

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

**BOARD APPOINTMENT SUMMARY**

Meeting Date: January 24, 2012  
Department: Office of Equal Opportunity  
Submitted By: Office of Equal Opportunity  
Advisory Board Name: Handicapped Accessibility and Awareness Grant Review Committee

**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to approve: Reappointment of two (2) and Appointment of three (3) at-large members to the Handicapped Accessibility and Awareness Grant Review Committee (Grant Review Committee) for a two-year period beginning January 24, 2012 through January 23, 2014. These are at-large appointments to be made from the following list of nominees:

<b><u>Reappointments:</u></b>	<b><u>Seat No.</u></b>	<b><u>Nominated by:</u></b>
Roberta Van Sickle	1	Comm. Marcus Comm. Burdick Comm. Taylor

William Lapp	4	Comm. Vana Comm. Marcus Comm. Burdick Comm. Taylor
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<b><u>New Appointments:</u></b>	<b><u>Seat No.</u></b>	<b><u>Nominated by:</u></b>
Pamela White	2	Comm. Marcus Comm. Taylor

Jerome C. Goldstein	3	Comm. Marcus Comm. Burdick Comm. Taylor
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Thomas A. Hogarth	5	Comm. Marcus Comm. Taylor Comm. Burdick
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Summary: (cont'd on Page 3)

Justification and Background (cont'd on Page 3)

**Attachments:**

1. Memorandum requesting nominations
2. Board Appointment Information & Code of Ethics Forms (5)
3. Biographies/Resumés
4. Current List of Grant Review Committee Members
5. BCC Resolution No. R-92-1890

Recommended by:

Department Director

Date

Legal Sufficiency:

Assistant County Attorney

Date

**Summary:** This Committee is comprised of nine (9) members. All members must be residents of Palm Beach County and a person with disabilities or advocate for persons with disabilities. These appointments are necessary to fill five (5) of the nine (9) vacancies on the Grant Review Committee as a result of multiple expired terms. All terms expired on August 27, 2009. All appointments are for a term of two (2) years and are at-large. Mr. Lapp has disclosed that he serves on the board of directors of three non-profit agencies including one in which his wife is the executive director. Disclosure of this relationship is being provided in accordance with the provision Sect. 2-443, of the Palm Beach Code of Ethics. Mr. Lapp requested and received an advisory opinion from the Palm Beach County Ethics Commission dated September 14, 2011 which opined that Mr. Lapp is not prohibited for serving on this Committee. The advisory opinion is attached. Additionally, the Committee provides no regulation, oversight, management, or policy-setting recommendations regarding those three non-profit agencies. Countywide (TKF)

**Background and Justification:** Pursuant to BCC Resolution No. R-92-1890, members of the Grant Review Committee shall be advocates for and/or persons with disabilities in the community and residents of Palm Beach County. Members of the Committee are responsible for reviewing proposals made by non-profit agencies for funding to improve accessibility and to increase public awareness for physically disabled persons. The Committee meets once a year to review proposals and make recommendations to the BCC on the award of Handicapped Accessibility Grants funds. Including the current reappointments/appointments, the Committee has a diversity composition of one (1) White female, one (1) Black female and three (3) White males. Three (3) of the five (5) are persons with disabilities and two (2) are advocates for persons with disabilities.

## **II. REVIEW COMMENTS**

A. Other Department Review:

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Department Director



DEC - 6 2011

## MEMORANDUM

**DATE:** 30 November 2011

**TO:** Commissioner Shelley Vanna, Chair and  
Members of the Board of County Commissioners

**FROM:** Pamela Guerrier, Director  
Office of Equal Opportunity *Pamela*

**RE:** *Handicapped Accessibility and Awareness  
Grant Review Committee At-Large Appointments*

The terms of the members appointed to the Handicapped Accessibility and Awareness Committee expired on August 27, 2009. All nine (9) members of this Committee are at-large appointees. We seek your support for the candidates below or your recommendations of other candidates for consideration for this Committee.

This Committee was created by BCC Resolution No. 92-1890 and serves to review grant applications for awards to non-profit agencies to improve accessibility and equal opportunity for Palm Beach County residents who are disabled. Appointments are for a two-year term. The Resolution requires that appointees be residents of the County and be advocates for persons with disabilities and/or representative of persons with disabilities in the community.

Currently, two (2) former Committee members have expressed their willingness to be reappointed: Robert Van Sickle and William Lapp. Additionally, staff is recommending the appointment of three (3) individuals: Pamela White, Dr. Jerome Goldstein and Thomas Hogarth.

Office of Equal Opportunity  
5 N. Olive Avenue, Suite 130  
West Palm Beach, FL 33401  
(561) 355-4884  
FAX: (561) 355-4932  
www.pbcgov.org/equalopportunity

Palm Beach County  
Board of County  
Commissioners

Shelley Vana, Chair

Steven L. Abrams, Vice Chair

Karen T. Marcus

Paulette Burdick

Burt Aaronson

Jess Santamaria

Priscilla A. Taylor

County Administrator

Robert Weisman

"An Equal Opportunity  
Affirmative Action Employer"



Please note that Mr. Lapp has disclosed that he serves on the board of directors of three non-profit agencies including one in which his wife is the executive director. Disclosure of this relationship is being provided in accordance with the provision of Sect. 2-443, of the Palm Beach County Code of Ethics. Mr. Lapp requested and received an advisory opinion from the Palm Beach County Ethics Commission dated September 14, 2011 which opined that Mr. Lapp is not prohibited from serving on this Committee. The advisory opinion is attached.

Attached are completed Advisory Board Nominee Information Forms for the five (5) individuals referenced above. If the appointments of these nominees meet your approval, please sign the forms and return them to our office. Additionally, please also provide suggested nominees. It is our intention to have this matter submitted for consideration at the January 24, 2012 meeting of the BCC.

If there are any questions concerning this request, or if additional information is needed, please contact me at 355-2558.

cc: Brad Merriman, Assistant County Administrator  
Tammy K. Fields, Sr. Assistant County Attorney

**BOARDS/COMMITTEES APPLICATION CHECKLIST**

**This form must be completed by Staff and accompany the Board Appointment Item**

Proposed BCC Date: January 24, 2012

Dept/Division: Office of Equal Opportunity\_\_\_\_\_

Applicant's Name: Roberta Van Sickle

Board/Committee Name: Handicap Accessibility and Awareness Grant Review Committee

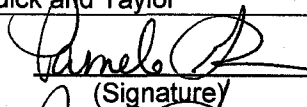
Purely Advisory [ x ]    Not Purely Advisory [   ]

#	Description	Yes	No	N/A
1.	Is Part I fully completed and correct?	X		
2.	Is Part II fully completed?	X		
3.	Biography or resume included?	X		
4.	Is Applicant a Palm Beach County resident?	X		
a.	If "No", please explain:			
5.	Did Applicant disclose felony conviction?		X	
a.	If "Yes", did staff review information?			
b.	Based on review, does staff recommend Applicant for consideration?	X		
c.	Please explain:			
6.	Did Applicant disclose contractual relationship(s)? If "Yes" complete Questions "a" through "b" below: If "No" skip to Question 7:		X	

a.	List Each Contract(s) Identified in Application	Board/Committee provides regulation, oversight, management or policy setting recommendations regarding the contract identified (Check if "Yes")	Board/Committee provides <b>NO</b> regulation, oversight, management or policy setting recommendations regarding the contract identified (Check if "Yes")	Waiver Required (Y or N)	Disclosure Required (Y or N)

		Yes	No	N/A
b.	Does Department Recommend Waiver and/or Disclosure			X
7.	Is Part III completed? Commissioners Marcus, Burdick and Taylor	X		

Completed by: Pamela Guerrier  
(Print Name)

  
(Signature)

Date: 6 January 2012

Department Head: Pamela Guerrier  
(Print Name)

  
(Signature)

Date: 6 January 2012

To be completed by Administration if Staff answered "Yes" to Questions 5 or 6:

Administration (Initials): \_\_\_\_\_

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

Failure to complete this Checklist and/or incomplete Board Applications  
will be returned to the Department

**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 resume to this form.~~

COUNTY OF PALM BEACH  
EQUAL OPPORTUNITY

11 APR -5 AM 9:5

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

Board Name: Handicap Accessibility and Awareness Grant Review Committee

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: 2 Years. From: May 3, 2011 To: Sept. 27, May 3, 2013

Seat Requirement: Advocate for and/or Person with Disability 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.**

1 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: Van Sickle Roberta Emelyn  
Last First Middle

Occupation/Affiliation: MSW disability advocate / volunteer

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address: 4082 Chestnut Avenue

City & State Palm Beach Gardens, FL Zip Code: 33410

Home Phone: (561) 691-8220 Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: (561) 634-0295 Fax: (561) 691-8220 cell ext

Email Address: \_\_\_\_\_ to tmm on

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: P. Van Sickle Date: \_\_\_\_\_

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: May 3, 2011

Commissioner's Signature: Cindy L De Felippo for Date: 12/13/11  
Comm. Karen T. Marcus

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Name: Van Sickle Roberta Emalyn  
Last First Middle

Occupation/Affiliation: MSW disability advocate / volunteer

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address: 4082 Chestnut Avenue

City & State Palm Beach Gardens, FL Zip Code: 33410

Home Phone: (561) 691-8220 Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: (561) 634-0295 Fax: (561) 691-8220 cell ext

Email Address: \_\_\_\_\_  
to tmon

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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☐ 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: P. Van Sickle Date: 4/3/11

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: May 3, 2011

Commissioner's Signature: Paul H. Burdick Date: 12-7-2011



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

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to:

☐ resignation ☐ other

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1 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: Van Sickle

Roberta

Evelyn

Last

First

Middle

Occupation/Affiliation: MSW disability advocate / volunteer

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City & State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Residence Address: 4082 Chestnut Avenue

City & State Palm Beach Gardens, FL

Zip Code:

33410

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☐ HF (Hispanic-American Female)

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☒ WF (Caucasian Female)

☐ WM (Caucasian Male)

Applicant's Signature: P. Van Sickle

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

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: May 3, 2011

Commissioner's Signature: [Signature]

Date: 12/7/2011



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>
N/A	→	→	

☐ 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, neither 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 to access the training and/or Ordinance on the web, please contact Aminta Culmer at 561-355-4931 for other arrangements.

