Agenda Item #: 68-1

PALM BEACH COUNTY

BOARD OF COUNTY COMMISSIONERS

BOARD APPOINTMENT SUMMARY

Meeting Date:

February 24, 2009

Department:

Fire-Rescue

Advisory Board Name: Fire Rescue Advisory Board

1. Executive Brief:

Motion and Title: Staff recommends motion to approve: the reappointment of the following individuals to the Fire Rescue Advisory Board beginning on December 16, 2008, through December 15, 2011.

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Nominee	Category	Seat No.	Nominated By
Michael Bornstein	Professional	1	Commissioner Koons Commissioner Greene Commissioner Marcus Commissioner Aaronson
Richard Galeta	Health Care Se	rvices 4	Commissioner Koons Commissioner Greene Commissioner Vana Commissioner Marcus Commissioner Aaronson
Titus Rich	Consumer of Fi Rescue Service	-	Commissioner Koons Commissioner Greene Commissioner Marcus Commissioner Aaronson

Summary: The Fire Rescue Advisory Board was created by Resolution No. R89-1661 and revised by No. R92-596 on April 28, 1992. This Board consists of seven (7) (at-large) members with specific fields of expertise and serve a three (3) year term. The nominees have expressed an interest in serving another term and are eligible for reappointment. On December 29, 2008, a memo was distributed to the County Commissioners requesting nominations to this Board. No other nominations have been received. Countywide (SGB)

Background and Justification: The Fire Rescue Advisory Board was established by resolution in 1989 and provides input on the effectiveness and adequacy of fire rescue services. The Fire Rescue Advisory Board requires appointment by the County Commission of individuals by specific fields of expertise to provide an organized method of receiving citizen input on fire rescue services and making recommendations to the Board of County Commissioners and to the Fire Rescue Department.

Attachments:

- 1. Resolution No. R89-1661; Resolution No. R92-596
- 2. Board Appointment Forms
- 3. Current List of Advisory Board Members
- 4. Board Meeting Dates
- 5. Memo dated December 29, 2008 to Commissioners requesting nominations.

Recommended By:	Horman Brice	0 1-29-09
	Department Director	Date
Approved By:	Shain Buin	2-3-09
	Assistant County Attorney	Date

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, ESTABLISHING A FIRE-RESCUE—ADVISORY BOARD, CONSISTING OF SEVEN MEMBERS; PROVIDING FOR CATEGORIES OF MEMBERS; PROVIDING FOR APPOINTMENT OF INITIAL AND SUBSEQUENT TERMS; PROVIDING FOR PURPOSE; AND DELINEATING THE BOARD'S DUTIES AND RESPONSIBILITIES.

WHEREAS, the Palm Beach County Comprehensive Plan calls for the establishment of a Plut Rescue Advisory Board for review and comment upon fire rescue services in the comunity; and

WHEREAS, the Board of County Commissioners desires to establish such advisory board to work closely with the Fire-Rescue Administrator on fire-rescue related issues; and

WHEREAS, the Board of County Commissioners of Palm Beach County desires that the Fire-Rescue Advisory Board shall from time to time consider matters placed before it for comment and recommendation.

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

1. The Palm Beach County Fire-Rescue Advisory Board is hereby created and established with said Advisory Board to consist of seven (7) members and be appointed by majority vote of the Board of County Commissioners with specific expertise in the following areas:

Number ... Category

- Professional (e.g. city manager, attorney, educator, planner)
- Pinsacial (e.g. banker, CPA, or CPA)
 Building Community (e.g. engineer, architect,
- contractor)

 1 Health Services Field (e.g. hospital administrator,
- Emergency Room physician, nurse)

 1 Business (e.g. email business email business (e.g. email business email bus
- Business (e.g. small business owner, retail manager, atc.)

 Consumers (e.g. general citizen or other user

of services)

2. Initial appointments will be made for staggered terms of one, two, or three years. Thereafter, all reappointments will be made for three year terms.

PURPOSE

- 1. To provide input on the effectiveness and adequacy of fire-rescue services including but not limited to:
 - level of service
 - capital improvement projects
 - alternative funding mechanisms
- 2. To provide an organized method for receiving citizen input on fire-rescue services and creating a communication network for recipients of the service;
- 3. To advise on existing and proposed services and growth and direction of the department as a whole;
 - 4. To assist with inter-governmental relations;

- R89-1661

County and to act as an advocate to improve fire protection and emergency medical services throughout the County;

6. To assist with problem-solving to remedy major policy issues or controversial topics in the community related to fire-rescue as presented to the Board by the Fire-Rescue Administrator.

