

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	20____	20____	20____	20____	20____
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u> <i>A</i> </u>	_____	_____	_____	_____
No. ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included In Current Budget? Yes _____ No _____
 Budget Account No.: Fund _____ Department _____ Unit _____
 Object _____ Reporting Category _____

**B. Recommended Sources of Funds/Summary of Fiscal Impact:
 NO FISCAL IMPACT**

C. Departmental Fiscal Review:

III. REVIEW COMMENTS

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

No fiscal impact.

 Dias 6/23/10
 OFMB

 Dr. J. Jaworski 6/24/10
 Contract Dev. and Control

mcB
 6/21/10 2/1/10

B. Legal Sufficiency:

 [Signature]
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Planning Commission

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: 6/2/10 To: 6/30/13

Seat Requirement: Not applicable Seat #: Not applicable

*Reappointment or New Appointment

or to complete the term of Not applicable Due resignation other to:

Completion of term to expire on: Not applicable

***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.**

0 Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: SHANNON SAM A
Last First Middle

Occupation/Affiliation: Retired (Former Planner)

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: _____

Residence Address: 1500 No. Swinton Ave

City & State: Delray Beach Zip Code: 33444

Home Phone: (561) -243-8167 Business Phone: () Ext. _____

Cell Phone: (561) -445-8875 Fax: ()

Email Address: SAM.SHANNON@COMCAST.NET

Mailing Address preference: Business Residence

Have you ever been convicted of a felony: Yes _____ No

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

- IF (Native-American Female)
- AF (Asian-American Female)
- BF (African-American Female)
- HF (Hispanic-American Female)
- WF (Caucasian Female)
- IM (Native-American Indian Male)
- AM (Asian-American Male)
- BM (African-American Male)
- HM (Hispanic-American Male)
- WM (Caucasian Male)

Applicant's Signature: Sam Shannon Date: 6/7/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: John F. Ford Date: _____

SAM SHANNON
1500 N. Swinton Avenue
Delray Beach, FL 33444
(561) 243-8167

EDUCATION

University of Miami
Bachelor degree – Geography

Florida State University
Masters degree – Urban and Regional Planning

WORK EXPERIENCE

Town of Jupiter, Director, Community Development Department

- Major accomplishment: Abacoa development

Palm Beach County, Assistant County Administrator

- Major accomplishment: Adoption of Palm Beach County Comprehensive Plan

Treasure Coast Regional Planning Council, Executive Director

- Major accomplishment: Started and managed the organization for nine years

City of Sanibel, Planning Director

- Major accomplishment: Adoption of the City of Sanibel Comprehensive Plan

Division of State Planning, Senior Planner

- Major accomplishment: Organized several state initiatives through the ten regional planning councils.

Metro Dade Planning Department, Senior Planner

- Major accomplishment: Participated in the preparation of comprehensive plans for four municipalities

APPOINTMENTS

State of Florida's Coastal Zone Advisory Committee by Governor Askew and Governor Graham

Environmental Land Management Study Commission (ELMS 2) by Government Graham



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
NONE			

Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Nora Bolivar at 561-233-5326 for other arrangements.

Acknowledgment of Receipt

NAME: SAM SHANNON
Print or Type

FIRM/COMPANY/ORGANIZATION: N/A

ADVISORY BOARD(S): PLANNING COMMISSION

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 6/7/10

Please sign and return this FORM to Nora Bolivar, Planning Division -2300 N. Jog Road, West Palm Beach, Florida 33411. A self-addressed envelope has been provided for your convenience.



**Department of Planning,
Zoning & Building**

2300 North Jog Road
West Palm Beach, FL 33411-2741
(561) 233-5000

Planning Division 233-5300
Zoning Division 233-5200
Building Division 233-5100
Code Enforcement 233-5500
Contractors Certification 233-5525
Administration Office 233-5005
Executive Office 233-5228
www.pbcgov.com/pzb



**Palm Beach County
Board of County
Commissioners**

- Burt Aaronson, Chair
- Karen T. Marcus, Vice Chair
- Jeff Koons
- Shelley Vana
- Steven L. Abrams
- Jess R. Santamaria
- Priscilla A. Taylor

County Administrator

Robert Weisman

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT
& CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: Nora Bolivar, Planning Division-2300 N. Jog Road, West Palm Beach, Florida 33411. If you cannot access this document on the web, please contact Nora Bolivar at 561-233-5326 for other arrangements.

Acknowledgment of Receipt

NAME: SAM SHANNON
Print or Type

ADVISORY BOARD(S): PLANNING COMMISSION

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 6/7/10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10