&

**Acknowledgement of Receipt**

NAME: Roberta E Vansickle  
Print or Type

FIRM/COMPANY/ORGANIZATION: \_\_\_\_\_

ADVISORY BOARD(S): Handicap Accessibility and Awareness Grant Review Committee

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: Ra Sickle Date: 4/3/11

Please sign and return this FORM to Aminta Culmer, 215 N. Olive Avenue, Ste 130, West Palm Beach, FL 33401. A self-addressed envelope has been provided for your convenience.

4/23/10



PALM BEACH COUNTY  
OFFICE OF  
EQUAL OPPORTUNITY

11 APR -5 AM 9:57

**Office of Equal Opportunity**

215 N. Olive Avenue, Suite 130

West Palm Beach, FL 33401

(561) 355-4884

Fax: (561) 355-4932

[www.pbcgov.com/equalopportunity](http://www.pbcgov.com/equalopportunity)

**Palm Beach County  
Board of County  
Commissioners**

Burt Aaronson, Chair

Karen T. Marcus, Vice Chair

District 2

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: Aminta Culmer, 215 N. Olive Avenue, Suite 130, West Palm Beach, FL 33401. If you cannot access this document on the web, please contact Ms. Culmer at 561-355-4931 for other arrangements.

**Acknowledgement of Receipt**

NAME: Roberta E Van Sickle  
Print or Type

**ADVISORY BOARD(S): HANDICAP ACCESSIBILITY & AWARENESS  
GRANT REVIEW COMMITTEE**

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: M Van Sickle Date: 4/3/11

**Please sign and return to the Office of Equal Opportunity in self-addressed envelope provided.**

Revised 3/15/10

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printed on recycled paper



Office of Equal Opportunity  
215 N. Olive Avenue, Suite 130  
West Palm Beach, FL 33401  
(561) 355-4884  
Fax: (561) 355-4932  
www.pbcgov.com/equalopportunity

Palm Beach County  
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Priscilla A. Taylor

County Administrator  
Robert Weisman

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All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the Guide to the Sunshine Amendment prior to appointment/reappointment. Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>. Keep in mind this requirement is on-going.

☒ By signing below I acknowledge that I have read, understand, and agree to abide by Article XIII, the Palm Beach County Code of Ethics, and I have received the required Ethics training (in the manner checked below):

☒ By watching the training program on the Web, DVD or VHS  
☐ By attending a live presentation given on \_\_\_\_\_, 20\_\_\_\_

AND

☒ By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

\*Applicant's Signature:

Printed Name: Roberta Van Sickle Date: 1/9/12

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website [www.palmbeachcountyethics.com](http://www.palmbeachcountyethics.com) or contact us via email at [ethics@palmbeachcountyethics.com](mailto:ethics@palmbeachcountyethics.com) or (561) 233-0724.

Have you ever been convicted of a felony: Yes \_\_\_ No ☒  
If yes, state the court, nature of offense, disposition of case and date:

Return this FORM to:

Pamela Guerrier, Office of Equal Opportunity  
215 N. Olive Avenue, Suite 130  
West Palm Beach, FL 33401

12 JAN -9 AM 11:45

OFFICE OF  
EQUAL OPPORTUNITY

## ROBERTA E. VAN SICKLE

4082 Chestnut Avenue, Palm Beach Gardens, FL 33410  
(561) 691 8220 \* FAX (561) 691 8237\* [rv51us@yahoo.com](mailto:rv51us@yahoo.com)

### QUALIFICATIONS SUMMARY

Over twenty five years Social Work experiences emphasizing individual self determination for people with disabilities. Proven ability to provide services to local and national disability support group activities. Outcome oriented skills, including problem solving, facilitating disability self advocacy, community inclusion and system change through grassroots activities.

### EXPERIENCE

#### Consultant; Writer; Editor

1995- 1998

Governor Appointee to the *Florida Rehabilitation Council* and *FL Independent Living Council*; Consultant to non-CARF accredited institutions resulting in *successful accreditation*. Consultant to professional Internet list serves disability and vocational web sites. Published in *TBI Challenge*, (Brain Injury Association); *Stroke UpBeat* (National Stroke Association); *Stroke Connection*, (American Heart Association) and in *A Day in the Life of a Social Worker*, (White Hat Communications); *Chicken Soup For the Pet Lover's Soul #3*. Established and coordinate Internet stroke and supported employment groups; maintain job help WebPages

#### Jones Publishing, Iola, WI

1996

#### Editor, Job Training and Placement Report

Solicited, edited, wrote and transmitted from Florida home monthly copy for professional publication. Monitored national and international supported employment activities. Introduced legislative and funding issue columns. Represented publisher at international conference.

#### Bancroft, Inc., Haddonfield, NJ

1984 - 1995

#### Area Supervisor for Supported Employment : Vocational Liaison

Supervised 13 direct-service workers in *award-winning (PEER) client, family and employer support programs*. Managed annual budget of \$100,000; developed new client employment opportunities. Wrote agency and department policies; manual for community transportation of clients to work. Wrote successful intra-agency grant resulting in additional Vocational Rehabilitation funding. Established and implemented guidelines for department person centered job development; developed and maintained program evaluation system. Increased client satisfaction and job retention. Presented at six national conventions. Connected agency with affiliations; *achieved statewide recognition for model vocational and residential services*. Achieved department's first CARF accreditation.

#### Community Residential Supervisor, Vocational Educateur

Provided 24-hour services to clients. Supervised 10 direct care staff integrating residential and vocational services. Initiated client participation in local government and community advocacy groups. *Represented agency in highly successful state licensing and accreditation. Won outstanding service recognition award.*

#### Washington Hilton, Washington, D.C.

1983 - 1985

*Convention Management Coordinator.*

Customer Service representative for international convention guests. Scheduled city convention activities. Assisted with *50th Presidential Inaugural Ball*.

**American Red Cross , ( Various military bases and chapters ) 1975- 1985**

*Caseworker; Volunteer Disaster Services Chairman*

Provided emergency counseling and financial services to distressed military personnel. Established disaster relief plans; coordinated emergency services. Assigned to National Red Cross disaster team as damage assessment supervisor.

**United States Navy Relief Society, (Various Naval Bases) 1975- 1977**

*Casework Supervisor*

Supervised 4 caseworkers; provided financial, family and community resource counseling. **Recognized for over 1,000 hrs of outstanding volunteer work.**

#### **EDUCATION**

MSW, Social Work Management, ( *Honors* ), *Rutgers University, Camden, NJ, 1996*

BS, Psychology/Sociology, *Franklin College, Franklin, IN, 1973*

ADA, SSI Work Incentives, Supported Employment Management, Person-Centered Planning, *Cornell University and APSE*

Damage Assessment Management, Disaster Services, Caseworker Supervision, *American Red Cross.*

Career Development Facilitator Training and Certification, *Florida Atlantic University, 1999*

#### **PROFESSIONAL ASSOCIATIONS**

Florida Independent Living Council, Member, Governor's appointment ( 2003- present)

Florida Rehabilitation Council Member, Governor's appointment (1998-present) State Planning Committee Chair, Executive Board

Commission for Accreditation of Rehabilitation Facilities. *Employment & Community Program Consultant; Surveyor , 1990-98*

American Board of Professional Disability Consultants. *Certified Disability Specialist*, elected 1997-present

American Board of Professional Career Development Facilitators. *Certified Career Development Facilitator*, 1999-present

Association of Persons in Supported Employment ( *New Jersey, Florida, National* )

*Past member board of Directors* Established/chaired a supervisory network that increased statewide funding and support. Chaired *nationally recognized* state conference committee that served over 200 tri-state APSE members.

