

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

Meeting Date: November 16, 2010

**Department
Submitted By:** Community Services

Advisory Board: Community Action Advisory Board

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Appointment and Re-appointment of the following representatives to the Community Action Advisory Board for terms ending September 30, 2013.

Appointment	Member Category	Term Ending	Nominated By
Alvin E. Colbert	Private Sector	9/30/13	Comm. J. Santamaria, Comm. K. Marcus
Valerie Mays	Low Income Sector	9/30/13	Comm. J. Santamaria, Comm. K. Marcus

Re-Appointment	Member Category	Term Ending	Nominated By
Vincent R. Goodman	Public Sector (At-Large)	9/30/13	Comm. J. Santamaria, Comm. K. Marcus
Gary B. Hawkins	Private Sector	9/30/13	Comm. J. Santamaria, Comm. K. Marcus
Elaine Gulley	Low Income Sector	9/30/13	Comm. J. Santamaria, Comm. K. Marcus, Comm. P. Taylor

Summary: The Community Action Advisory Board (CAAB) is a 15 member board comprised of one third elected public officials or their representatives, with the remaining members being business, industry, labor, religion, law enforcement, education or other major groups in the community. On September 8, 2010 and October 12, 2010, written notice was sent to each Commissioner to request nominations. The nominees above meet all applicable guidelines and requirements outlined in Resolution R2009-1549. The CAAB has reviewed and approved the nominees listed above. (Community Action) Countywide (TKF).

Background and Justification: The Community Services Block Grant contract requires the establishment of a Community Action Advisory Board and that the Board fully participates in the planning, implementation and evaluation of the Community Services Block Grant program to serve low-income communities. Including the current reappointments/appointments, the Board is comprised of 8 black females, 4 black males, 2 white females and there is 1 vacancy.

Attachments:

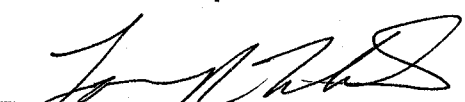
- 1) Resolution No. R-2009-1549
- 2) Board Appointment Forms

Recommended by:


Department Director

10/27/10
Date

Legal Sufficiency:


Assistant County Attorney

11/1/10
Date

II. REVIEW COMMENTS

A. Other Department Review:

Department Director

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, DESIGNATING THE BOARD OF COUNTY COMMISSIONERS AS THE COMMUNITY ACTION COUNCIL; ESTABLISHING THE COMMUNITY ACTION ADVISORY BOARD; DESIGNATING THE COMMUNITY ACTION ADVISORY BOARD AS THE COMMUNITY SERVICES BLOCK GRANT ADVISORY COMMITTEE; PROVIDING FOR ROLES AND RESPONSIBILITIES; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the U.S. Department of Health and Human Services (HHS) requires that recipients of Community Services Block Grant (CSBG) funds comply with the Community Opportunities, Accountability, and Training and Educational Services Act of 1998, as amended; and

WHEREAS, Section 676B, (b)(1) of that Act requires that a public entity administer the program through a tripartite board composed of members representing the public, private, and low-income sectors of the community; and

WHEREAS, the Community Services Block Grant provides funds for the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals to become fully self-sufficient; and

WHEREAS, Palm Beach County through the Department of Community Services wishes to comply with HHS requirements regarding the Community Action Advisory Board;

WHEREAS, the Board of County Commissioners was previously designated as the Community Action Council and the grantee for the CSBG program through ordinances 74-20 and 04-042, which have been repealed; and

WHEREAS, pursuant to ordinances 74-20 and 04-042, a Community Action Council Administering Board was established.

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

SECTION 1: DESIGNATION OF THE BOARD OF COUNTY COMMISSIONERS AS THE COMMUNITY ACTION COUNCIL AND CSBG GRANTEE

The Board of County Commissioners is hereby designated as the Community Action Council and the grantee of CSBG funding received by Palm Beach County.

SECTION 2: ESTABLISHMENT OF THE COMMUNITY ACTION ADVISORY BOARD AND DESIGNATION AS THE CSBG ADVISORY COMMITTEE

There is hereby established an advisory board to be known as the Community Action Advisory Board, hereinafter referred to as "Advisory Board." Said Advisory Board is

designated as the CSBG Advisory Committee pursuant to the CSBG guidelines of the State of Florida Department of Community Affairs.

SECTION 3: COMPOSITION

- A. The Advisory Board shall be comprised of fifteen (15) members, as follows:
- 1) One-third of the members of the Advisory Board shall be elected public officials holding office on the date of selection, or their representatives. A letter reaffirming agreement to serve as an Advisory Board member, or delegation to a representative, signed by the elected official, shall be required each year until the official's elective term ends.
 - 2) Not fewer than one-third (1/3) of the members of the Advisory Board shall be persons chosen in accordance with democratic selection procedures adequate to assure that they are representatives of low-income individuals and families in the target neighborhood served. Each representative of the low-income sector selected to represent a specific target neighborhood within the community must reside in the neighborhood served. The County will define what constitutes a target neighborhood.
 - 3) The remainder of the members of the Advisory Board shall be persons who can bring pertinent and significant resources from the private sector to the Community Action mission of assisting low-income persons to acquire greater control over their lives and to increase their degree of self-sufficiency.

