PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS BOARD APPOINTMENT SUMMARY

Meeting Date: September 15, 2009 Department

Submitted By: Community Services

Advisory Board: Community Action Advisory Board

I. EXCUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: appointment of the following representatives to the Community Action Advisory Board for terms beginning October 1, 2009, with staggered ending terms.

Appointment Yvette Coursey	Member Category Pub Sector Rep(At-Large)	Term Ending 9/30/2012	Nominated By Comm. Marcus Comm. Taylor Comm. Santamaria Comm. Koons
Vince Goodman	Pub Sector Rep(At-Large)	9/30/ 2010	Comm. Marcus Comm. Taylor Comm. Santamaria Comm. Koons
Pamela Williams	Pub Sector Rep(At-Large)	9/30/ 2011	Comm. Marcus Comm. Taylor Comm. Santamaria Comm. Koons

Summary: Today, a Public Hearing will be held to request the repeal of Ordinance No. 04-042. This Ordinance will be replaced by a Resolution establishing the Community Action Advisory Board. With adoption of the Resolution, a new fifteen member tripartite board is established. A nominating committee is meeting to identify potential members. One-third of the members are elected public officials or their representatives beginning their term on the date of appointment. The remaining Board will consist of one-third representing private sectors and one-third representatives of low-income individuals and families residing in the identified target areas. On August 10, 2009, 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 the ordinance. The Nominating Committee of the current Community Action Advisory Board has reviewed and approved the nominees listed above. (Community Action Program) <u>Countywide</u> (TKF).

Background and Justification: The Board of County Commissioners first created a Community Action Council Advisory Board (Board) in 1974. The impetus for developing this Board stems from the federal mandate to qualify Palm Beach County to receive Community Services Block Grant funds. The Board was subsequently reconstituted pursuant to Ordinance No. 04-042. A requirement for receipt of such funds is the establishment of a Community Services Block Grant Advisory Board. The Board will be reformed with the adoption of the Resolution and will serve as the Community Services Block Grant Advisory Committee.

Attachments:

Board Appointment Forms

Recommended by:	Chel will	8/28/2009
	Department Director	Date
Legal Sufficiency:	- AAR	813/09
	Assistant County Attorney	Date

A. Other Department Review:

Department Director

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Part 1:
Advisory Board Name: Community Action Program XdxIXIEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE
X At Large Appointment or District Appointment
Term of Appointment: <u>3</u> Years. From: <u>10/1/09</u> To: <u>9/30/12</u>
Seat Requirement:Public Representative - PBC BCC Seat #:
Reappointment or New Appointment
or to complete the Due resignation other to:
Completion of term to expire on:
Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT
Name: Coursey Yvette
Last First Middle
Occupation/Affiliation: Administrator
Business Name: Sickle Cell Foundation
Business Address: 1600 N. Australian Avenue
City & State West Palm Beach, FL Zip Code: 33407
Residence Address: P.O. Box 3823
City & State West Palm Beach, FL Zip Code: 33402
Home Phone: <u>661</u> 881-0277 Business Phone: <u>(561</u> 833-3113 ext.
Cell Phone: () Fax: (56) 881-8950
Email Address: cotomassociates@juno.com
Mailing Address preference: 🔲 Business Address 🔀 Residence
Minority Identification Code:IF (Native-American Female)IM (Native-American Indian Male) .AF (Asian-American Female)AM (Asian-American Male)BF (African-American Female)BM (African-American Male)HF (Hispanic-American Female)HM (Hispanic-American Male)WF (Caucasian Female)WM (Caucasian Male)
Part III: COMMISSIONER COMMENTS
Appointment to be made at BCC Meeting on: 9/15/09
*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: Huser Date:
Pursuant to Florida's Public Records Law, this document may be reviewed Revised 6/2007 and photocopied by members of the public.

	Community Acti	on Program	Advisory Boa	cđ	
X At]	Large Appointment	or	District App	ointment	
Term of Appoi	ntment: <u>1</u> Yea	urs. From	10/1/09	To: 9/30/10	
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Residence Add	dress 450 W	86th Street			
City & State		Beach, FL		le: 33404	
Home Phone:			Zip Coo	·	
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Signature:	me of		Date:		