ORGANIZATION:

- All members of the Fire-Rescue Advisory Board shall be eligible for reappointment for one consecutive term of three years subject to the concurrence of the Board of County Commissioners.
- 2. The members of the Fire-Rescue Advisory Board shall serve without compensation or reimbursement of personal expenses.
- 8. The Fire-Rescue Administrator shall serve as an ex-officio member of the Advisory Council.
- 4. The members of the Ativisory Council will elect a Chairman and Vice
- 5. The Advisory Council is not authorized to expend any funds unless it has prior authorization by the Board of County Commissioners.
- 6. The Advisory Council shall meet on a bi-monthly basis; or more frequently if needed, by written notification to all members by the Chair. The Fire-Rescue Administrator will prepare all meeting agendas, and provide for appropriate staffing.
- 7. All meetings shall be open to the public, and in accordance with the laws regulating government in the sunshine. A majority of the members of the Advisory Board shall constitute a quorum. The Advisory Board may adopt such other rules for its operations and proceedings as it deems desirable.

The foregoing resolution was offered by Commissioner Howard who moved its adoption. The motion was seconded by Commissioner Phillips and upon being put to a vote, the vote was all follows:

CAROL J. ELMQUIST - AYE
KAREN T. MARCUS - AYE
CAROL A. ROBERTS - AYE
RON HOWARD
CAROLE PHIDLIPS - AYE

The Chairman thereupon declared the resolution duly passed and adopted this day of September 1989.

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

County Attorney

PALM BEACH COUNTY, FLORIBA SI ONE AS BY ITS BOARD OF COUNTY COMMISSIONERS

JOHN B. DUNKLE, CLERK

BY: ___

Deputy Clerk

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R89 1661

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COUNTY BOARD OF THE RESOLUTION OF PALM BEACH COUNTY, Commissioners op FLORIDA, AMENDING RESOLUTION NO. R-89-1661, REQUIRING FUTURE APPOINTEES TO THE TO ADVISORY BOARD RESCUE FIRE INDIVIDUALS DIRECTLY AFFECTED BY PALM BEACH COUNTY FIRE RESCUE.

WHEREAS, the Board of County Commissioners created a Fire Rescue Advisory Board to work closely with the Fire Rescue Administrator on fire-related issues; and

WHEREAS, the Fire Rescue Advisory Board is a very actively involved and efficient Board; and

whereas, the Board of County Commissioners believes that the Advisory Board's effectiveness will be enhanced by requiring all future appointees to said Board to be individuals who are directly affected by the Palm Beach County Fire Rescue Department either through residential, governmental, or business affiliation.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Palm Beach County, Florida, that:

Section 2 of Resolution No. R-89-1661 shall be amended to read:

2. Initial appointments will be made for staggered terms of one, two, or three years. Thereafter, all reappointments will be made for three year terms. Notwithstanding the foregoing, all future appointees shall be individuals who are directly affected by the Palm Beach County Fire Rescue Department through either residential, governmental or business affiliation.

This resolution shall become effective upon its adoption.

The for	regoing resolut	ion	was offered	by Co	ommissioner
Roberts	who moved				motion was
seconded by Com	missioner		Coster	_ and	upon being
put to a vote, t	he vote was as	fol	llows:		

- Aye - Aye - Aye KAREN T. MARCUS CAROLE PHILLIPS CAROL A. ROBERTS CAROL J. ELMQUIST - Aye MARY MCCARTY KEN FOSTER - Aye Aye - Aye MAUDE FORD LEE

The Chair thereupon declared the resolution duly passed and adopted this 28th day of April