SECTION 4: APPOINTMENTS, TERMS, VACANCIES AND COMPOSITIONS

- A. All members of the Advisory Board shall be residents of Palm Beach County, Florida at the time of appointment and while serving on the Advisory Board.
- B. Terms of office for the Advisory Board members shall be three (3) year terms. An individual may serve two (2) consecutive full terms. An individual may be eligible for reappointment for additional terms after they have been off of the Board for a minimum of two (2) years.
- C. Terms shall begin on October 1 and end on September 30.
- D. Terms shall be staggered such that one-third (1/3) of the Advisory Board members shall be selected each year.
- E. Nominations shall be requested by County staff upon adoption of this resolution and generally every year thereafter in a manner that will provide for appointment or reappointment prior to the term expiration. All nominations shall be approved by the Board of County Commissioners.
- F. A vacancy occurring during a term shall be filled for the unexpired term and in the manner prescribed above.
- G. All Advisory Board members serve at the pleasure of the Board of County Commissioners.

- H. Members appointed pursuant to Section 3.A.1) will no longer be eligible to serve on the Advisory Board if they, or the elected official they represent, no longer hold elected public office.

SECTION 5: AUTHORITY

- A. The Advisory Board shall have the authority and power to advise the Board of County Commissioners on the development, planning, implementation and evaluation of the CSBG program to serve low-income communities.
- B. Members shall be subject to the rules and procedures of the Advisory Board, if rules and procedures are created, and to the overall authority of the Board of County Commissioners of Palm Beach County, Florida.

SECTION 6: CODE OF ETHICS

Advisory Board members shall abide by the Palm Beach County Code of Ethics as stated in County Resolution 94-693 as may be amended.

SECTION 7: RESPONSIBILITIES

The responsibilities of the Community Action Advisory Board shall include the following:

- A. Conduct regular assessments of the circumstances of low-income individuals and families and of the resources available and needed in the community to support movement by low-income persons toward greater self-sufficiency;
- B. Create a forum for citizen participation that maximizes participation of those served so as to best stimulate and take full advantage of capabilities for self-advancement and assure that programs and projects are meaningful to and widely utilized by their intended beneficiaries;
- C. Participate fully in the development and implementation of programs and projects designed to serve the poor or low-income citizens of the County;
- D. Review and recommend programs and projects for the use of the CSBG funds;
- E. Foster and promote cooperation between governmental agencies, community-based non-governmental non-profit organizations and business interests in order to achieve the goals and outcomes of community action plans;
- F. Submit an annual report to the Board of County Commissioners on activities undertaken and accomplishments made during the preceding year;
- G. Receive reasonable advance notice of, and an opportunity to make recommendations, concerning:
- 1) Appointment of the program coordinator;
 - 2) Determination of overall program plans and priorities;
 - 3) Approval of program proposals and budgets;
 - 4) Enforcement of compliance with all conditions of federal and state grants;

- 5) Corrective measures to remove roadblocks affecting program implementation;
 - 6) Determination, subject to federal, state, and local regulations and policies, of rules of procedure for the Advisory Board;
 - 7) Any changes to this Resolution. In the event that the Advisory Board determines a public meeting is necessary to address any changes to this Resolution, said public meeting will be arranged prior to submission of any such change to the Board of County Commissioners.
- H. To perform such other duties as may be from time to time assigned by the Board of County Commissioners.

SECTION 8: MEETINGS

- A. The Advisory Board shall meet a minimum of ten (10) times a year; however, members may be required to attend additional meetings.
- B. A majority of the members appointed shall constitute a quorum for the conduct of the Advisory Board's business.
- C. In the presence of a quorum, Advisory Board business shall be conducted by a vote of a majority present and be governed by Robert's Rules of Order.
- D. The Chair shall have the authority to call emergency meetings, as is needed and appropriate, by informing members at least three (3) days in advance.
- E. Public notice of all Advisory Board meetings shall be provided consistent with the requirements of the Florida Department of Community Affairs and Florida laws, and all such meetings shall be open to the public at all times.

SECTION 9: OFFICERS

A Chair, Vice-chair, and Secretary shall be elected by a majority vote of the Advisory Board and shall serve for a term of one (1) year, but not to exceed two (2) consecutive terms in any one (1) office.

- A. Duties of the Chair:
 - 1) Call and set the agenda for Advisory Board meetings;
 - 2) Preside at Advisory Board meetings;
 - 3) Establish committees, appoint committee chairs and charge committees with specific tasks;
 - 4) Serve as primary liaison with program staff; and
 - 5) Perform other functions as the Advisory Board may assign by rule or order.
- B. The Vice-chair shall perform the duties of the Chair in the Chair's absence, and such other duties as the Chair may assign.
- C. The Secretary shall be responsible for Board record-keeping and documentation.

Vacancies in any officer position shall be filled for the remainder of the term by the Advisory Board.

