Riviera Beach, FL

Zip Code: 33404

Business Name:

Business Address:

City & State:

Zip Code:

Home Phone: 561-844-1986

Business Phone:

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Affected Community Seat #26

\*Reappointment [ ] or New Appointment [X]

or [ ] to complete the term of

due to

Term of appointment to end 12/19/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Gilbert Lance Owens

Occupation/Affiliation: Affected Community

Mailing Address: Same as residence

Residence Address: 1300 W. 3<sup>rd</sup> Street

City & State: Riviera Beach, FL

Zip Code: 33404

Business Name:

Business Address:

City & State:

Zip Code:

Home Phone: 561-541-4808

Business Phone:

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: State Ryan White Part B Agency Seat#40

\*Reappointment [ ] or New Appointment [X]

or [ ] to complete the term of

due to

Term of appointment to end 12/19/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Kimberly Jean Bradley

Occupation/Affiliation: Treasure Coast Health Council

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: Treasure Coast Health Council

Business Address: 600 Sandtree Drive Suite 101

City & State: Palm Beach Gardens, FL

Zip Code: 33403

Home Phone:

Business Phone: 844-8997

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Ryan White Part D Agency Seat #42

\*Reappointment [ ] or New Appointment [X]

or [ ] to complete the term of

due to

Term of appointment to end 12/19/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Jennifer Piva

Occupation/Affiliation: Children Medical Services

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: Children Medical Services

Business Address: 5101 Greenwood Avenue

City & State: West Palm Beach, FL

Zip Code: 33407

Home Phone:

Business Phone: 561-682-0177 Ext. 4018

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Other Federal HIV Programs Seat #44

\*Reappointment [ ] or New Appointment [X]

or [ ] to complete the term of

due to

Term of appointment to end 12/19/2010

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Linda Leary

Occupation/Affiliation: United Deliverance Community Resource Center

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: United Deliverance Community Resource Center

Business Address: 3600 Broadway

City & State: West Palm Beach, FL

Zip Code: 33407

Home Phone:

Business Phone: 561-844-7071

Minority Identification Code: (Underline one)

IF	(American Indian Female)	IM	(American Indian Male)
AF	(Asian-Female)	AM	(Asian Male)
BF	<u>(Black Female)</u>	BM	(Black Male)
HF	(Hispanic Female)	HM	(Hispanic Male)
WF	(White Female)	WM	(White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: January 13, 2009

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_