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Part I: Advisory
Board Name: Community Action Program Administering Board
At Large Appointment or District Appointment
Term of Appointment: 2 Years. From: 10/1/09 To: 9/30/11.
Seat Requirement:Public Representative - PBC BCC Seat #:
Reappointment or New Appointment
or to complete the Due resignation other term of to:
completion of term to expire on:
<u>Part II:</u> APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT
Name: Williams Pamela Rose
Last First Middle
Occupation/Affiliation: RETIRED
Business Name:
Business Address:
City & State Zip Code:
D.p Couo,
Residence Address: 1572 W. 33rd Street
City & State Riviera Beach, FL Zip Code: 33404
Home Phone: 661 506-1370 Business Phone: () ext.
Cell Phone: () Same Fax: ()
Email Address: leoongo@yahoo.com
Mailing Address preference: 🛄 Business Address 🛛 🕱 Residence
Minority Identification Code:IF (Native-American Female)AF (Asian-American Female)AF (Asian-American Female)BF (African-American Female)HF (Hispanic-American Female)HF (Caucasian Female)WF (Caucasian Female)WF (Caucasian Female)
Part III: COMMISSIONER COMMENTS
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Number of previously disclosed voting conflicts during the previous term
Signature: Thoreman J. J. Date:
Pursuant to Florida's Public Records Law, this document may be reviewed Revised 6/2007 and photocopied by members of the public.

Part I:		NEE INFORMATI		
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<u>Part II:</u> APPLICA	NT, UNLESS EXEMPT	ED, MUST BE A COU	NTY RESIDENT	
Name: Willi	Lams Last	Pamela First	Rose Middle	<u>.</u> .
Occupation/Affiliation:	RETIRED			
- Business Name:		· · ·		
- Business Address:			•	
City & State		7: 0	•	
		Zip Co	de:	_
Residence Address:	1572 W. 33rd S	treet		
City & State	Riviera Beach,	FL Zip Co	de: 33404	-
Home Phone: 561	506-1370	_ Business Phone: _(_)ext.	
Cell Phone: ()	Same	_ Fax:)	
Email Address: 1000	go@yahoo.com		·	
Mailing Address prefere	nce: 🔲 Business Addr	ess 🔀 Residence	· · ·	
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Pursuant to Florida's Public I and photocopied by members	Records Law, this docume s of the public.	nt may be reviewed	Revised 6/2007	

<u>Part I:</u>
Advisory Board Name: <u>Community Action Program Administration Board</u>
X At Large Appointment or District Appointment
Term of Appointment: <u>3</u> Years. From: <u>10/1/09</u> To: <u>9/30/12</u>
Seat Requirement: Public Representative - PBC BCC Seat #:
kx *Reappointment or I New Appointment
or to complete the Due resignation other term of to:
Completion of term to expire on:
Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT
Name:Coursey Yvette
Last First Middle
Occupation/Affiliation:Administrator
Business Name: Sickle Cell Foundation
Business Address: 1600 N. Australian Avenue
City & State West Palm Beach, FL Zip Code: 33407
Residence Address: P.O. Box 3823
City & State West Palm Beach, FL Zip Code: 33402
Home Phone: <u>661</u> 881-0277 Business Phone: <u>(561 833-3113 ext.</u>
Cell Phone: () Fax: (56) 881-8950
Email Address: cotomassociates@juno.com
Mailing Address preference: 🔄 Business Address 🕱 Residence
Minority Identification Code:
IF (Native-American Female) IM (Native-American Indian Male)
AF (Asian-American Female) BF (African-American Female) AM (Asian-American Male) BM (African-American Male)
HF (Hispanic-American Female)
WF (Caucasian Female) WM (Caucasian Male)
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Number of previously disclosed voting conflicts during the previous term
Signature: Date: 8/11/09
Pursuant to Plorida's Public Records Law, this document may be reviewed Revised 6/2007 and photocopied by members of the public.