SECTION 10: REMOVAL FOR LACK OF ATTENDANCE

Members of the Advisory Board shall be automatically removed for lack of attendance. Lack of attendance is defined as failure to attend three (3) consecutive meetings or failure to attend at least two-thirds of the meetings scheduled during a program year. Participation for less than three-fourths of a meeting shall constitute lack of attendance. Members removed under this paragraph shall not continue to serve until a new appointment is made and removal shall create a vacancy.

SECTION 11: EFFECTIVE DATE

This Resolution shall become effective upon approval by a majority vote of the Board of County Commissioners, Palm Beach County, Florida.

The foregoing Resolution was offered by Commissioner Marcus, who moved its adoption. The motion was seconded by Commissioner Vana, and upon being put to a vote, the vote was as follows:

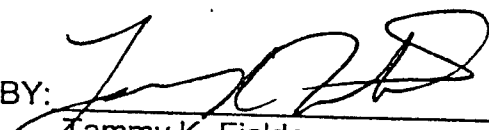
Commissioner Karen Marcus, District 1	<u>Aye</u>
Commissioner John F. Koons, District 2	<u>Aye</u>
Commissioner Shelley Vana, District 3	<u>Aye</u>
Commissioner Steven Abrams, District 4	<u>Aye</u>
Commissioner Burt Aaronson, District 5	<u>Aye</u>
Commissioner Jess Santamaria, District 6	<u>Aye</u>
Commissioner Priscilla Taylor, District 7	<u>Aye</u>

The Chairperson thereupon declared the Resolution duly passed and adopted this 15th day of September, 2009.

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

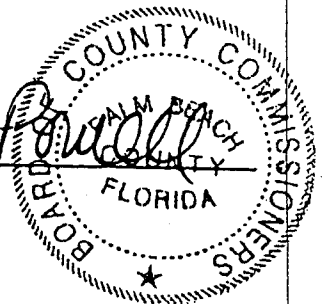
ATTEST:
SHARON R. BOCK,
CLERK & COMPTROLLER

BY:


Tammy K. Fields
Sr. Assistant County Attorney

BY:


Deputy Clerk



**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: PBC Community Action Advisory Board

☒ At Large Appointment or ☐ District Appointment

11/16/10

Term of Appointment: 3 Years. From: 10/1/10 To: 9/30/13

Seat Requirement: Private Sector - Lake Worth Utilities Seat #: _____

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due ☐ resignation ☐ other to: _____

Completion of term to expire on: _____

***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

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

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Colbert Alvin E
Last First Middle

Occupation/Affiliation: Customer Service Division Manager

Business Name: City of Lake Worth Customer Service

Business Address: 414 Lake Ave

City & State: Lake Worth, FL Zip Code: 33460

Residence Address: 2415 Wellington Green Dr.

City & State: Wellington, FL Zip Code: 33414

Home Phone: (561) 370-3526 Business Phone: (561) 533-7375 Ext.

Cell Phone: (561) 876-9118 Fax: ()

Email Address: AColbert@lakeworth.org

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) ☐ 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)

Applicant's Signature: Alvin E. Colbert Date: _____

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: Cindy L DeFilippo for Comm. Karen T. Marcus Date: 9/15/10

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~~11/16/10~~

Seat Requirement: Private Sector - Lake Worth Utilities Seat #: _____

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due ☐ resignation ☐ other to: _____

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Last First Middle

Occupation/Affiliation: Customer Service Division Manager

Business Name: City of Lake Worth Customer Service

Business Address: 414 Lake Ave

City & State: Lake Worth, FL Zip Code: 33460

Residence Address: 2415 Wellington Green Dr.

City & State: Wellington, FL Zip Code: 33414

Home Phone: (941) 370-3526 Business Phone: (561) 533-7375 Ext.

Cell Phone: (561) 876-9118 Fax: ()

Email Address: AColbert@lakeworth.org

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: _____

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<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
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<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: Alvin E. Colbert Date: _____

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: [Signature] Date: 9/14/10

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>

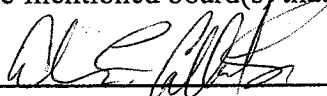
Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Alvin E. Gilbert Sr
Print or Type

ADVISORY BOARD(S): Community Action Advisory Bd.

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:  Date: 8/17/2010

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

Revised 3/15/10



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>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

☐ 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 {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgment of Receipt

NAME: Alvin E. Colbert
Print or Type

FIRM/COMPANY/ORGANIZATION: City of Lake Worth Customer Service

ADVISORY BOARD(S): Comm. Action Advisory Bd.

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: Alvin E. Colbert Date: 8/17/2010

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

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

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Seat Requirement: Low Income Sector - West Palm Beach Seat #: _____

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due ☐ resignation ☐ other to: _____

Completion of term to expire on: _____

***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: Mays Last Valerie First Monique Middle

Occupation/Affiliation: Teacher / Palm Beach County Resident

Business Name: _____

Business Address: _____

City & State: W.P.B., Florida Zip Code: 33407

Residence Address: 6017 41st Street

City & State: W.P.B., Florida Zip Code: 33407

Home Phone: (561) 429-3634 Business Phone: () Ext. _____

Cell Phone: (561) 856-8310 Fax: ()

Email Address: Valerie.mays@live.com

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:

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
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<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: Valerie Mays Date: 7/20/2010

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: [Signature] Date: 9/14/10

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☒ At Large Appointment

or

☐ District Appointment

Term of Appointment: 3 Years.