FL -APSE Newsletter, editor, governing board member

Association for Retarded Citizens; *Past Vice President; member, Board of Directors*

National Association of Social Workers ( *Florida, International* )

American Association of Mental Retardation

SE Network Palm Beach County; Employment Coalition of South Florida

Palm Beach County Paratransit Subcommittee- 1997-present

Palm Beach County MPO Citizen advisory Committee- 2000-present

Palm Beach County Transportation Local Coordinating Board- 2003-present

# BOARDS/COMMITTEES APPLICATION CHECKLIST

This form must be completed by Staff and accompany the Board Appointment Item

Proposed BCC Date: January 24, 2012

Dept/Division: Office of Equal Opportunity

Applicant's Name: Pamela White

Board/Committee Name: Handicap Accessibility and Awareness Grant Review Committee

Purely Advisory [ x ] Not Purely Advisory [ ]

#	Description	Yes	No	N/A
1.	Is Part I fully completed and correct?	X		
2.	Is Part II fully completed?	x		
3.	Biography or resume included?	x		
4.	Is Applicant a Palm Beach County resident?	x		
a.	If "No", please explain:			
5.	Did Applicant disclose felony conviction?		x	
a.	If "Yes", did staff review information?			
b.	Based on review, does staff recommend Applicant for consideration?	x		
c.	Please explain:			
6.	Did Applicant disclose contractual relationship(s)? If "Yes" complete Questions "a" through "b" below: If "No" skip to Question 7:	x		

a.	List Each Contract(s) Identified in Application	Board/Committee provides regulation, oversight, management or policy setting recommendations regarding the contract identified (Check if "Yes")	Board/Committee provides <b>NO</b> regulation, oversight, management or policy setting recommendations regarding the contract identified (Check if "Yes")	Waiver Required (Y or N)	Disclosure Required (Y or N)
	Interlocal Agreement		x	x	x

		Yes	No	N/A
b.	Does Department Recommend Waiver and/or Disclosure	x		
7.	Is Part III completed? Commissioners Marcus and Taylor	x		

Completed by: Pamela Guerrier  
(Print Name)

*Pamela Guerrier*  
(Signature)

Date: 6 January 2012

Department Head: Pamela Guerrier  
(Print Name)

*Pamela Guerrier*  
(Signature)

Date: 6 January 2012

To be completed by Administration if Staff answered "Yes" to Questions 5 or 6:

Administration (Initials):

Date:

Failure to complete this Checklist and/or incomplete Board Applications will be returned to the Department

**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 resume to this form.~~*

EQUAL OPPORTUNITY  
11 APR -7 AM 9:30

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

Board Name: Handicap Accessibility and Awareness Grant Review Committee

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: 2 Years. From: Sept. 27, 2011 To: Sept. 27, 2013

Seat Requirement: Advocate for and/or Person with Disability 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: White Pamela  
Last First Middle

Occupation/Affiliation: Equal Opportunity Programs

Business Name: Florida Atlantic University

Business Address: 777 Glades Road, Admin Bldg., Rm 265

City & State: Boca Raton, FL Zip Code: 33431-0991

Residence Address: 15000 Portofino Circle, # 114.

City & State: Palm Beach Gardens FL Zip Code: 33418.

Home Phone: ( ) Business Phone: (561) 297-3094 Ext. \_\_\_\_\_

Cell Phone: (561) 452-3712. Fax: ( )

Email Address: nilejustice@aol.com

Mailing Address preference: ☒ Business ☐ Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No ✓ 12 Dec. 2011  
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: Pamela White Date: 4/6/2011

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: May 3, 2011

Commissioner's Signature: Cindy L De Felippa for Date: 12/13/11  
Comm. Karen T. Markov



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

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EQUAL OPPORTUNITY

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

11 APR -7 AM 9:30

Board Name: Handicap Accessibility and Awareness Grant Review Committee

☒ At Large Appointment

or

☐ District Appointment

Term of Appointment: 2 Years.

From:

Sept. 27, 2011

To:

Sept. 27, May 3, 2013

Seat Requirement: Advocate for and/or Person with Disability

Seat #:

☐ \*Reappointment

or

☒ New Appointment

or ☐ to complete the term of

Due to:

☐

resignation

☐

other

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:

White

Pamela

Last

First

Middle

Occupation/Affiliation:

Equal Opportunity Programs

Business Name:

Florida Atlantic University

Business Address:

777 Glades Road, Admin Bldg., Rm 265

City & State

Boca Raton, FL

Zip Code:

33431-0991

Residence Address:

15000 Portofino Circle, # 114.

City & State

Palm Beach Gardens FL

Zip Code:

33418.

Home Phone:

( )

Business Phone:

(561) 297-3094

Ext.

Cell Phone:

( )

Fax:

( )

Email Address:

nilejustice@aol.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:

Pamela White

Date:

4/6/2011

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on:

May 3, 2011

Commissioner's Signature:

[Signature]

Date:

12/7/201



TO: ADVISORY BOARD MEMBERS  
FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR  
RE: PALM BEACH COUNTY CODE OF ETHICS

OFFICE OF  
EQUAL OPPORTUNITY

12 JAN -4 PM 8:45 *[Signature]*

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>

Type of Contract	Which Department/Division	Effective Date	Term
interlocal Agreement	Information Resources	going into effect	

☒ 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, neither 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 to access the training and/or Ordinance on the web, please contact Aminta Culmer at 561-355-4931 for other arrangements.

Acknowledgement of Receipt

NAME: Pamela White  
Print or Type

FIRM/COMPANY/ORGANIZATION: Florida Atlantic University

ADVISORY BOARD(S): Handicap Accessibility and Awareness Grant Review Committee

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 White Date: 1/6/2011

Please sign and return this FORM to Aminta Culmer, 215 N. Olive Avenue, Ste 130, West Palm Beach, FL 33401. A self-addressed envelope has been provided for your convenience.

**Pamela Guerrier**

---

**From:** nilejustice@aol.com  
**Sent:** Tuesday, January 03, 2012 4:16 PM  
**To:** Pamela Guerrier  
**Subject:** Re: Handicapped Accessibility and Awareness Grant Review Committee

Pam,

FAU's Information Resource Management (IRM) has an interlocal agreement with the county that is currently going into effect that allows us to send traffic over their network in Jupiter to get to the the Florida Lambda Rail. I will note this on the form and send it back. Also I watched the ethics video online.

I will send the form you provided via mail today. I'll also fax you a copy.

Thanks Pam and Happy New Year,

Pamela White

-----Original Message-----

**From:** Pamela Guerrier <PGuerrie@pbcgov.org>  
**To:** nilejustice <nilejustice@aol.com>  
**Sent:** Thu, Dec 29, 2011 3:21 pm  
**Subject:** Handicapped Accessibility and Awareness Grant Review Committee

Good afternoon Ms. White.

In reviewing your application, it has been noted that you have not indicated if you or your employer has a contractual relationship with Palm Beach County Government.

Please review the attached and note the proper response and submit the completed form to me along with the other information I requested on 22 December 2011.

Please do not hesitate to contact me if you have any questions.

Pamela Guerrier  
Director  
Palm Beach County  
Office of Equal Opportunity  
215 N. Olive Avenue, Suite 130  
West Palm Beach, FL 33401  
Tel. (561) 355-2558  
Facsimile (561) 355-4932  
E-Mail: [Pguerrie@pbcgov.org](mailto:Pguerrie@pbcgov.org)  
Website: [www.pbcgov.com/equalopportunity](http://www.pbcgov.com/equalopportunity)

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Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.



**Office of Equal Opportunity**

215 N. Olive Avenue, Suite 130

West Palm Beach, FL 33401

(561) 355-4884

Fax: (561) 355-4932

[www.pbcgov.com/equalopportunity](http://www.pbcgov.com/equalopportunity)

**Palm Beach County  
Board of County  
Commissioners**

Burt Aaronson, Chair

Karen T. Marcus, Vice Chair

District 2

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

PALM BEACH COUNTY  
OFFICE OF  
EQUAL OPPORTUNITY

11 APR -7 AM 9:30

**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: Aminta Culmer, 215 N. Olive Avenue, Suite 130, West Palm Beach, FL 33401. If you cannot access this document on the web, please contact Ms. Culmer at 561-355-4931 for other arrangements.

**Acknowledgement of Receipt**

NAME: Pamela White  
Print or Type

**ADVISORY BOARD(S): HANDICAP ACCESSIBILITY & AWARENESS  
GRANT REVIEW COMMITTEE**

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 White Date: 4/6/2011

**Please sign and return to the Office of Equal Opportunity in self-addressed envelope provided.**

Revised 3/15/10



**Office of Equal Opportunity**

215 N. Olive Avenue, Suite 130

West Palm Beach, FL 33401

(561) 355-4884

Fax: (561) 355-4932

[www.pbcgov.com/equalopportunity](http://www.pbcgov.com/equalopportunity)



**Palm Beach County  
Board of County  
Commissioners**

Shelley Vana, Chair

Steven L. Abrams, Vice Chairman

Karen T. Marcus

Paulette Burdick

Burt Aaronson

Jess R. Santamaria

Priscilla A. Taylor

**County Administrator**

Robert Weisman

*"An Equal Opportunity  
Affirmative Action Employer"*



All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the Guide to the Sunshine Amendment prior to appointment/reappointment. Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>. Keep in mind this requirement is on-going.



By signing below I acknowledge that I have read, understand, and agree to abide by Article XIII, the Palm Beach County Code of Ethics, and I have received the required Ethics training (in the manner checked below):



By watching the training program on the Web, DVD or VHS

By attending a live presentation given on \_\_\_\_\_, 20\_\_\_\_

**AND**



By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

\*Applicant's Signature:

*Pamela White*

Printed Name:

*Pamela White*

Date:

*1/3/2012*

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website [www.palmbeachcountyethics.com](http://www.palmbeachcountyethics.com) or contact us via email at [ethics@palmbeachcountyethics.com](mailto:ethics@palmbeachcountyethics.com) or (561) 233-0724.