<u>Part I:</u>	BO ADVISOR	ARD OF C	A BEACH OUNTY C NOMINEI	OMMISSI			· .
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Term of Appo	ointment:	1 Years.	From:	10/1/0	9 I	o: 9/30	/10
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<u>Part II:</u>	APPLICAN	T, UNLESS I	EXEMPTED,	MUST BE A	– COUNTY	RESIDEN	T
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City & State			• ••••••••••••••••••••••••••••••••••••				
Residence Ac City & State		150 W. 361 Riviera Be	th Street each, FL	2	Zip Code:	33404	
Home Phone:	. (561	842-6421	Bu	siness Phone:	_()		ext.
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Cell Phone:	(56)						. •
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ADVISO	OARD OF CO RY BOARD N	UNTY COMINEE	UMMISSI SINFORM	UNERS	FORM		
Part I:							
Board Name: Commu	nity Action	Program	Administ	rring B	oard		
At Large App	ointment	or	Distri	ct Appoint	ment		
Term of Appointment: _	2 Years.	From:	10/1/09	Ť	o: 9/30 /	/1T	
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W111	iams Last		<u>Pamela</u> First		Ros Mid		
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Business Name:	•	•			<u></u>		
Business Address:					·····		
City & State		· · · · · · · · · · · · · · · · · · ·	2	Zip Code:			
Residence Address:	1572 W. 33	rd Stree	et		•	•	
City & State	Riviera Be	ach, FL	7	Zip Code:	33404		
Home Phone: 56) 506-1370	Bus	siness Phone:	-		ext.	<u></u>
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Email Address: 1e00	ngo@yahoo.co	•		· · ·			<u></u>
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BF (African-America HF (Hispanic-Americ	n Female)	🔲 BM (A	frican-Americ	can Male)			
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<u>Part 1:</u>
Board Name: <u>Community Action Program</u> Advisory Board
X At Large Appointment or District Appointment
Term of Appointment: 3 Years. From: 10/1/09 To: 9/30/12
Seat Requirement: Public Representative - PBC BCC Seat #:
x *Reappointment or I New Appointment
or to complete the Due resignation other term of
Completion of term to expire on:
Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT
Name: Coursey Yvette
Last First Middle
Occupation/Affiliation: Administrator
Business Name: Sickle Cell Foundation
Business Address: 1600 N. Australian Avenue
City & State West Palm Beach, FL Zip Code: 33407
Residence Address: P.O. Box 3823
City & State West Palm Beach, FL Zip Code: 33402
Home Phone:
Cell Phone: () Fax: (56) 881-8950
Email Address: cotomassociates@juno.com
Mailing Address preference: 🔲 Business Address 🛛 🕱 Residence
Minority Identification Code:IF (Native-American Female)AF (Asian-American Female)BF (African-American Female)HF (Hispanic-American Female)HF (Hispanic-American Female)WF (Caucasian Female)WF (Caucasian Female)
Part III: COMMISSIONER COMMENTS
Appointment to be made at BCC Meeting on: 9/15/09
*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: Cendy & De Filippo for Date: \$12109
Comm Karen T. Makeus Pursuant to Florida's Public Records Law, this document may be reviewed Revised 6/2007 and photocopied by members of the public.

<u>Part I:</u>	BOARD OF (ISORY BOARD		OMMISSION		
Board Name:	ommunity Actic	on Program	Advisory Bo	ard	
X At Larg	e Appointment	or	District Ap	opointment	
Term of Appointme	ent: <u>1</u> Year	s. From:	10/1/09	To: 9/30/10	
Seat Requirement:	Public Repres	entative	- PBC BCC	Seat #:	
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Part II: AP.	PLICANT, UNLESS	EXEMPTED,	MUST BE A COU	UNTY RESIDENT	
Name:	Goodman		Vincent	R.	
	Last	· .	First	Middle	
Occupation/Affilia	ation: RETIR	ED	. ·		
Business Name:				•	<u>.</u>
Business Address:		<u></u>			
City & State			7:n (Code:	
City & State	. <u> </u>		Zip C		
Residence Address	s: 450 W. 3	6th Street	t		·
City & State	Riviera	Beach, FL	Zip (Code: 33404	
Home Phone:	(56) 842-642	1 B	usiness Phone: _() ex	:t
Cell Phone:	(56) 313-457	6 F	ax:()	
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Émail Address:	preference: 🔲 Bus	siness Address	X Residence		
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soard Name: Com	munity Action Program Advisory Board
X At Large A	Appointment or District Appointment
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	Public Representative - PBC BCC Seat #:
×*Reappoint	ment or 🗖 New Appointment
or 🔲 to complet	te the Due 🔲 resignation 🛄 other
term of Completion of term to	to:
expire on:	
<u>Part II: APPL</u>	LICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT
Name:	Goodman Vincent R.
	Last First Middle
Occupation/Affiliatio	n: <u>RETIRED</u>
Business Name:	
Business Address:	
City & State	Zip Code:
Residence Address:	450 W. 36th Street
City & State	Riviera Beach, FL Zip Code: 33404
Home Phone:	(56) 842-6421 Business Phone: () ext.
Cell Phone:	(56) 313–4576 Fax: ()
Email Address:	· · · · · · · · · · · · · · · · · · ·
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Part III: COMMI	SSIONER COMMENTS