From:

11/16/10
~~10/1/10~~

To:

9/30/13

Seat Requirement: Low Income Sector - West Palm Beach

Seat #:

☐ *Reappointment

or

☒ New Appointment

or ☐ to complete the
term of _____

Due

☐ resignation

☐ other

to:

Completion of term to
expire on: _____

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APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name:

Mays

Last

Valerie

First

Monique

Middle

Occupation/Affiliation:

Teacher / Palm Beach County Resident

Business Name:

Business Address:

City & State

W.P.B., Florida

Zip Code:

33407

Residence Address:

6017 41st Street

City & State

W.P.B., Florida

Zip Code:

33407

Home Phone:

(561) 424-3034

Business Phone:

()

Ext.

Cell Phone:

(561) 856-8310

Fax:

()

Email Address:

valerie.mays@live.com

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: _____

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☐ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☐ WF (Caucasian Female)

☐ WM (Caucasian Male)

Applicant's Signature:

Valerie Mays

Date:

7/20/2010

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature:

Cindy DeFilippo for
Comm. Karen T. Marcus

Date:

9/15/10

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

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

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Acknowledgment of Receipt

NAME: Valerie May
Print or Type

ADVISORY BOARD(S): Community Action Program

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: Valerie May Date: 7/20/2010

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

Revised 3/15/10



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

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<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ 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 {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgment of Receipt

NAME: Valerie M. Mays
Print or Type

FIRM/COMPANY/ORGANIZATION: _____

ADVISORY BOARD(S): Community Action Program

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: Valerie Mays Date: 7/20/2010

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

Valerie M. Mays

Objective

To enrich and change the lives of children by implementing technology in education.

Experience

08/2008-Present

School District of Palm Beach County
JFK Middle Magnet School

Riviera Beach, FL

Educational Media Specialist (K-12)/Technology Coordinator

- Advise teachers and administrators on the use of non-print media, such as movies, audiotapes, filmstrips, and slide presentations. Ongoing realignment of student needs and media resources and use of said resources to help reinforce literacy and raise reading scores.
- Organize and facilitate information sessions/classes for teachers and administration to implement new technology/media in their classes to include: FCATEXplorer- FOCUS Florida Continuous Improvement Model, Gradequick, Edline, BrainPop, EInstruction CPS/Examview, NetTrekker.d.i., Learning Village, Discovery Education, Breeze Presenter, CoreK12 (Princeton Review), Gale Databases, Destiny Library Manager, ReadON!, SiteReporter, Synchroneyes/SMARTSync, TRAINU, Vodcasting/Podcasting, and RapidTrack. Develop new audiovisual materials for the school. Help teachers plan programs for their classes. Integrate new online media program for student and teacher use.
- Troubleshoot any hardware/software issues on campus if needed to include: reimaging computers, replacing hard-drives, loading all software, replacing the entire computer if the motherboard is bad. Create a student software job for all student computers and a teacher software job for consistency across all desktops.
- Leadership Team; Responsible for running EDW Reports for teachers and printing SAL-P's; Technology Dept. Chair; Instructor ELA (8); ComPASS Instructor and Technical Support; Instructor TV/Production; Support of Scholastic Databases/Read180/Reading Counts/SRI Testing Media Research; Peer Counseling POC; Yearbook Sponsor; Configuration of all new PX voice mailboxes for teachers.
- After School Tutor (Reading/Math/Science) & After School Secretary; Saturday Success Academy Coordinator; GradeQuick Manager; Edline SuperUser; Support and Train STST; Capital Assets Custodian; ID Badge/ Login POC; Create, and Distribute Student ID's; Coordinate Life Touch Picture Days. Assist/help coordinate Honor Roll Breakfast, successful participation in STAR Technology Survey, and Tech Tools Project; assist with ePep and Choices Planner; Professional Development Day.

08/2005-08/2008

School District of Palm Beach County
JFK Middle Magnet School

Riviera Beach, FL

Secondary Technology Support Technician/Technology Coordinator

- Manage, implement, streamline software/hardware for JFK Middle School; responsible for new and incoming software and/or hardware implementation by instructional and administrative staff. Troubleshoot any hardware/software issues on campus. Maintenance and repair of all technology hardware and software. Upkeep of technological supplies. Successful participation in STAR Technology Survey, and Tech Tools Project.
- Organize and facilitate information sessions/classes for teachers and administration to implement new technology in their classes and administrative duties respectively. Information sessions on the following programs include FCATEXplorer/FOCUS Florida Continuous Improvement Model, Gradequick, Edline, BrainPop, EInstruction CPS/Examview, NetTrekker.d.i., Learning Village, Discovery Education, Princeton Review, Gale Databases, ReadON!, Read, Write, and Gold, SiteReporter, Synchroneyes, Podcasting, and RapidTrack. Configuration of all new PX voice mailboxes for teachers; assist with ePep and Choices Planner; assist with Testing.
- Responsible for technology budget moving into the new school. Move of all technology into the new school. PD-9 of everything outdated and not going to the new school. Maintaining the inventory to update the 4.8 to 1 ratio for new computers to come into the school. Create requisitions for any and all new

Valerie M. Mays

computers and technology moving into the new school. Responsible for asset tagging all items over \$1000.