Have you ever been convicted of a felony: Yes \_\_\_ No ☒

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

**Return this FORM to:**

**Pamela Guerrier, Office of Equal Opportunity**

215 N. Olive Avenue, Suite 130

West Palm Beach, FL 33401

**PAMELA D. WHITE**  
**15000 PORTOFINO CIRCLE, #114 ~ PALM BEACH GARDENS ~ FLORIDA ~ 33418**  
**CELL: 561-452-3712**  
**email: [nilejustice@aol.com](mailto:nilejustice@aol.com)**

**SKILLS AND ABILITIES**

Employment and Discrimination Law	Thorough legal training and experience with the ability to interpret and apply legal statutes, regulations, case law, policies, and guidelines; Thorough knowledge of the Americans with Disabilities Act and Amendments; The Rehabilitation Act of 1973, and all disability laws impacting higher education; Thorough knowledge of laws governing employment discrimination; And extensive experience in investigating and responding to student and employee discrimination complaints; Experience in responding to request from the United States Office of Civil Rights and the United States Equal Employment Opportunity Commission;
Communication	Creator, editor, and writer for the University's accessibility newsletter and department marketing materials; Responsible for the management and oversight of the department website; Experienced legal researcher and writer strong verbal and writing skills, negotiating skills, and a demonstrated ability to communicate at all levels of an organization; Demonstrated experience in working collaboratively with members of local city council to address community needs, issues, and conduct community workshops; Demonstrated experience in designing and conducting various workshops and trainings specifically related to Title VII;
Administration and Management	Approximately 6 years of prior supervisory and management experience; Over 6 years prior experience in higher education - former Admissions Counselor, Advisor, Coordinator, and Interim Director of Student Retention at Florida Atlantic University; Currently employed with Florida Atlantic University in the Office of Equal Opportunity Programs as the ADA Coordinator and Investigator for all forms of discrimination complaints;
Judgment and Decision Making	Ability to apply Knowledge of facts, law, rules, policies and reasoning to various circumstances as basis for sound decisions; Demonstrated responsibility for a corporate threshold of over \$1million
Higher Education and Student Interaction	Demonstrated experience in training, counseling, and advising a diverse student body in higher education; Developed and coordinated programs such as basic skills training and peer mentorship to provide transitional assistance to incoming students as they became acclimated to the university environment; Coordinated and provided admissions counseling and academic advisement; Conducted public speaking engagements before various community organizations highlighting the University's extensive curriculum and resources; Assisted with grant writing to obtain funding for programs and services throughout Student Affairs; Researched and documented campus demographics to assist various campus organizations and departments in planning programs geared towards attracting and retaining minority students; Coordinated on campus programs geared towards increasing university compliance with federal requirements;

## EMPLOYERS

Florida Atlantic University (1/2009-Present), **Office of Equal Opportunity Programs,**  
Independent Contractor (2007- 2008), **Consultant**  
Fifteenth Judicial Circuit (2006-2007), **Trial Court Law Clerk/Staff Attorney**  
Kanner & Pinaluga, P.A. (2005-2006), **Law Clerk**  
National Council On Compensation Insurance (1996-2003), **TEAM Leader/Project Man.**  
Chubb Group of Insurance Companies (1990-1995), **Insurance Appraiser**  
Palm Beach County Criminal Justice Department (1986-1990), **Criminal Justice Coordinator**  
Florida Atlantic University (1982-1986), **Admissions Counselor,**  
**student Services Coordinator, Interim Dir. Minority Student Retention**

Boca Raton, FL  
West Palm Beach, FL  
West Palm Beach, FL  
Boynton Beach, FL  
Boca Raton, FL  
West Palm Beach, FL  
West Palm Beach, FL

Boca Raton, FL

## EDUCATION AND CERTIFICATIONS

Nova Southeastern University, Shepard Broad Law Center, Ft. Lauderdale, FL  
**Juris Doctor**  
Florida State University, Tallahassee, FL  
**B.S. Government**  
Florida Dept. of Education Certification Eligibility  
Social Science – Expires 2011

## PROFESSIONAL AFFILIATIONS

Chair, Florida Atlantic University ADA Accessibility Committee  
Member, Florida Atlantic University Alert Committee  
Member, American Assoc. For Affirmative Action  
Member, Association For The Study Of African American Life And History (ASALH)

## Social Affiliations

Board Member, Destiny's Home Inc.  
Precinct Committee Person  
Member, Palm Beach County Political Executive Committee  
Member, Together We Stand Political Club

## Presentations and Workshops

- Student Enrichment Seminars, Office of Student Retention, Florida Atlantic University, 1982-1985
- Chubb & Son Corporate Representative to Palm Beach State College: Black History Month Presentation, FL, 1991, "Students Managing Stress"
- Presentation, Office of the Attorney General, Nassau Bahamas, 2005, "Bahamian financial laws relative and the Legal Impact on Confidentiality of Financial Information, Bank Secrecy and Legal Professional Privilege"
- Riviera Beach Community, Voters Registration and Restoration of Rights Workshop, FL, 2008
- Florida Atlantic University, New Student Leadership Training, 2009 and 2010
- Florida Atlantic University, Anti-Discrimination and Anti Sexual Harassment Training
- South Florida Diversity Summit, FL 2010, "A Member of the Tribe: Disability Law and Public Policy"
- Florida Atlantic University, 2011, Americans with Disabilities Act: "Keys for Employment Success"

## RELEVANT COURSEWORK

Employment Law  
Employment Discrimination

Contemporary Problems in Public Administration

Public Admin. & Public Policy  
Public Personnel Administration

# BOARDS/COMMITTEES APPLICATION CHECKLIST

This form must be completed by Staff and accompany the Board Appointment Item

Proposed BCC Date: January 24, 2012

Dept/Division: Office of Equal Opportunity

Applicant's Name: Jerome C. Goldstein

Board/Committee Name: Handicap Accessibility and Awareness Grant Review Committee

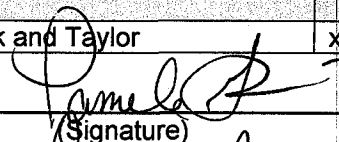
Purely Advisory [ x ] Not Purely Advisory [ ]

#	Description	Yes	No	N/A
1.	Is Part I fully completed and correct?	X		
2.	Is Part II fully completed?	x		
3.	Biography or resume included?	x		
4.	Is Applicant a Palm Beach County resident?	x		
a.	If "No", please explain:			
5.	Did Applicant disclose felony conviction?		x	
a.	If "Yes", did staff review information?			
b.	Based on review, does staff recommend Applicant for consideration?	x		
c.	Please explain:			
6.	Did Applicant disclose contractual relationship(s)? If "Yes" complete Questions "a" through "b" below: If "No" skip to Question 7:		x	

a.	List Each Contract(s) Identified in Application	Board/Committee provides regulation, oversight, management or policy setting recommendations regarding the contract identified (Check if "Yes")	Board/Committee provides <b>NO</b> regulation, oversight, management or policy setting recommendations regarding the contract identified (Check if "Yes")	Waiver Required (Y or N)	Disclosure Required (Y or N)

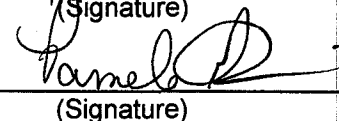
		Yes	No	N/A
b.	Does Department Recommend Waiver and/or Disclosure			x
7.	Is Part III completed? Commissioners Marcus, Burdick and Taylor	x		

Completed by: Pamela Guerrier  
(Print Name)

  
(Signature)

Date: 6 January 2012

Department Head: Pamela Guerrier  
(Print Name)

  
(Signature)

Date: 6 January 2012

To be completed by Administration if Staff answered "Yes" to Questions 5 or 6:

Administration (Initials):

Date:

Failure to complete this Checklist and/or incomplete Board Applications  
will be returned to the Department



**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: Handicapped Accessibility and Awareness Grant Review Committee

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Term of Appointment: 2 Years. From: Sept. 27, 2011 To: Sept. 27, 2013

Seat Requirement: Advocate for and/or Person with Disability Seat #: \_\_\_\_\_

☐ \*Reappointment or ☒ New Appointment

or ☐ to complete the term of \_\_\_\_\_ Due to: ☐ resignation ☐ other

Completion of term to expire on: \_\_\_\_\_

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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: Goldstein Jerome C.  
Last First Middle

Occupation/Affiliation: Retired Doctor of Otolaryngology

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address: 4119 Manchester Lake Drive

City & State Wellington, FL Zip Code: 33449-8175

Home Phone: (561) 909-7441 432-7220 Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: ( ) Fax: (561) 649-9412

Email Address: JCGMD@ADL.COM

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No X

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: [Signature] Date: 6/6/11

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: \_\_\_\_\_

Commissioner's Signature: Cindy L De Filippo for Date: 12/13/11  
Comm Karen T. Malcus

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

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or ☐ to complete the term of \_\_\_\_\_ Due ☐ resignation ☐ other to: \_\_\_\_\_

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**APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Goldstein Jerome C.  
Last First Middle

Occupation/Affiliation: Retired Doctor of Otolaryngology

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address: 4119 Manchester Lake Drive

City & State Wellington, FL Zip Code: 33449-8175

Home Phone: (561) 909-7441 432-7220 Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: ( ) Fax: (561) 649-9412

Email Address: JCGMD@AOL.COM

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No X

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)  
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☐ 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: [Signature] Date: 6/6/11

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: \_\_\_\_\_

Commissioner's Signature: [Signature] Date: 12-7-2011

**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: Handicapped Accessibility and Awareness Grant Review Committee

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: 2 Years. From: Sept. 27, 2011 To: Sept. 27, 2013

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☐ \*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: Goldstein Jerome C.  
Last First Middle

Occupation/Affiliation: Retired Doctor of Otolaryngology

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address: 4119 Manchester Lake Drive

City & State Wellington, FL Zip Code: 33449-8175

Home Phone: (561) 909-7441 432-7220 Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: ( ) Fax: (561) 649-9412

Email Address: JCGMD@ADL.COM

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No X

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: [Signature] Date: 6/6/11

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: \_\_\_\_\_

Commissioner's Signature: [Signature] Date: \_\_\_\_\_



PALM BEACH COUNTY  
OFFICE OF  
EQUAL OPPORTUNITY  
11 JUN -8 AM 11:02

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>

Type of Contract	Which Department/Division	Effective Date	Term

☐ 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, neither 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 to access the training and/or Ordinance on the web, please contact Aminta Culmer at 561-355-4931 for other arrangements.