MILTON T. BAUER, CLERK

BOARD OF COUNTY COMMISSIONERS OF PAIN BEACK COUNTY, FLORIDA

Croslie

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

By: Duly Mitrytych

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Part I:				
Board Name:	Fire Rescue	Advisory Board		
[X] At Large Appoi	ntment	or []	District Appoi	ntment
Term of Appointmen	nt: <u>3</u> years Froi	or December 16,20 m: <u>February 2009</u> 1	05 to <u>March 201</u>	2 December 15, 21
Seat Requirement:_		l Representative		
(Please describe ed	ucation and/or experie	ence that qualifies the	nomination und	ler the seat
requirement).				
Per Resolution 92-	.596, "all future ar	ppointees shall be inc	lividuals who a	are directly
affected by Palm	Beach County Fire F	Rescue Department t	hrough either	residential,
governmental or bu	isiness amiliation.			
[X] *Reappointme	nt or	[] New A	ppointment	
or [] to complete t	he term of			
due to:		[] other		.
completion of term				
Part II: APPLICANT	, UNLESS EXEMPTED,	MUST BE A COUNTY	RESIDENT	
	Michael Bornstein			
Occupation/Affiliation	on: Town Mana	iger		
		ntana		
Business Address:	500 Greynolds Circ	le		·
City & State:	Lantana, Florida		Zip Code:	33462
Residence Address:_	n/a			
City & State:	n/a		Zip Code:	n/a
Home Phone:	n/a	Business Phone:	561-540-50	00
Fax No:	n/a	E-Mail Address:	n/a	·
Mailing Address pref	erence: [X] Business	Address [] Residen	ce Other or []	Other:
Minority Identificat	ion Code:			
[] IF (American Inc			erican Indian M	ale)
[] AF (Asian Femal [] BF (Black Femal			ian Male) ack Male)	
[] HF (Hispanic Fe	male)		ispanic Male)	
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Part III.	COMMISSIONER C	COMMENTS		•
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*When a person is being conflicts shall be consider	g considered for re-appoints red by the Board of County (ment, the number and natu Commissioners.	re of previously dis	closed voting
Number of p	reviously disclosed voti	ing conflicts		
Signature:	Chit Kon	Date	12/3	0161

Part I:	Cino Danaur	. Addison Donal		
		Advisory Board		
[X] At Large Appo	ointment	or December 1620 m: February 2009 t	District Appoi	ntment
Seat Requirement:	Professiona	l Representative	Seat #:	
(5)				
(Please describe en requirement).	ducation and/or experi	ence that qualifies the	nomination und	er the seat
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or [] to complete	the term of			
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Part II: APPLICAN	T, UNLESS EXEMPTED,	MUST BE A COUNTY	RESIDENT	
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		ntana		
		cle		
City & State:	Lantana, Florida		Zip Code:_	33462
Residence Address:				
City & State:	n/a		Zip Code:	n/a
Home Phone:		Business Phone:	• • —	
Fax No:		E-Mail Address:		
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[] AF (Asian Fema	•	[] AM (Asi	ian Male)	
[] BF (Black Fema [] HF (Hispanic F			ack Male)	
WF (White Fer		[X] WM (N	spanic Male) /hite Male)	
Part III.	COMMISSIONER (COMMENITO		
			4	
Appointment to be	made at BCC Meeting of	on:		· .
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Part I:			
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Term of Appointment:	years From:	ecember 16, 20 February 2009 1	District Appointment 008 0 March 2012
			Seat #:1
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affected by Palm Be	each County Fire Re	scue Department th	lividuals who are directly prough either residential,
governmental or busi	ness affiliation.		
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or [] to complete the			
due to:			
completion of term to	expire on:		
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Part II: APPLICANT, U			RESIDENT
Name:			
Occupation/Affiliation:	-		
Business Address:			
		· · · · · · · · · · · · · · · · · · ·	Zip Code:33462_
Residence Address:			
			Zip Code:n/a
Home Phone:	n/a	_Business Phone:	561-540-5000
Fax No:			
Mailing Address prefer	ence: [X] Business A	ddress [] Residen	ce Other or [] Other:
Minority Identification	n Code:		
[] IF (American India	ın Female)		erican Indian Male)
[] AF (Asian Female)[] BF (Black Female)		[] AM (Asi	
[] HF (Hispanic Fem.	ale)	[] BM (Bla	•
[] WF (White Female	· · · · · · · · · · · · · · · · · · ·	[X] WM (W	spanic Male) /hite Male)
Part III.	COMMISSIONER CO	MMENTS	
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Signature: <u>Undy</u>	Varen	AA o rouls	190107

BOARD APPOINTMENT INFORMATION FORM

Part I:			
Board Name:	· Fire Rescue A	dvisory Board	
[X] At Large Appoint	ment	or [] District Appointment
Term of Appointment	:3years From:	February 2009	to <u>March 2012</u>
Seat Requirement:	Professional R	epresentative	Seat #:1
requirement). Per Resolution 92-5	96, "all future appe	ointees shall be in	e nomination under the seat
affected by Palm B governmental or bus	each County Fire Resident	scue Department	through either residential,
governmental of bus	mess anniation.		
[X] *Reappointment	. or	[] New .	Appointment
or [] to complete the	e term of		
	[] resignation		
	expire on:		
Part II: APPLICANT,	U NLESS EXEMPTED, M	IUST BE A COUNTY	Y RESIDENT
Name:	Michael Bornstein		
Occupation/Affiliation	:Town Manage	er	
			Zip Code:33462_
Residence Address:	n/a		
			Zip Code:n/a
Home Phone:	n/a	_Business Phone:	561-540-5000
Fax No:	n/a	E-Mail Address:	n/a
Mailing Address prefer	rence: [X] Business A	ddress [] Reside	nce Other or [] Other:
Minority Identificatio	n Code:		
 IF (American India AF (Asian Female) BF (Black Female) HF (Hispanic Female) WF (White Female) 	nale)	[] AM (A [] BM (B [] HM (F	merican Indian Male) sian Male) lack Male) Hispanic Male) White Male)
Part III.	COMMISSIONER CO	MMENTS	
Appointment to be ma	ıde at BCC Meeting on:		
Number of pre	eviously disclosed voting	mmissioners. g conflicts	ture of previously disclosed voting
Signature: /2 - 0	2-2	Dat	to:

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Board Name: Fire Rescue Advisory Board	
[X] At Large Appointment or [] District Appointment	
[X] At Large Appointment Or December 16, 2008 Term of Appointment: 3 years From: February 2009 to March 2012 December 15, 20	011
Seat Requirement: Health Care Services Seat #: 4	
(Please describe education and/or experience that qualifies the nomination under the seat requirement).	
Per Resolution 92-596, "all future appointees shall be individuals who are directly	
affected by Palm Beach County Fire Rescue Department through either residential, governmental or business affiliation.	
[X] *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: Richard L. Galeta, D.D.S.	
Occupation/Affiliation: Dental Field	
Business Name: Retired	
Business Address: n/a	
City & State:Zip Code:	
Residence Address: 8315 Pine Tree Lane	
Residence Address: 8315 Pine Tree Lane City & State: Lake Clarke Shores, Florida Zip Code: 33406	
Residence Address: 8315 Pine Tree Lane City & State: Lake Clarke Shores, Florida Zip Code: 33406 Home Phone: 561-586-4402 Business Phone: n/a	
Residence Address: 8315 Pine Tree Lane City & State: Lake Clarke Shores, Florida Zip Code: 33406 Home Phone: 561-586-4402 Business Phone: n/a Fax No: n/a E-Mail Address: n/a	
Residence Address: 8315 Pine Tree Lane City & State: Lake Clarke Shores, Florida Zip Code: 33406 Home Phone: 561-586-4402 Business Phone: n/a	
Residence Address: 8315 Pine Tree Lane City & State: Lake Clarke Shores, Florida Zip Code: 33406 Home Phone: 561-586-4402 Business Phone: n/a Fax No: n/a E-Mail Address: n/a Mailing Address preference: [] Business Address [X] Residence Other or [] Other:	
Residence Address: 8315 Pine Tree Lane City & State: Lake Clarke Shores, Florida Zip Code: 33406 Home Phone: 561-586-4402 Business Phone: n/a Fax No: n/a E-Mail Address: n/a Mailing Address preference: [] Business Address [X] Residence Other or [] Other: Minority Identification Code:	
Residence Address: 8315 Pine Tree Lane City & State: Lake Clarke Shores, Florida Zip Code: 33406 Home Phone: 561-586-4402 Business Phone: n/a Fax No: n/a E-Mail Address: n/a Mailing Address preference: [] Business Address [X] Residence Other or [] Other:	
Residence Address: 8315 Pine Tree Lane City & State: Lake Clarke Shores, Florida Zip Code: 33406 Home Phone: 561-586-4402 Business Phone: n/a Fax No: n/a E-Mail Address: n/a Mailing Address preference: [] Business Address [X] Residence Other or [] Other: Minority Identification Code: [] 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)	
Residence Address:	
Residence Address:	

BOARD APPOINTMENT INFORMATION FORM

Part I:

Board Name: Fire Re	escue Advisory B	oard	·	
[X] At Large Appoint	ment	or []	District Appoir	ntment
Term of Appointment:	<u>3</u> years	December 16, 2008 From: February 2009 to	March 2012	<u>December</u> 15, 2011
Seat Requirement:	Health	Care Services		
(Please describe educ requirement).	ation and/or ex	perience that qualifies the no	omination und	er the seat
Per Resolution 92-59	96, "…all futur	re appointees shall be indiv	viduals who a	re directly
attected by Palm Be governmental or busing		ire Rescue Department thr	ough either r	esidential,
good and a second	iness annuaron.	•		
[X] *Reappointment	or	[] New App	pointment	
or [] to complete the	term of			
due to:	[] resignation	n [] other	· · · · · · · · · · · · · · · · · · ·	
completion of term to	expire on:			
Part II: APPLICANT, U	UNLESS EXEMP	ΓΕD, MUST BE A COUNTY R	ESIDENT	
Name:	Richard L. Gal	eta, D.D.S.		
Occupation/Affiliation	n:	Dental Field		
Business Name:	Retired			
Business Address:	n/a			· · · · · · · · · · · · · · · · · · ·
City & State:	n/a		Zip Code:	
Residence Address:	8315 P	ine Tree Lane		
City & State:	Lake Clarke Sh	ores, Florida	Zip Code:	33406
Home Phone:	561-586-4402	Business Phone:	n/a	·
Fax No:	n/a	E-Mail Address:	n/a	
Mailing Address prefe	erence: [] Bu	siness Address [X] Residen	ce Other or [] Other:
Minority Identification	n Code:			
 IF (American India AF (Asian Female) BF (Black Female) HF (Hispanic Female) WF (White Female) 	ale)	[] AM (Asia [] BM (Blac	k Male) panic Male)	ale)
Part III.	COMMISSION	IER COMMENTS		
Appointment to be ma	1	ing on		
	de at BCC Meet	ing on:		
conflicts shall be considered	considered for re-ap by the Board of Co	ppointment, the number and nature		closed voting