- WhiteHat/ComPass Technical Support; After school TV Production; Student Council Sponsor, Yearbook Assistant/Sponsor; GradeQuick Manager; Edline Superuser; Capital Assets Custodian; run EDW reports and print SAL-P's, Support of Scholastic Databases/Read180/Reading Counts/ SRI Testing. Assist/help coordinate Honor Roll Breakfast. Repair and maintain ITV and existing cable lines in the school.

08/2004-08/2005

School District of Palm Beach County

Riviera Beach, FL

JFK Middle Magnet School

Media Clerk

- Assist with TV/Production equipment, maintenance/repair/inventory; create school newsletter; assist teachers with copying, and laminating; Create, and Distribute Student ID's.
- Maintain media center circulation desk (Check In/Check Out, Shelving, and Book Repair); Troubleshoot A/V equipment in classrooms for repair. Minor computer repair.
- Inventory of all equipment/furniture at school – Capital Assets Custodian

08/2003-08/2004

School Board of Palm Beach County

Riviera Beach, FL

JFK Middle Magnet School

Attendance Clerk

- Daily input of all attendance discrepancies, make available to all teachers a compilation for discrepancy of students absent for correction from the day prior; Coordinate student aides for attendance pick-up, and daily data entry of attendance turned in and manual configuration of call out to go out per the afternoon scan every day by 4pm.
- Run scanners twice daily (am and pm).
- Conference with parents/guidance coordinator re: Truancy
- Prepare Truancy package for Guidance coordinator with supporting documentation.

Education and Skills

December 2006

Palm Beach Atlantic University

West Palm Beach, FL

B.S. Organizational Management

Concentration Organizational Behavior

M.S. Organizational Leadership (December 2010)

Computer Skills & Experience

- Operating Systems-Windows 7 , Vista, and XP, Mac OS X, Linux
- Microsoft Office Suites - Microsoft Office 2007; 2003; XP Prof Edition.
- Adobe Acrobat 10, Pagemaker, Photo; Arcsoft Photostudio, MGI PhotoSuite 7; any photo editing software and or digital editing software to include iLife, iMovie, and Final Cut Express.
- Knowledge of Remote Desktop-Altiris Deployment; Voice Over IP; downloading software; Networking printers; install of Ethernet and firewire cards; support online educational Edline/GradeQuick and eCollege Programs. FCATEXplorer- FOCUS Florida Continuous Improvement Model, Gradequick, Edline, BrainPop, EInstruction CPS/Examview, NetTrekker.d.i., Learning Village, Discovery Education, Breeze Presenter, CoreK12 (Princeton Review), Gale Databases, DestinyWebcat Library Manager, ReadON!, SiteReporter, Synchroneyes/SMARTSync, Moodle/TRAINU, Vodcasting/Podcasting, and RapidTrack
- In process of learning Adobe Dreamweaver, Fireworks, and Flash; Vlogging; and SQL Server and PHP.
- Type 40 wpm; 10 key calculator

Valerie M. Mays

Educational Certification

- Educational Media Specialist (K-12)
- E.S.E. (K-12)
- Middle Grades Integrated Curriculum (5-9)

References

References are available on request.

**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: PBC Community Action Advisory Board

☒ At Large Appointment

or

☐ District Appointment

11/16/10

Term of Appointment: 3 Years.

From: 11/16/10

To: 9/30/13

Seat Requirement: Public Sector

Seat #: _____

☒ *Reappointment

or

☐ New Appointment

or ☐ to complete the
term of _____

Due ☐ resignation ☐ other
to: _____

Completion of term to
expire on: _____

***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: _____

Goodman
Last

Vincent
First

R
Middle

Occupation/Affiliation: Retired

Business Name: _____

Business Address: _____

City & State: _____

Zip Code: _____

Residence Address: _____

City & State: Riviera Beach Fla

Zip Code: 33404

Home Phone: (561) 842-6421

Business Phone: ()

Ext. _____

Cell Phone: (561) 313 45-76

Fax: ()

Email Address: Myrtice Goodman@yahoo.com

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)

☐ 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)

Applicant's Signature: Vincent R Goodman

Date: 8/25/2010

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: [Signature]

Date: 9/14/10

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

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Seat Requirement: Public Sector

Seat #: _____

☒ *Reappointment

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☐ New Appointment

or ☐ to complete the
term of _____

Due ☐ resignation ☐ other
to: _____

Completion of term to
expire on: _____

***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: Goodman Vincent R
Last First Middle

Occupation/Affiliation: Retired

Business Name: _____

Business Address: _____

City & State: _____

Zip Code: _____

Residence Address: _____

City & State: Riviera Beach Fla

Zip Code: 33404

Home Phone: (561) 842-6421

Business Phone: ()