**Acknowledgement of Receipt**

NAME: JEROME C. GOLDSTEIN, MD.  
Print or Type

FIRM/COMPANY/ORGANIZATION: \_\_\_\_\_

ADVISORY BOARD(S): Handicapped Accessibility and Awareness Grant Review Committee

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:  Date: 6-6-11

Please sign and return this FORM to Aminta Culmer, 215 N. Olive Avenue, Ste 130, West Palm Beach, FL 33401. A self-addressed envelope has been provided for your convenience.



PALM BEACH COUNTY  
OFFICE OF  
EQUAL OPPORTUNITY  
11 JUN -8 AM 11:02

Office of Equal Opportunity  
215 N. Olive Avenue, Suite 130  
West Palm Beach, FL 33401  
(561) 355-4884  
Fax: (561) 355-4932  
[www.pbcgov.com/equalopportunity](http://www.pbcgov.com/equalopportunity)

**Palm Beach County  
Board of County  
Commissioners**

Karen T. Marcus, Chair  
Shelley Vana, Vice Chair  
Paulette Burdick  
Steven L. Abrams  
Burt Aaronson  
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: Aminta Culmer, 215 N. Olive Avenue, Suite 130, West Palm Beach, FL 33401. If you cannot access this document on the web, please contact Ms. Culmer at 561-355-4931 for other arrangements.

**Acknowledgement of Receipt**

NAME: JEROME C. GOLDSTEIN, MD  
Print or Type

**ADVISORY BOARD(S): HANDICAPPED ACCESSIBILITY & AWARENESS  
GRANT REVIEW COMMITTEE**

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: 6/6/11

**Please sign and return to the Office of Equal Opportunity in self-addressed envelope provided.**

Revised 3/15/10

"An Equal Opportunity  
Affirmative Action Employer"

printed on recycled paper



**Office of Equal Opportunity**

215 N. Olive Avenue, Suite 130

West Palm Beach, FL 33401

(561) 355-4884

Fax: (561) 355-4932

[www.pbcgov.com/equalopportunity](http://www.pbcgov.com/equalopportunity)

**Palm Beach County  
Board of County  
Commissioners**

Shelley Vana, Chair

Steven L. Abrams, Vice Chairman

Karen T. Marcus

Paulette Burdick

Burt Aaronson

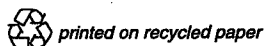
Jess R. Santamaria

Priscilla A. Taylor

**County Administrator**

Robert Weisman

*"An Equal Opportunity  
Affirmative Action Employer"*



All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the Guide to the Sunshine Amendment prior to appointment/reappointment. Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>. Keep in mind this requirement is on-going.



By signing below I acknowledge that I have read, understand, and agree to abide by Article XIII, the Palm Beach County Code of Ethics, and I have received the required Ethics training (in the manner checked below):



By watching the training program on the Web, DVD or VHS

By attending a live presentation given on \_\_\_\_\_, 20\_\_\_\_

2<sup>ND</sup> TIME

**AND**



By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

**\*Applicant's Signature:**

Printed Name: J. E. GORDON Date: 12/22/11

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website [www.palmbeachcountyethics.com](http://www.palmbeachcountyethics.com) or contact us via email at [ethics@palmbeachcountyethics.com](mailto:ethics@palmbeachcountyethics.com) or (561) 233-0724.

Have you ever been convicted of a felony: Yes \_\_\_ No ☒  
If yes, state the court, nature of offense, disposition of case and date:

**Return this FORM to:**

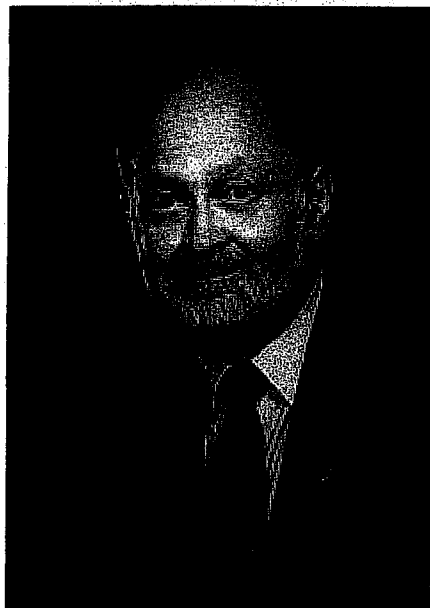
**Pamela Guerrier, Office of Equal Opportunity**  
215 N. Olive Avenue, Suite 130  
West Palm Beach, FL 33401



## American HEAD & NECK Society

The single largest organization in North America for  
the advancement of research and education in head and neck oncology

### Jerome C. Goldstein, MD, FACS. FRCSEd(HON)



MD - S.U.N.Y @ SYRACUSE, 1963  
INTERN, PHILA. GENERAL; GS @ BRONX MUNICIPAL; OTOLARYNGOLG  
COMPLETED 1968.  
USAFRes. 1965 - 70  
ASSISTANT PROFESSOR. NORTHWESTERN U. MED. SCH- 1968- 1971  
PRIVATE PRACTICE GLENS FALLS, NY 1971-1974  
PROF. SURGERY, HEAD DIV. OF OTOLARYNGOLOGY ALBANY (NY) MED  
EXEC. VP AMERICAN ACADEMY OTOLARYNGOLOGY-HEAD and NECK S  
1984-1994  
EVP EMERITUS AAO-HNS: 1994-1999.  
DIPLOMATE,AM.BD. OTOLARYNGOLOGY (BD. DIRS. 1982-2000).  
VISITING PROF. JOHNS HOPKINS MEDICINE, 1986-; GEORGETOWN, 1  
CHAIR- COSM SECRETARIES COMMITTEE 1985 - PRESENT.  
PRES. 1982-83-AM. SOC. for HEAD and NECK SURGERY  
PRES. 1987-88 CENTURIONS of DEAFNESS RESEARCH FOUNDATION  
FOUNDING PRES. 1993-95- National Association PHYSICIANS for the E  
REG. SECT. for North America, 1985-2000- INTERNAT. FED. OTORHIN  
PRES. 1996 COUNCIL of MED. SPEC. SOC. - Chicago  
PRES. 2004-2008 PAN-PACIFIC SURGICAL ASSN.  
FOUNDING PRES. 2007-2008 AM. SOC. GERIATRIC OTOLARYNGOLOG'

Additional Societies Fellowships: Am. Acad. Facial Plastic and Reconstructive Surg., Triologic Soc., Am. Hea  
Soc., Am. Acad. Otolaryn. Allergy, Am Otol. Soc., Am. Laryn. Assn., Am. Bronchoesoph. Soc.

• **Presidential Address: Jerome C. Goldstein, MD** »

[Back to Presidents' Main List »](#)

AHNS, 11300 W. Olym

**BOARDS/COMMITTEES APPLICATION CHECKLIST**

**This form must be completed by Staff and accompany the Board Appointment Item**

Proposed BCC Date: January 24, 2012

Dept/Division: Office of Equal Opportunity

Applicant's Name: William Lapp

Board/Committee Name: Handicap Accessibility and Awareness Grant Review Committee

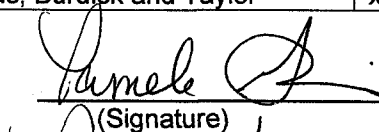
Purely Advisory [ ☒ ]    Not Purely Advisory [    ]

#	Description	Yes	No	N/A
1.	Is Part I fully completed and correct?	X		
2.	Is Part II fully completed?	x		
3.	Biography or resume included?			
4.	Is Applicant a Palm Beach County resident?	x		
a.	If "No", please explain:			
5.	Did Applicant disclose felony conviction?		x	
a.	If "Yes", did staff review information?			
b.	Based on review, does staff recommend Applicant for consideration?	x		
c.	Please explain:			
6.	Did Applicant disclose contractual relationship(s)? If "Yes" complete Questions "a" through "b" below: If "No" skip to Question 7:	x		

a.	List Each Contract(s) Identified in Application	Board/Committee provides regulation, oversight, management or policy setting recommendations regarding the contract identified (Check if "Yes")	Board/Committee provides <u>NO</u> regulation, oversight, management or policy setting recommendations regarding the contract identified (Check if "Yes")	Waiver Required (Y or N)	Disclosure Required (Y or N)
	Florida Outreach Center for the Blind		x		Y*
	Palm Beach Chapter of National Federation of the Blind		x		Y*
	Palm Beach County North Lions Club		x		Y*
	*According to Ethics Opinion (RQO 11-078), applicant is not prohibited from serving on this Committee but must disclose conflict, abstain from voting and file a state voting conflict form as applicable				

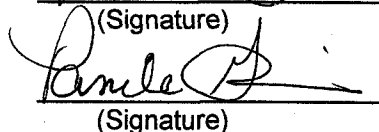
		Yes	No	N/A
b.	Does Department Recommend Waiver and/or Disclosure	x		
7.	Is Part III completed? Commissioners Vana, Marcus, Burdick and Taylor	x		

Completed by: Pamela Guerrier  
(Print Name)

  
(Signature)

Date: 6 January 2012

Department Head: Pamela Guerrier  
(Print Name)

  
(Signature)

Date: 6 January 2012

Failure to complete this Checklist and/or incomplete Board Applications  
will be returned to the Department



**BOARDS/COMMITTEES APPLICATION CHECKLIST**

**This form must be completed by Staff and accompany the Board Appointment Item**

To be completed by Administration if Staff answered "Yes" to Questions 5 or 6:

Administration (Initials): \_\_\_\_\_

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

**Failure to complete this Checklist and/or incomplete Board Applications  
will be returned to the Department**

**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 resume to this form.*

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

Board Name: Handicap Accessibility and Awareness Grant Review Committee

☒ At Large Appointment

or

☐ District Appointment

Term of Appointment: 2 Years.