Part I:
Board Name: Fire Rescue Advisory Board
[X] At Large Appointment or [] District Appointment
Term of Appointment: 3 years From: February 2009 to March 2012 December 15, 2011
Seat Requirement: Health Care Services Seat #: 4
(Please describe education and/or experience that qualifies the nomination under the seat requirement). Per Resolution 92-596, "all future appointees shall be individuals who are directly
affected by Palm Beach County Fire Rescue Department through either residential,
governmental or business affiliation.
[X] *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: Richard L. Galeta, D.D.S.
Occupation/Affiliation: Dental Field
Business Name: Retired
Business Address:n/a
City & State:Zip Code:
Residence Address: 8315 Pine Tree Lane
City & State: Lake Clarke Shores, Florida Zip Code: 33406
Home Phone: 561-586-4402 Business Phone: n/a
Fax No: E-Mail Address: n/a
Mailing Address preference: [] Business Address [X] Residence Other or [] Other:
Minority Identification Code:
[] 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) [X] WM (White Male)
Part III. COMMISSIONER COMMENTS
Appointment to be made at BCC Meeting on:
*When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts
Signature: Skelley Vana Date: 1/5/09

Part I:						
Board Name: Fire F	Rescue Advisory Boai	rd				
[X] At Large Appoir	ntment	or	[]	District Appoir	ntment	
Term of Appointmen	t: 3 years Fr	December om: February	16,2008 2009 to_	March 2012	ecember	15,2011
Seat Requirement:	Health Ca	re Services		_Seat #:	4	J
(Please describe edu requirement).	cation and/or exper	ience that qual	ifies the no	mination und	er the seat	
Per Resolution 92-5 affected by Palm E governmental or but	Beach County Fire	appointees sha Rescue Depar	ll be indivi tment thro	duals who a ugh either r	re directly esidential,	
[X] *Reappointmen] New App			
or [] to complete th	e term of					
due to:	[] resignation	[] other_				
completion of term to	o expire on:					
Part II: APPLICANT,			OUNTY RE	SIDENT	1	
Name:					·	
Occupation/Affiliation		ental Field			<u>.</u>	
Business Name:	Retired					
Business Address:	n/a					
City & State:	n/a		·	_Zip Code:	· · · · · · · · · · · · · · · · · · ·	
Residence Address:_	<u>8315 Pine</u>	Tree Lane				
City & State:					33406	
Home Phone:						
Fax No:	n/a	E-Mail Add	dress:	n/a		
Mailing Address pre	ference: [] Busin	ess Address [X] Residence	Other or [] Other:	
Minority Identification	on Code:					
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Part III.	COMMISSIONER	COMMENTS				
Appointment to be m	ade at BCC Meeting	on:			· · · · · · · · · · · · · · · · · · ·	
*When a person is being conflicts shall be considereNumber of pro	considered for re-appoir d by the Board of County eviously disclosed vo	y Commissioners.	r and nature o	f previously disc	losed voting	
Signature: <u>Condy</u> Comm	L De Julippo.	for Marcus	Date:	1/26/00	9	