Ext. _____

Cell Phone: (561) 313-4576

Fax: ()

Email Address: Myrtice Goodman@yahoo.com

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)

☐ 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)

Applicant's Signature: Vincent R Goodman Date: 8/25/2010

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: Cindy L DeJulippo for
Comm Karen T. Marens

Date: 9/15/10

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: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Vincent R. Goodman
Print or Type

ADVISORY BOARD(S): Community Action Advisory Board

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: Vincent R. Goodman Date: 8/25/2010

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10



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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

OR

X 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 {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgment of Receipt

NAME: Vincent R. Goodman
Print or Type

FIRM/COMPANY/ORGANIZATION: _____

ADVISORY BOARD(S): Community Action

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: Vincent R. Goodman Date: 9-21-10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

**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: PBC Community Action Advisory Board

☒ At Large Appointment

or

☐ District Appointment

11/16/10

Term of Appointment: 3 Years.

From: ~~10/1/10~~

To: 9/30/13

Seat Requirement: Private Sector

Seat #: _____

☒ *Reappointment

or

☐ New Appointment

or ☐ to complete the
term of _____

Due ☐ resignation ☐ other
to: _____

Completion of term to
expire on: _____

***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: HAWKINS SR. GARY BERNARD
Last First Middle

Occupation/Affiliation: Program Manager

Business Name: Workforce Alliance

Business Address: 1951 North Military Trail-D

City & State: West Palm Beach, FL Zip Code: 33409

Residence Address: 1500 North Congress Avenue A-15

City & State: West Palm Beach, FL Zip Code: 33401

Home Phone: (561) 615-8867 Business Phone: (561) 340-1060 Ext. 2336

Cell Phone: (561) 758-4885 Fax: (561) 340-1057

Email Address: ghawkins@pbcalliance.com

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: N/A

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)

Applicant's Signature: Gary Bernard Hawkins Sr. Date: 8/28/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: J. S. Siferman Date: 9/14/10

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

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

Board Name: PBC Community Action Advisory Board

☒ At Large Appointment

or

☐ District Appointment

11/16/10

Term of Appointment: 1 3 Years.

From: ~~10/16/10~~

To: 9/30/13

Seat Requirement: Private Sector

Seat #: _____

☒ *Reappointment

or

☐ New Appointment

or ☐ to complete the
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Due ☐ resignation ☐ other
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0 Number of previously disclosed voting conflicts during the previous term

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APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: HAWKINS SR. CORY BERNARD
Last First Middle

Occupation/Affiliation: Program Manager

Business Name: WORKFORCE Alliance

Business Address: 1951 North Military Trail-D

City & State: West Palm Beach, FL Zip Code: 33409

Residence Address: 1500 North Congress Avenue A-15

City & State: West Palm Beach, FL Zip Code: 33401

Home Phone: (561) 615-8867 Business Phone: (561) 340-1060 Ext. 2336

Cell Phone: (561) 758-4885 Fax: (561) 340-1057

Email Address: ghawkins@pbcalliance.com

Mailing Address preference: ☒ Business ☐ Residence

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If Yes, state the court, nature of offense, disposition of case and date: N/A

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☐ HM (Hispanic-American Male)

☐ WF (Caucasian Female)

☐ WM (Caucasian Male)

Applicant's Signature: [Signature] Date: 8/28/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: Cindy L De Saloppo for
Comm. Karen T. Markus

Date: 9/15/10

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

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

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Acknowledgment of Receipt

NAME: GARY B. HAWKINS SR
Print or Type

ADVISORY BOARD(S): Community Action Advisory

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: GARY B. HAWKINS SR Date: 8/28/10

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

Revised 3/15/10



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

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<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ 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 {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgment of Receipt

NAME: GARY B. HAWKINS Sr.
Print or Type

FIRM/COMPANY/ORGANIZATION: Workforce Alliance

ADVISORY BOARD(S): Community Action Advisory

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: Gary B. Hawkins Sr. Date: 8/28/10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

GARY B. HAWKINS SR.
1500 North Congress Avenue A-15
West Palm Beach, Florida 33401
(561) 615-8867 (H) (561) 758-4885 (C)

OBJECTIVE

Become a member of the Community Action Advisory Board utilizing my 19 years of career development, counseling, staff motivation, monitoring, managing, and goal setting skills.

SUMMARY of QUALIFICATIONS

- Demonstrates strong communications and interpersonal skills
- Proven ability to work hard, establish trust, and pay attention to detail
- Strong operations, customer service, public relation skills and effective judgment
- Experienced in training, developing, monitoring and reviewing reports and evaluating personnel
- Ability to produce results under adverse conditions

PROFESSIONAL EXPERIENCE

Workforce Alliance

Center Manager

2007 – Present

Proactively identifies key business/organizations in the local community establishing enduring working relationships while promoting Workforce Alliance programs and services. Work across boundaries with Business Services and Community Relations to coordinate involvement in the community and to ensure Workforce Alliance mission and goals are met. Manages the maintenance and administration of the Career Center facility. Ensure facility is in compliance with OSHA requirements and leads the Career Center on all Emergency Preparedness making sure plans are current. Handles elevated customer complaints within the Career Center and achieves complaint resolutions. Observes staff to ensure quality customer service is delivered to all customers and that Workforce Alliance policies and procedures are adhered to.