From:

To:

Sept. 27, 2011  
May 3, 2013

Seat Requirement: Advocate for and/or Person with Disability

Seat #:

☒ \*Reappointment

or

☐ New Appointment

or ☐ to complete the  
term of

Due  
to:

☐ resignation ☐ other

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.**

1 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: Lapp William C.  
Last First Middle

Occupation/Affiliation: Advisory Board Member

Business Name: Florida Outreach Center for the Blind and  
National Federation of the Blind

Business Address: 2315 S. Congress Avenue

City & State Palm Springs, FL Zip Code: 33406

Residence Address: 1386 Victoria Drive

City & State West Palm Beach, FL Zip Code: 33406

Home Phone: ( ) Business Phone: (561) 642-0005 Ext.

Cell Phone: (561) 714-4296 Fax: ( )

Email Address:

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: 188 20 Decemb 2011

**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: William C Lapp

Date: 5/5/11

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: May 3, 2011

Commissioner's Signature: Shelley Yanna

Date:

**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 resume to this form.~~

11 MAY -9 AM 11:10

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

Board Name: Handicap Accessibility and Awareness Grant Review Committee

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: 2 Years. From: Sept. 27, 2011 To: Sept. 27, May 3, 2013

Seat Requirement: Advocate for and/or Person with Disability 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.

1 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: Lapp William C.  
Last First Middle

Occupation/Affiliation: Advisory Board Member

Business Name: Florida Outreach Center for the Blind and National Federation of the Blind

Business Address: 2315 S. Congress Avenue

City & State Palm Springs, FL Zip Code: 33406

Residence Address: 1386 Victoria Drive

City & State West Palm Beach, FL Zip Code: 33406

Home Phone: ( ) Business Phone: (561) 642-0005 Ext. \_\_\_\_\_

Cell Phone: (561) 714-4296 Fax: ( )

Email Address: \_\_\_\_\_

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: William C Lapp Date: 5/5/11

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: May 3, 2011

Commissioner's Signature: Cindy R DeFelippo for Comm. Karen T. Marcus Date: 12/13/11

**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 resume to this form.~~

11 MAY -9 AM 11:10

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

Board Name: Handicap Accessibility and Awareness Grant Review Committee

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: 2 Years. From: Sept. 27, 2011 To: Sept. 27, May 3, 2013

Seat Requirement: Advocate for and/or Person with Disability 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.**

1 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: Lapp William C.  
Last First Middle

Occupation/Affiliation: Advisory Board Member

Business Name: Florida Outreach Center for the Blind and National Federation of the Blind

Business Address: 2315 S. Congress Avenue

City & State Palm Springs, FL Zip Code: 33406

Residence Address: 1386 Victoria Drive

City & State West Palm Beach, FL Zip Code: 33406

Home Phone: ( ) Business Phone: (561) 642-0005 Ext. \_\_\_\_\_

Cell Phone: (561) 714-4296 Fax: ( )

Email Address: \_\_\_\_\_

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No ☒ *Yes December 2011*  
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: William C Lapp Date: 5/5/11

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: May 3, 2011

Commissioner's Signature: Paulette Burdick Date: 12-7-20

**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 resume to this form.*

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

Board Name: Handicap Accessibility and Awareness Grant Review Committee

☒ At Large Appointment

or

☐ District Appointment

Term of Appointment: 2 Years.

From: Sept. 20, 2009

To: Sept. 27, May 3, 2013

Seat Requirement: Advocate for and/or Person with Disability

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.**

1 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: \_\_\_\_\_

Lapp

William

C.

Last

First

Middle

Occupation/Affiliation: Advisory Board Member

Business Name: \_\_\_\_\_

Florida Outreach Center for the Blind and  
National Federation of the Blind

Business Address: \_\_\_\_\_

2315 S. Congress Avenue

City & State \_\_\_\_\_

Palm Springs, FL

Zip Code: \_\_\_\_\_

33406

Residence Address: \_\_\_\_\_

1386 Victoria Drive

City & State \_\_\_\_\_

West Palm Beach, FL

Zip Code: \_\_\_\_\_

33406

Home Phone: \_\_\_\_\_

( )

Business Phone: \_\_\_\_\_

(561) 642-0005

Ext. \_\_\_\_\_

Cell Phone: \_\_\_\_\_

(561) 714-4296

Fax: \_\_\_\_\_

( )

Email Address: \_\_\_\_\_

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: \_\_\_\_\_

William C Lapp

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

5/5/11

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: \_\_\_\_\_

May 3, 2011

Commissioner's Signature: \_\_\_\_\_

[Signature]

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

10/7/2011



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>

Type of Contract	Which Department/Division	Effective Date	Term
Advisory Board	FACB		
Board of Directors	PB Chapter of Nat'l Fed. of Blind.		
Board of Directors	PB County North Lions Club		

\_\_\_\_\_ 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, neither 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 to access the training and/or Ordinance on the web, please contact Aminta Culmer at 561-355-4931 for other arrangements.

**Acknowledgement of Receipt**

NAME: William C LAPP  
Print or Type

FIRM/COMPANY/ORGANIZATION: Florida Outreach Center for the Blind

ADVISORY BOARD(S): Handicap Accessibility and Awareness Grant Review Committee

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: William C Lapp Date: 5/5/11

Please sign and return this FORM to Aminta Culmer, 215 N. Olive Avenue, Ste 130, West Palm Beach, FL 33401. A self-addressed envelope has been provided for your convenience.

4/23/10



**Office of Equal Opportunity**

215 N. Olive Avenue, Suite 130

West Palm Beach, FL 33401

(561) 355-4884

Fax: (561) 355-4932

[www.pbcgov.com/equalopportunity](http://www.pbcgov.com/equalopportunity)

**Palm Beach County  
Board of County  
Commissioners**

Burt Aaronson, Chair

Karen T. Marcus, Vice Chair

District 2

Shelley Vana

Steven L. Abrams

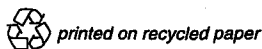
Jess R. Santamaria

Priscilla A. Taylor

**County Administrator**

Robert Weisman

"An Equal Opportunity  
Affirmative Action Employer"



**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: Aminta Culmer, 215 N. Olive Avenue, Suite 130, West Palm Beach, FL 33401. If you cannot access this document on the web, please contact Ms. Culmer at 561-355-4931 for other arrangements.

**Acknowledgement of Receipt**

**NAME:**

*William C Lapp* William C LAPP  
Print or Type

**ADVISORY BOARD(S): HANDICAP ACCESSIBILITY & AWARENESS  
GRANT REVIEW COMMITTEE**

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:**

*William C Lapp*

**Date:**

*5/5/11*

**Please sign and return to the Office of Equal Opportunity in self-addressed envelope provided.**

Revised 3/15/10

COUNTY  
OFFICE OF  
EQUAL OPPORTUNITY

12 JAN -9 PM 1:16

William Lapp  
1386 Victoria Drive  
West Palm Beach, FL 33406  
561-714-4296

---

OBJECTIVE	A challenging position as a sales representative where my Skills and knowledge of low-vision aids will be utilized
EDUCATION	Attica Central High School, June 1971 Business and Distribution Education
Experience	Sales Representative for Magnify America, West Palm Beach, FL
2008 - Present	General Manager <ul style="list-style-type: none"><li>+ Managed store</li><li>+ Demonstrate and sell low-vision aids</li><li>+ Trained blind individuals to use equipment</li></ul>
1988 - 2002	Lighthouse for the Blind of the Palm Beaches, West Palm Beach, FL Shipping and Receiving Warehouse Manager <ul style="list-style-type: none"><li>+ Conciled inventory</li><li>+ Material handling</li><li>+ Operated equipment including a fork lift, heat sealer, box machine and stainless steel scrubber machine</li></ul>
1978 - 1988	Palm Beach Kennel Club, West Palm Beach, FL Stock Manager <ul style="list-style-type: none"><li>+ Supplied multiple concessions with food and beverage</li><li>+ Stocked lounges</li><li>+ Maintain equipment</li></ul>
1974 - 1978	George's Landscaping, Cowlesville, NY Landscaping and Construction <ul style="list-style-type: none"><li>• Operated equipment including lawnmowers, air hammers, etc.</li></ul>
1972 - 1974	Merchant Marines, Great Lakes Porter and deck hand <ul style="list-style-type: none"><li>+ Worked in galley</li><li>+ Maintained ship</li><li>+ Secured lines</li></ul>
1965 - 1972	Cowlesville Garage, Cowlesville, NY Garage attendant <ul style="list-style-type: none"><li>+ Changed tires</li><li>+ Auto repairs</li><li>+ Pumped fuel</li></ul>