- 41-1-11				
Board Name: Fire	Rescue Advisory	Board		
[X] At Large Appoi	ntment	or [] District Appointm	nent
Term of Appointmen	nt: <u>3</u> years	From: February 2009	to <u>March 2012</u>	
Seat Requirement:_	Healt	h Care Services	Seat #:	4
(Please describe ed requirement).	ucation and/or e	xperience that qualifies th	ne nomination under	the sea
Per Resolution 92-	.596. "all futu	re appointees shall be	individuals who are	directly
affected by Palm	Beach County	Fire Rescue Department	t through either res	idential
governmental or bu	<u>ısiness affiliatior</u>	<u>ı.</u>	•	
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[X] *Reappointme			v Appointment	
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completion of term	to expire on:			
Part II: APPLICANT	, UNLESS EXEMP	TED, MUST BE A COUN	TY RESIDENT	
Name:	Richard L. Ga	aleta, D.D.S.		
		Dental Field		
		ed		
		Pine Tree Lane		
		hores, Florida	Zip Code:	33406
		2Business Phone		
		E-Mail Address:		
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BF (Black Femal	•		(Asian Male) (Black Male)	
[] HF (Hispanic Fe			(Hispanic Male)	
[] WF (White Fem	ale)		(White Male)	
Part III.	COMMISSIO	NER COMMENTS		
Appointment to be n	nade at BCC Mee	eting on:		
connica shall be consider	ed by the Board of C	ppointment, the number and n County Commissioners. ed voting conflicts	nature of previously disclose	ed voting
Signature:	+ Kus	D	ate:	

Part I:					
Board Name:	Fire Rescue Advisor	y Board			
[X] At Large Appoi	ntment or	, ,[][istrict Appoir	ntment	
Term of Appointmen	ntment nt: <u>3</u> years From: Feb	ruary 2009 to	March-2012	December	15,20
	Consumer of Fire Rescue Se				•
(Please describe edurequirement).	ucation and/or experience tha	t qualifies the non	nination unde	er the seat	
Per Resolution 92-	596, "all future appointed	s shall be individ	duals who ar	re directly	
governmental or bu	Beach County Fire Rescue siness affiliation.	Department throu	ign eitner r	esidentiai,	
:					
[X] *Reappointmer		[] New Appo			
	ne term of				
due to:	t 1 G				
completion of term t	o expire on:			·	
	UNLESS EXEMPTED, MUST I	BE A COUNTY RES	IDENT		
Name:					
	n: Consumer/Retired f	om Fire Service	·	 	
Business Name:					
Business Address:					
			-	,	
	617 Mangonia Circl				
	West Palm Beach, Florida				
	<u>561-775-5461</u> Busi				
Fax No:	n/a E-Ma	ail Address:	n/a		
Mailing Address prefe	erence: [] Business Address	[X] Residence	Other or []	Other:	
Minority Identification					
[] IF (American Ind [] AF (Asian Female		[] IM (Americ		de)	
BF (Black Female		[] AM (Asian I [X] BM (Black I	•		
] HF (Hispanic Fer		[] HM (Hispan	•		
WF (White Fema	de)	[] WM (White	e Male)		
Part III.	COMMISSIONER COMME	NTS			
Appointment to be m	ade at BCC Meeting on:	•			
When a person is being conflicts shall be considere	considered for re-appointment, the ed by the Board of County Commission eviously disclosed voting confl	number and nature of oners.	previously discl	losed voting	
Signature:	ch t ron	Date:	1340	8	
· /					

Part I:	
Board Name: Fir	e Rescue Advisory Board
[X] At Large Appointment	or [] District Appointment
Term of Appointment: 3 ye	or [] District Appointment December 16, 2008 ars From: February 2009 to March 2012 December 15, 201
	of Fire Rescue Services Seat #: 7
(Please describe education and/orrequirement).	r experience that qualifies the nomination under the seat
Per Resolution 92-596, "all to	uture appointees shall be individuals who are directly
governmental or business affilia	y Fire Rescue Department through either residential,
[X] *Reappointment or	[] New Appointment
	ation [] other
completion of term to expire on:_	
	MPTED, MUST BE A COUNTY RESIDENT
Name: Titus R. Ri	ch
	nsumer/Retired from Fire Service
Business Name: Re	tired
Business Address: n/a	
City & State: n/a	Zip Code:
Residence Address: 61	7 Mangonia Circle South
City & State: West Palm	Beach, Florida Zip Code: 33401
Home Phone: 561-775-5	461 Business Phone: n/a
Fax No: n/a	E-Mail Address: n/a
Mailing Address preference: []	Business Address [X] Residence Other or [] Other:
Minority Identification Code:	·
 [] IF (American Indian Female) [] AF (Asian Female) [] BF (Black Female) [] HF (Hispanic Female) [] WF (White Female) 	 [] IM (American Indian Male) [] AM (Asian Male) [X] BM (Black Male) [] HM (Hispanic Male) [] WM (White Male)
Part III. COMMISS	IONER COMMENTS
Appointment to be made at BCC I	Meeting on:
*When a person is being considered for conflicts shall be considered by the BoardNumber of previously disc	re-appointment, the number and nature of previously disclosed voting of County Commissioners.