Arbor E&T, LLC

Center Manager

2006 – 2007

Responsible for overseeing the functional operations of the assigned Workforce Center. Monitors and assists with the implementation of project goals and objectives. Monitors and implements actions to meet designed plans. Manages daily project operations and staff. Ensures development, completion, and implementation of desk procedures for all programs for all functional areas. Responsible for effective communication and administration of policies and procedures and staff development.

Agency for Workforce Innovation

Employment Security Rep II - (Job Corps)

2006 - 2006

Coordinate and develop a local outreach plan through planned contact with and presentations to employers, community based youth development agencies, career days, job fairs, one-stop centers, schools and other state agencies with emphasis on Job Corps' Career Development System. Provide case management services to all eligible applicants: applicant intake, One-Stop Center registration and orientation, provide counseling/guidance, develop a Personal Career Development Plan, refer applicants to training, enroll applicants in training and develop a 30/60 day follow-up support plan. Conduct behavior backgrounds checks, collect and analyze school and medical records. Refer students to Job Corps centers, monitor and review the application process to ensure suitability of applicants for Job Corps. Provide on-sight Technical Assistance to ensure suitability of applicants and Provides quality review of applicant's folders within assigned geographic area.

ArborE&T, LLC

Career Consultant - WIA

2006 - 2006

Managed a case load of WIA customers providing required services as needed. Provided case management focusing on helping customer obtain employment. Duties included: intake, interviewing, eligibility verification, referrals to supportive services, employer services, job coaching, job search, and orientation/classroom instruction. Facilitated customer access to training, education, and employment services, as well as, job-specific information. Ensured that referrals are processed and initial assessments are conducted in a timely manner. Ensured that case documentation meets regulatory guidelines.

ACS State and Local Solutions, West Palm Beach, FL

Environment Specialist - Alternative Education

2004 - 2006

Provided Behavior Intervention and fostered the highest level of professional conduct from all Associates and maintained a physical and social environment in which only professional behavior is tolerated. Ensured that Associate behavior was consistent with all ACS policies and procedures. Acted as direct liaison between ACS and local law enforcement and evaluated, recommended, and implemented changes that maintained and increased the safety and professionalism of the floor.

Account Executive - WIA

2003 - 2004

Facilitate center orientation and application process, Provide customer with labor market information and job search services. Data entry into OSMIS, CIS, and ODDS computer systems. Provide job search assistance to customers through JIS state computer system, career center job postings, and computer web sites, also provided resume and cover letter assistance. Responsible for monthly case management, placement and retention. Also issued and reconciled monthly gas cards and bus passes for WIA and Wages case managers •.

Lead Account Executive - WAGES

2000 - 2003

Development of CWEP contracts sites for participants, Marketing to local business communities and providing presentations to educate the business community. Utilize and update ISS for customer's progress. Provided case management for medical deferred customers, scheduled and completed hardship process for customer, complied weekly and monthly reports for case managers, assured red and green reports measurements were being accomplished. Also complied weekly and monthly reports for WIA and WAGES billing for placements and retention. Back up to service center manager when out of office, provided training for staff for new computer system for OSST, also provided training for CIS, ODDS and JIS state system. Updated staff on new laws and procedures. Also back up for job club facilitator. Responsible for processing applications, ISS, supportive services, placement and retention for the RITA program.

Lead Account Executive In School/Out of School Youth Program

2001 - 2003

Responsible for implementation of program, facilitated orientation collected required documentation and completed application process. Administered and implemented job club curriculum, completed ISS to document customer goals and needs. Provided customers assistance with job placement, determine training needs for qualified customers, issued referrals and supportive services for customers in training and seeking employment. Complied weekly and monthly reports for WIA and WAGES placement and retention billing, documents all services for case management.

Lockheed Martin, Riviera Beach, FL

Account Executive - WAGES

1997 - 2001

Implemented new process for WAGES pilot program, scheduled customer for orientation process, referred customer to accountable activity, provided supportive services as needed for childcare, and transportation, scheduled customer for next required activity, maintained updated case management. Also assisted with job club activities, developed CWEP contracts, developed employer contacts and referred customer to employment opportunities. Trained new employees on WAGES process and data entry into state system. Processed hardship request for approval. Implementation and coordination of Summer Youth Program.

Education

Florida Certified Workforce Professional 1 & 2

2003, 2009

Tennessee Tech University, Cookeville, TN

Business Administration

1979 - 1981

Palm Beach Gardens High School, P. B. Gardens, FL

Diploma

1979

**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: PBC Community Action Advisory Board

☒ At Large Appointment

or

☐ District Appointment

11/16/10

Term of Appointment: 3 Years.