<b>SPECIAL SKILLS</b> small equipment	Team player, knowledgeable about low-vision aids; Proficient with tools and
<b>ACTIVITIES</b>	Currently serve as a volunteer at the Florida Outreach Center for the Blind Serve as a Director of the Palm Beach County North Lions Club Serve on the board of the Palm Beach Chapter of the National Federation of the Blind
<b>INTERESTS</b>	Sports; informed about new technology for the blind; being aware of legislation concerning the blind; spending time with family and friends
<b>GOALS</b>	Utilize my potential to help blind individuals
	References will be furnished upon request



Office of Equal Opportunity  
215 N. Olive Avenue, Suite 130  
West Palm Beach, FL 33401  
(561) 355-4884  
Fax: (561) 355-4932  
www.pbcgov.com/equalopportunity

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☐ By attending a live presentation given on \_\_\_\_\_, 20\_\_

AND

☒ By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

\*Applicant's Signature:

Printed Name: William C Lapp Date: 1/9/12

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Have you ever been convicted of a felony: Yes \_\_\_ No ☒  
If yes, state the court, nature of offense, disposition of case and date:

Return this FORM to:

Pamela Guerrier, Office of Equal Opportunity  
215 N. Olive Avenue, Suite 130  
West Palm Beach, FL 33401

Palm Beach County  
Board of County  
Commissioners

Shelley Vana, Chair

Steven L. Abrams, Vice Chairman

Karen T. Marcus

Paulene Burdick

Burt Aaronson

Jess R. Santamaria

Priscilla A. Taylor

County Administrator

Robert Welsman

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Affirmative Action Employer"

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12 JAN -9 PM 3:18

OFFICE OF  
EQUAL OPPORTUNITY



# Palm Beach County Commission on Ethics

Handicap Accessibility  
"potential member"

## Commissioners

Edward Rodgers, Chair  
Manuel Farach, Vice Chair  
Robin N. Flores  
Ronald E. Harbison  
Bruce E. Reinhardt

## Executive Director

Alan S. Johnson

September 14, 2011

Mr. William Lapp  
1386 Victoria Drive  
West Palm Beach, FL 33406

Re: RQO 11-078  
Misuse of Office/Voting Conflicts

Dear Mr. Lapp,

Your request for an advisory opinion to the Palm Beach County Commission on Ethics has been received and reviewed. The opinion rendered is as follows:

YOU ASKED, whether a conflict of interest exists were you to serve on the Grant Review Committee (GRC) for the Palm Beach County Office of Equal Opportunity (OEO), if you serve on the board of directors of three non-profit organizations including one in which your wife is the executive director, and these organizations may apply for grant funding from the GRC.

IN SUM, as an appointed volunteer advisory board member you are not prohibited from serving on the GRC, however, you are prohibited from using your official position as an advisory board member to give a special financial benefit, not shared with *similarly situated members of the general public*, to your spouse, your spouse's outside employer or a non-profit organization of which you are an officer or director. Voting, participating or attempting to influence other GRC members or OEO staff may constitute a misuse of office.

THE FACTS as we understand them are as follows:

The Grant Review Committee (GRC) for the Palm Beach County Office of Equal Opportunity (OEO) is an advisory board established to review grant proposals from non-profit organizations addressing the needs of the disabled in Palm Beach County. Your wife is the executive director of the Florida Outreach Center for the Blind (FOCB) and you serve on its advisory board. You also serve on the board of directors of the Palm Beach Chapter of the National Federation of the Blind (PBCNFB) and the Palm Beach County North Lions Club (PBCNLC). You do not receive compensation from any of these non-profits. In the past, the FOCB has applied for grant funding subject to review by the GRC.

THE LEGAL BASIS for this opinion is found in the following relevant section of the Palm Beach County Code of Ethics:

2633 Vista Parkway, West Palm Beach, FL 33411 561.233.0724 FAX: 561.233.0735

Hotline: 877.766.5920 E-mail: [ethics@palmbeachcountyetethics.com](mailto:ethics@palmbeachcountyetethics.com)

Website: [palmbeachcountyetethics.com](http://palmbeachcountyetethics.com)

10/06/2011 - Page 56

Section 2-443(a) prohibits you from using your official position to give your spouse, your spouse's outside employer or a non-profit organization if you are an officer or director "a special financial benefit, not shared with similarly situated members of the general public." As executive director, your wife is employed by FOCB. You are a director of FOCB, PBCNFB and PBCNLC. In this instance you may not financially benefit any of these entities over others similarly situated.

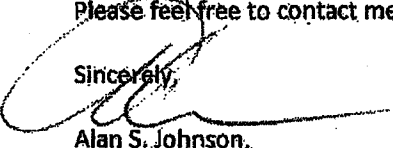
Likewise, §2-443(c) prohibits you from voting on an issue that would result in a special financial benefit attributable to your spouse's employer, the FOCB, or the non-profits you serve as an officer (FOCB, PBCNFB and PBCNLC). The voting conflict section requires you to 1) disclose the nature of your conflict before your board discusses the issue; 2) abstain when the vote takes place and not personally participate in the matter; and 3) file a state voting conflict form (8B) submitting a copy to the clerk and the COE.

IN SUMMARY, based on the facts and circumstances presented, you are not prohibited from serving on the GRC so long as you do not use your appointed office to give your spouse's outside employer, the FOCB, or the non-profits you serve as an officer or director a special financial benefit. When faced with a conflict, you must disclose, not participate and file the required conflict disclosure form 8b.

This opinion construes the Palm Beach County Code of Ethics Ordinance, but is not applicable to any conflict under state law. Inquiries regarding possible conflicts under state law should be directed to the State of Florida Commission on Ethics.

Please feel free to contact me at (561) 233-0724 should you have any further questions in this matter.

Sincerely,



Alan S. Johnson,  
Executive Director

ASJ/mr/gal

# BOARDS/COMMITTEES APPLICATION CHECKLIST

This form must be completed by Staff and accompany the Board Appointment Item

Proposed BCC Date: January 24, 2012

Dept/Division: Office of Equal Opportunity

Applicant's Name: Thomas A. Hogarth

Board/Committee Name: Handicap Accessibility and Awareness Grant Review Committee

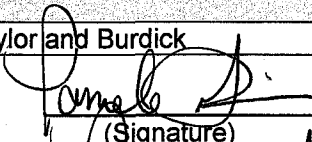
Purely Advisory [ x ] Not Purely Advisory [ ]

#	Description	Yes	No	N/A
1.	Is Part I fully completed and correct?	X		
2.	Is Part II fully completed?	x		
3.	Biography or resume included?	x		
4.	Is Applicant a Palm Beach County resident?	x		
a.	If "No", please explain:			
5.	Did Applicant disclose felony conviction?		x	
a.	If "Yes", did staff review information?			
b.	Based on review, does staff recommend Applicant for consideration?	x		
c.	Please explain:			
6.	Did Applicant disclose contractual relationship(s)? If "Yes" complete Questions "a" through "b" below: If "No" skip to Question 7:		x	

a.	List Each Contract(s) Identified in Application	Board/Committee provides regulation, oversight, management or policy setting recommendations regarding the contract identified (Check if "Yes")	Board/Committee provides <b>NO</b> regulation, oversight, management or policy setting recommendations regarding the contract identified (Check if "Yes")	Waiver Required (Y or N)	Disclosure Required (Y or N)
	Parks & Recreation—General Maintenance		x	n	y

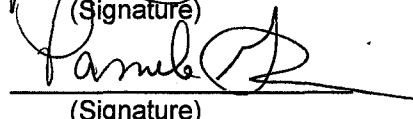
		Yes	No	N/A
b.	Does Department Recommend Waiver and/or Disclosure			x
7.	Is Part III completed? Commissioners Marcus, Taylor and Burdick	x		

Completed by: Pamela Guerrier (Print Name)

 (Signature)

Date: 6 January 2012

Department Head: Pamela Guerrier (Print Name)

 (Signature)

Date: 6 January 2012

To be completed by Administration if Staff answered "Yes" to Questions 5 or 6:

Administration (Initials):

Date:

Failure to complete this Checklist and/or incomplete Board Applications will be returned to the Department

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
BOARDS/COMMITTEES APPLICATION**

*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.*

**Section I (Department):** (Please Print)

Board Name: Handicapped Accessibility and Awareness Grant Review Committee Advisory ☒ Not Advisory ☐

☒ At Large Appointment or ☐ District Appointment /District #: \_\_\_\_\_

Term of Appointment: 2 Years. From: \_\_\_\_\_ To: September 27, 2013

Seat Requirement: Advocate for and/or Person with Disability Seat #: \_\_\_\_\_

☐ \*Reappointment or ☒ New Appointment

or ☐ to complete the term of \_\_\_\_\_ Due to: ☐ resignation ☐ other

Completion of term to expire on: \_\_\_\_\_

**\*When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners: \_\_\_\_\_**

**Section II (Applicant):** (Please Print)

**APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: HOGARTH A. THOMAS  
Last First Middle

Occupation/Affiliation: BUILDING DEPT DIRECTOR, BUILDING OFFICIAL  
Owner ☐ Employee ☒ Officer ☐

Business Name: PALM BEACH COUNTY SCHOOL DISTRICT

Business Address: 3661 INTERSTATE PARK ROAD NORTH

City & State: RIVIERA BEACH FL Zip Code: 33404

Residence Address: 432 ANCHORAGE LANE

City & State: NORTH PALM BEACH FL Zip Code: 33408

Home Phone: (561) 301-0193 Business Phone: (561) 383 2828  
Ext.