ran I:			
Board Name:	Fire Res	scue Advisory Board	
[X] At Large Appoin	ntment	December 11 200	District Appointment
Term of Appointmen	nt: <u>3</u> years	From: February 2009 t	B March 2012
Seat Requirement:	Consumer of Fi	re Rescue Services	Seat #:7
	ıcation and/or exp	perience that qualifies the	nomination under the seat
requirement).			
Per Resolution 92-	596, "all futur	e appointees shall be ind	lividuals who are directly
affected by Palm governmental or bu	Beach County Fi	re Rescue Department th	nrough either residential,
governmental of bu	siness anniation.		
[X] *Reappointmen	nt or	[] New A	ppointment
or [] to complete th	ne term of		
due to:		[] other	
completion of term t	o expire on:		
Part II: APPLICANT,	UNLESS EXEMPT	TED, MUST BE A COUNTY	RESIDENT
Name:	Titus R. Rich		
Occupation/Affiliatio	n: Consum	ner/Retired from Fire Service	9
Business Name:	Retired		
	•		
City & State:	n/a		Zip Code:
Residence Address:_			
City & State:	West Palm Bead	ch, Florida	Zip Code:33401
Home Phone:	<u> 561-775-5461</u>	Business Phone:	n/a
Fax No:	n/a	E-Mail Address:	n/a
		ness Address [X] Resider	
Minority Identificati	on Code:		
[] IF (American Ind	•		erican Indian Male)
AF (Asian FemaleBF (Black Female	•	[] AM (As	-
[] HF (Hispanic Fe	· ·	[X] BM (Bla [] HM (Hi	spanic Male)
[] WF (White Fema			/hite Male)
Part III.	COMMISSION	ER COMMENTS	
·			
		ing on:	
*When a person is being	considered for re-app	pointment, the number and natu	re of previously disclosed voting
connicts shall be consider	ed by the Board of Co. eviously disclosed	voting conflicts	
Number of pr	reviously disclosed	voting conflicts PRO FOR Date T. Marcus	

Part I:					
Board Name:	Fire Re	scue Advisory Boa	ırd		
[X] At Large Appoint	ment	or	[]	District Appoir	ntment
Term of Appointment	: <u>3</u> years	From: February	<u>2009</u> t	o <u>March 2012</u>	2
Seat Requirement:	Consumer of F	ire Rescue Service	s	Seat #:	7
(Please describe educ requirement).	cation and/or ex	perience that qua	lifies the	nomination und	er the seat
Per Resolution 92-5 affected by Palm B governmental or bus	each County F	ire Rescue Depa	all be inc artment t	lividuals who a hrough either i	re directly residential,
[V] *D					
[X] *Reappointment				ppointment	
or [] to complete the					
due to:					
completion of term to	expire on:	:			
Part II. ADDITOANT I	INII ECC EVENADO	FFD AALICT DE A	COLINTY	DECIDENT	
Part II: APPLICANT, I			COUNTY	KESIDENI	
			·		
Occupation/Affiliation					
Business Address:					
Business Address:	-			7. 6. 1	
City & State:					
Residence Address:					
City & State:					
Home Phone:					
Fax No:					
Mailing Address prefer	rence: [] Busi	ness Address [)	X] Resider	nce Other or []	Other:
Minority Identificatio	n Code:				
[] IF (American India [] AF (Asian Female) [] BF (Black Female) [] HF (Hispanic Femal [] WF (White Femal	an Female) nale)	[[X [] AM (As] BM (Bla] HM (Hi	•	ale)
Part III.	COMMISSION	IER COMMENTS			
Appointment to be ma					
*When a person is being conflicts shall be considered	considered for re-ap I by the Board of Co eviously disclosed	ppointment, the numb		re of previously disc	



PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS FIRE RESCUE ADVISORY BOARD

. AUTHORITY:

Resolution No. R-92-596, adopted on April 28, 1992.

I. APPOINTING BODY:

3oard of County Commissioners

II. COMPOSITION, QUALIFICATIONS, TERMS & REMOVAL:

This Board is composed of (7) seven members with expertise in the following areas: one (1) professional; one (1) financial; one (1) building community; one (1) health services field; one (1) business; two (2) consumers. The initial appointments will be made for staggered terms of one, two, or three years. Thereafter, all appointments will be for three (3) year terms. The members shall serve without compensation or reimbursement of personal expenses.

V. MEETINGS:

Fourth Thursday of the month at 1:30 p.m., 50 South Military Trail, WPB. No meeting in December.