From:

10/1/10

To: 9/30/13

Seat Requirement: Low Income Sector

Seat #: _____

☒ *Reappointment

or

☐ New Appointment

or ☐ to complete the
term of _____

Due

☐

resignation

☐

other

to:

Completion of term to
expire on: _____

***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:

Gulley

Last

Elaine

First

Thomas

Middle

Occupation/Affiliation:

Registered Nurse

Business Name:

Lake Side Medical Center

Business Address:

39200 Hooker Highway

City & State

Belle Glade FL

Zip Code:

33430

Residence Address:

2360 East Main Street

City & State

Pahokee FL

Zip Code:

33476

Home Phone:

(561) 924-2397

Business Phone:

(561) 996-6571 Ext. 114

Cell Phone:

(561) 985-4066

Fax:

()

Email Address:

elaine.gulley@ATT.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)

☐ 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)

Applicant's Signature:

Elaine Gulley

Date:

9/7/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature:

James D. Softman

Date:

10/18/10

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.

Revised 1/2010

**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: PBC Community Action Advisory Board

☒ At Large Appointment or ☐ District Appointment
11/16/10

Term of Appointment: 3 Years. From: 11/16/10 To: 9/30/13

Seat Requirement: Low Income Sector Seat #: _____

☒ *Reappointment or ☐ New Appointment

or ☐ to complete the term of _____ Due ☐ resignation ☐ other to: _____

Completion of term to expire on: _____

***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: Gulley Last Elaine First Thomas Middle

Occupation/Affiliation: Registered Nurse

Business Name: Lakeside Medical Center

Business Address: 39200 Hooker Highway

City & State: Belle Glade FL. Zip Code: 33430

Residence Address: 2360 East Main Street

City & State: Pahokee FL. Zip Code: 33476

Home Phone: (561) 924-2397 Business Phone: (561) 996-6571 Ext. 114

Cell Phone: (561) 985-4066 Fax: ()

Email Address: elaine.gulley@ATT.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:

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
<input type="checkbox"/> AF (Asian-American Female)	<input type="checkbox"/> AM (Asian-American Male)
<input checked="" type="checkbox"/> BF (African-American Female)	<input type="checkbox"/> BM (African-American Male)
<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: Elaine Gulley Date: 9/7/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: [Signature] Date: 9/17/10

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: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Elaine Thomas Gulley
Print or Type

ADVISORY BOARD(S): PBC Community Action Advisory Board

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: Elaine Gulley Date: 9/7/10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10



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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ 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 {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgment of Receipt

NAME: Elaine Thomas Gully
Print or Type

FIRM/COMPANY/ORGANIZATION: _____

ADVISORY BOARD(S): PBC Community Action Advisory Board

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: Elaine Gully Date: 9/7/10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

%20School%20Finance%20in%20Texas.pdf

- Student Assessment and Performance, Center for Public Policy Priorities, 1998
[http://www.cppp.org/files/10/Microsoft%20Word%20-](http://www.cppp.org/files/10/Microsoft%20Word%20-%20Student%20Assessment%20and%20Performance.pdf)

%20Student%20Assessment%20and%20Performance.pdf

- The State of Texas Children, Fact book 3, Center for Public Policy Priorities, 1998
- Helping Hands: Social Services for Children in Texas: A fact book reporting on indicators of child well being for every county in Texas, Center for Public Policy Priorities, 1997
- African American Children in Texas, Center for Public Policy Priorities, 1997
- Preventing Child Death, 1997
- Child Violent Death in Texas, 1995
- Hispanic Children in Texas, 1995
- Coordinated Services for Children's Mental Health: A Process Evaluation. *The Journal of Mental Health Administration*, 1995 (with Rosemary Ellmer and Laura Lein). Peer reviewed.
- The State of Texas Children: A fact book reporting on indicators of child well being for every county in Texas, 1994

CURRENT VOLUNTEER AND BOARD SERVICE

- Member, Child and Family Connections Board 2009- present
- Returning Vets Behavioral Healthcare Task Forces in South Florida, Co-Chair 2010
- Mental Health Advisory Committee for Palm Healthcare Foundation, 2010



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. The prohibition will not apply to contracts already in place on May 1, 2010, but will apply to any renewals or amendments to these contracts. This conflict of interest can be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting. 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☒ At this time, I have no contracts with the Board of County Commissioners
able R 2-010 0044 was in place on May 1, 2010
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, or have any questions, please contact Patty Hindle at (561) 355-3229.

Acknowledgment of Receipt

NAME: Pamela Gionfriddo
Print or Type

ADVISORY BOARD(S): Citizen's Advisory Committee on Health & Human Services

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: Pamela Gionfriddo Date: 9-8-10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

3/19/10



County Administration
P.O. Box 1989
West Palm Beach, FL 33402-1989
(561) 355-2030
FAX: (561) 355-3982
www.pbcgov.com

**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

"An Equal Opportunity
Affirmative Action Employer"



printed on recycled paper

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.

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<http://www.pbcgov.com/ethics/advisory.htm>

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Acknowledgment of Receipt

NAME: Pamela Gionfriddo
Print or Type

ADVISORY BOARD(S): Citizen's Advisory Committee for HH

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: Pamela Gionfriddo Date: 9-8-10

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

Revised 3/19/2010