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Signature:	Jo Mu	Y F00	<u>m</u>	Date:	8-17-09
Pursuant to Floric and photocopied 1	by members of the	ie public.	cument may be re	viewed	Revised 6/2007
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Part I:	ORY BOARD I				
Board Name: <u>Comm</u>	unity Action	Program	Administe	ring Board	
At Large A	ppointment	or	Distric	t Appointment	· .
Term of Appointment:	2 Years.	From:	10/1/09	To: 9/30)/1T.
Seat Requirement:	ublic Represe	ntative	- PBC BCC	Seat #:	······································
X]*Reappointn	nent	or	New A	ppointment	. •
or ito complete term of	.the		Due to:	resignation	other
Completion of term to expire on:					
Part II: APPLI	CANT, UNLESS E	XEMPTED,	MUST BE A G	COUNTY RESIDE	NT
	liams		Pamela		se
	Last	· · · · · · · · · · · ·	First		ddle
Occupation/Affiliation	RETIRED				
Business Name:			· ·	······································	
Business Address:		· · ·			
City & State	••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·		p Code:	· .
	• •• •••				**
Residence Address:	1572 W. 3	3rd Stre	et		•
City & State	Riviera B	each, FL	Zi	p Code: 33404	
Home Phone:	61 506-1370	Bu	siness Phone:	_(_)	ext.
Cell Phone: () Same	Faz	c:	()	
Èmail Address: 1ec	ongo@yahoo.c	óm		********	•
Mailing Address prefe	erence: 🔲 Busine	ss Address	X Residence		
Minority Identificatio	n Code: an Female)			4 T. 11. 37.1 X	
AF (Asian-America BF (African-Ameri	in Female)	🔲 AM (A	ative-American sian-American	Male)	
HF (Hispanic-Ame	rican Female)	HM (H	frican-America spanic-Americ	n Male) an Male)	
WF (Caucasian Fem	ale)	WM (C	aucasian Male)		
Part III: COMMISS					•
Appointment to be mad	· · -	eres	5/09		
*When a person is bei conflicts shall be consi	ng considered for a dered by the Board	e-appointm d of County	ent, the numbe Commissioner	er of previous disc s.	losed voting
Number of pr	viously disclosed v	oting conflic	ts during the pr	evious term	
Signature:	ut loup		_ Date		9
Pursuant to Eloridade Dubl	ic Records Law, this	document may	be reviewed	Revised 6/2	2007
Pursuant to Florida's Publ and photocopied by memb	pers of the public.	·			· · · · ·

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<u>raiti</u>			
Board Name: <u>Communi</u>	ity Action Program A	dministering	Board
X At Large Appoi	intment or	District Appo	pintment
Term of Appointment:	3 Years. From:	10/1/09	To: 9/30/12
Seat Requirement: Publ	lic Representative -	PBC BCC	Seat #:
K *Reappointment	or	🗖 New Appoint	ment
or to complete the term of		Due	resignation 🔲 other
Completion of term to expire on:		10.	· · · ·
Part II: APPLICA	NT, UNLESS EXEMPTED, M	UST BE A' COUN	TY RESIDENT
Name: Cours	sey	Yvette	· · ·
· · · · · · · · · · · · · · · · · · ·	Last	First	Middle
Occupation/Affiliation:	Administrator		
Business Name:	Sickle Cell Foundat	ion	
Business Address:	1600 N. Australian	Avenue	
City & State	West Palm Beach, FL	Zip Cod	e: 33407
Residence Address:	P.O. Box 3823		
City & State	West Palm Beach, FI	Zip Cod	e: 33402
Home Phone: 661	881-0277 Busi	ness Phone:	1 833-3113 _{ext.}
Cell Phone: _()	Fax:	561	881-8950
Email Address: cotom	associates@juno.com		
Mailing Address preferen	nce: 🛄 Business Address 🚺	Residence	
Minority Identification C IF (Native-American I AF (Asian-American F BF (African-American HF (Hispanic-America WF (Caucasian Female	Female)IM (National Semale)Female)AM (Asional Semale)In Female)BM (Aframe Semale)In Female)HM (Hispan)	ive-American India ian-American Male ican-American Ma panic-American Ma ucasian Male)) le)
Part III: COMMISSIO	NER COMMENTS		
Appointment to be made a	t BCC Meeting on: 9/	15/09	-
*When a person is being conflicts shall be consider	considered for re-appointmer red by the Board of County C	nt, the number of p ommissioners.	previous disclosed voting
	ously disclosed voting conflicts		sterm
Signature:	u (Goor	Date:	
Pursuant to Florida's Public I and photocopied by members	Records Law, this document may b s of the public.		Revised 6/2007
		• •	