/. FUNCTIONS:

Fo provide input on the effectiveness and adequacy of fire rescue services including but not limited to: level of service, capital improvement projects and alternative unding mechanisms; to provide an organized method for receiving citizen input on fire rescue services and creating a communication network for recipients of the service; to advise on existing and proposed services and growth and direction of the department as a whole; to assist with inter-governmental relations; to develop a amiliarity with the fire rescue delivery system in Palm Beach County and to act as an advocate to improve fire protection and emergency medical services throughout he County; and to assist with problem-solving to remedy major policy issues or controversial topics in the community related to fire rescue as presented to the Board by he Fire Rescue Administrator.

VI. LIAISON INFORMATION:

LIAISON DEPARTMENT

CONTACT PERSON

ADDRESS

Fire Rescue

Laura Chau

50 S Military Trl

West Palm Beach FL 33405 Phone # 561-616-7001

FIRE RESCUE ADVISORY BOARD

EAT ID	CURRENT MEMBER	ROLE TYPE	RACE CODE	BUSINESS / HOME PHONE	SEAT REQUIREMENT	APPOINT DATE	RE-APPOINT DATE	EXPIRE DATE
ointed l	By : AT Large							
1	Michael Bornstein 500 Greynolds Cir Lantana FL 33462	Member	EA	561-540-5000	Professional	04/17/2001	12/16/2005	12/15/2008
-	NOMINATED BY :							
2	James Tippett 2453 Country Oaks Ln Palm Beach Gardens FL 33410	Member	EA	561-776-8149	Contractor	09/28/2004	10/16/2007	10/15/2010
	NOMINATED BY :							
3	Kevin Justice 3801 Pga Blvd Ste 901 Palm Beach Gardens FL 33410	Member	EA	561-253-6744	Financial Representative	10/16/2007		09/30/2008
	NOMINATED BY:						-	
4	Richard Galeta 8315 Pine Tree Ln Lake Clarke Shores FL 33406	Member	EA	561-586-4402	Health Care Services	12/15/1999	12/16/2005	12/15/2008
	NOMINATED BY :							

pointed	By : AT Large							
5	Jay Robert Littman 7555 Tarpon Cove Cir Lake Worth FL 33467	Member	EA	561-439-7999	Business Owner	12/05/2	006 02/25/2008	02/24/2011
	•							
	NOMINATED BY:							
6	Lucille Karasick 14310 Strathmore Ln 207 Delray Beach FL 33446	Member	EA	561-495-2246	Consumer Of Fire Rescue Service	02/25/1	999 02/25/2008	02/24/2011
	NOMINATED BY:							
7	Titus Rich 617 Mangonia S Cir West Palm Beach FL 33401	Member	AA	561-775-5461	Consumer Of Fire Rescue Service	.12/15/19	999 12/16/2005	12/15/2008

NOMINATED BY:

FIRE RESCUE ADVISORY BOARD 2009 MEETING SCHEDULE

January 22, 2009 1:30 p.m. Everglades Room February 26, 2009 1:30 p.m. Everglades Room

March 26, 2009 1:30 p.m. Everglades Room

April 23, 2009 1:30 p.m. Everglades Room

May 28, 2009 1:30 p.m. Everglades Room

June 25, 2009 1:30 p.m. Everglades Room

July 23, 2009 1:30 p.m. Everglades Room

August 27, 2009 1:30 p.m. Everglades Room

September 24, 2009 1:30 p.m. Everglades Room

October 22, 2009 1:30 p.m. Everglades Room

November 19, 2009 1:30 p.m. Everglades Room

No Meeting In December!

PALM BEACH COUNTY FIRE RESCUE

Inter-Office Memorandum

DATE:

December 29, 2008

TO:

The Honorable Jeff Koons, Chair &

Members of the Board of County Commissioners

FROM:

Herman W. Brice, Fire Chief Palm Beach County Fire Rescue

RE:

Fire Rescue Advisory Board

The terms of Richard Galeta, Titus Rich and Michael Bornstein expired on December 15, 2008. They have expressed an interest in being reappointed to the Fire Rescue Advisory Board. Dr. Galeta represents the health care services category, Mr. Rich represents the consumer category and Mr. Bornstein represents the professional category.

The term of Kevin Justice expired on September 30, 2008. Since that time we have been unable to contact Mr. Justice in order to find out his interest in remaining on the board. Therefore, we are seeking a replacement to fill the financial representative category.

Please use the attached form if you wish to nominate these individuals or someone else to fill these vacancies on the Fire Rescue Advisory Board. Please forward nominations to Laurie Chau by Friday, January 16, 2009.

HWB/lc attachment