Cell Phone: (561) 719-7852 Fax: ( )

Email Address: THOMAS.HOGARTH@PALMBEACHSCHOOLS.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: ☒ Male ☐ Female  
☐ Native-American ☐ Hispanic-American ☐ Asian-American ☐ African-American ☒ Caucasian

Section II Continued:

**CONTRACTUAL RELATIONSHIPS:** Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business. This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

<u>Contract/Transaction No.</u>	<u>Department/Division</u>	<u>Description of Services</u>	<u>Term</u>
<u>Ex: (R#XX-XXXX/PO XXX)</u>	<u>Parks &amp; Recreation</u>	<u>General Maintenance</u>	<u>10/01/11-09/30/12</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)

OR ☒ NONE

All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the Guide to the Sunshine Amendment prior to appointment/reappointment. Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>. Keep in mind this requirement is on-going.

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AND

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\*Applicant's Signature: Tom J. A. Printed Name: THOMAS HOGARTH Date: 12/27/11

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website [www.palmbeachcountyethics.com](http://www.palmbeachcountyethics.com) or contact us via email at [ethics@palmbeachcountyethics.com](mailto:ethics@palmbeachcountyethics.com) or (561) 233-0724.

Return this FORM to:  
Pamela Guerrier, Office of Equal Opportunity  
215 N. Olive Avenue, Suite 130  
West Palm Beach, FL 33401

**Section III (Commissioner, if applicable):**

Appointment to be made at BCC Meeting on: \_\_\_\_\_

Commissioner's Signature: Cindy L. DeTaleppo for Date: 12/13/11  
Comm. Karen T. Marcus

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by members of the public.

Revised 08/01/2011

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
BOARDS/COMMITTEES APPLICATION**

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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: ☒ Male ☐ Female  
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_____	_____	_____	_____

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\*Applicant's Signature: Thomas Howard Printed Name: THOMAS HOWARD Date: 10/27/11

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215 N. Olive Avenue, Suite 130  
West Palm Beach, FL 33401

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Commissioner's Signature: [Signature] Date: 10/1/2011

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BOARD OF COUNTY COMMISSIONERS  
BOARDS/COMMITTEES APPLICATION**

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_____	_____	_____	_____
_____	_____	_____	_____

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215 N. Olive Avenue, Suite 130  
West Palm Beach, FL 33401

Section III (Commissioner, if applicable):

Appointment to be made at BCC Meeting on: \_\_\_\_\_

Commissioner's Signature: Pamela Guerrier Date: 12-7-2011

**A. THOMAS "TOM" HOGARTH, P.E., CBO**  
**432 ANCHORAGE LANE**  
**NORTH PALM BEACH, FLORIDA 33408**  
**Phone (561) 719-7852**

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Thirty years of progressive and highly responsible administrative, engineer and managerial positions with a broad range of experience and assignments including government, consulting and construction management.

**EMPLOYMENT HISTORY**

**2002 to Present - Building Department Director, Palm Beach County School District.**

Department Head and Building Official reporting to the Chief of Support Operations. Responsible for the operation of the School District Building Department and enforcement of the Florida Building Code and Florida Fire Prevention Code in conducting plan review, permitting and inspections of new school facility construction, renovation and remodeling. Also acts as Chief Fire Safety Inspector responsible for annual inspections of 170 existing educational facilities as required by the State Fire Marshal. Supervises a staff of 26, including 6 plan reviewers, 9 building inspectors and 5 fire safety inspectors with full hire/fire responsibilities. Responsible for the development and enforcement of the District Design Standards for school facilities.

**1994 to 2002 - Director of Public Services/Building Official, Village of North Palm Beach, Florida**

Department Head reporting to the Village Manager and responsible for the operation of a technical and administrative municipal department including Building, Planning, Zoning, Sanitation, Facility Maintenance, Vehicle Maintenance, Parks, Streets, Occupational Licensing and Code Enforcement divisions.

**1991 to 1993 - Engineer, City of Margate, Florida**

A technical and administrative position in operating all aspects of the municipal Engineering and Utility Departments.

**1990 to 1991 - Engineer, Cooper Consulting Engineers, Inc., Deerfield Beach, Florida**

**1987 to 1989 - Construction Project Manager, Adler Group, Inc., Miami, Florida**

**1985 to 1987 - Project Manager/Estimator, Roma Construction, Inc., Hollywood, Florida**

**EDUCATION**

**Georgia Institute of Technology, Atlanta, Georgia**  
**B.S. in Civil Engineering, 1981**

**PROFESSIONAL  
CERTIFICATIONS  
AND  
ASSOCIATIONS**

**Professional Engineer, Florida**  
**Building Code Administrator, Florida**  
**Building Inspector and Plans Examiner, Florida**  
**Firesafety Inspector, Florida**  
**LEED AP**  
**Certified General Contractor (inactive), Florida**  
**Building Officials Association of Palm Beach County, (President - 2001)**  
**Palm Beach County Construction Industry Licensing Board, (1996 to 2002, 2010 to present, Chair - 2002)**



## The School District of Palm Beach County Public Affairs Office

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### Oct 21 **School District Seeking Public Input On Americans With Disabilities Act Update**

Posted by: Vickie Middlebrooks - October 21st, 2011

The School District recently conducted a complete survey of all facilities to assess compliance with the Americans with Disabilities Act Accessibility Guidelines. The district is now seeking Public Comments on an update to its' Self Evaluation and Transition Plan prepared in accordance with the Title II of the Americans with Disabilities Act of 1990 (ADA).

To view the 2011 Self Evaluation and Transition Plan please visit the following link:

<http://www.palmbeachschools.org/buildingdepartment/documents/ADATransitionPlanBinder100711.pdf>

Comments will be accepted through November 25, 2011 by e-mail via the following link:

[http://www.palmbeachschools.org/buildingdepartment/ada\\_comments.asp](http://www.palmbeachschools.org/buildingdepartment/ada_comments.asp)

Submit comments by mail to:

ADA Transition Plan Coordinator  
3661 Interstate Park Road North  
Suite 200  
Riviera Beach, FL 33404

The public is also invited to a workshop to learn more about the Self Evaluation and Transition Plan. The workshop will be an opportunity to ask questions and offer comments before School Board approval. The workshop is scheduled for October 26 at 5-7 PM at the Mary and Robert Pew Leadership Development Center.

The Pew Center is located at 9482 MacArthur Boulevard, Palm Beach Gardens. Directions are I-95 to Northlake Blvd., east to MacArthur Blvd, turn north, the Pew Center is on the east side. In accordance with the provisions of the Americans with Disabilities Act, any person requiring special accommodations or an interpreter to participate in this workshop should contact the ADA Transition Plan Coordinator at (561) 383-2078 at least 3 days prior to the workshop.

The updated Self Evaluation is an extensive survey identifying access barriers at all District facilities where programs, services or support activities are provided to the public. The Transition Plan is a management tool to assess the impact of the barriers and determine appropriate actions to remove such barriers or provide alternative means to assure accessibility.

The Transition Plan targets areas where the public is expected to visit such as administrative areas, auditoriums, gymnasiums, etc. Student and Staff accommodations are currently made in accordance with regulations established in companion legislation of the ADA. No changes are planned to the current accommodation process for students and staff.

<http://news.palmbeach.k12.fl.us/pao/2011/10/21/school-district-seeking-public-input-on-a...> 12/30/2011

The District replaced or significantly renovated most of its inventory of schools, ancillary and administrative buildings since the effective date of the ADA in 1992. Many of the most significant barriers have been removed or improved. However, the updated Self Evaluation discovered many deviations from the current accessibility standards. The Transition Plan prioritizes the barriers relative to the impact on public accessibility. The Transition Plan also establishes a timeline to remove these barriers.

For more information please contact School District Building Department Director Tom Hogarth at (561) 383-2078 or [thomas.hogarth@palmbeachschools.org](mailto:thomas.hogarth@palmbeachschools.org) .

Category: [Headlines](#), [Parents](#), [Students](#)

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PBC Office of Equal Opportunity  
Handicapped Accessibility & Awareness Grant Review Committee

*Current Member Roster*

Seat ID	Current Member	Race Code	Requirement	Appoint Date	Expire Date
1	Roberta Van Sickle 4082 Chestnut Ave Palm Beach Gardens, FL 33410 [Appointed by: At-Large]	WF	Advocate and/or Person with Disability AND Resident of PBC	8/28/2007	8/27/2009
2	Daniel G. Riley 2915 22 <sup>nd</sup> Ave SW, Apt. 105 Delray Beach, FL 33445 [Appointed by: At-Large]	WM	Advocate and/or Person with Disability AND Resident of PBC	8/28/2007	8/27/2009
3	Andrea Bryant 433 Silver Beach Rd Lake Park, FL 33403 [Appointed by: At-Large]	BF	Advocate and/or Person with Disability AND Resident of PBC	8/28/2007	8/27/2009
4	William Lapp 1386 Victoria Dr West Palm Beach, FL 33406 [Appointed by: At-Large]	WM	Advocate and/or Person with Disability AND Resident of PBC	8/28/2007	8/27/2009
5	Scott Shoemaker 257 Ponderosa Ct Royal Palm Beach, FL 33411 [Appointed by: At-Large]	WM	Advocate and/or Person with Disability AND Resident of PBC	8/28/2007	8/27/2009
6	Sandy White 200 Wood Dale Dr Wellington, FL 33414 [Appointed by: At-Large]	WF	Advocate and/or Person with Disability AND Resident of PBC	8/28/2007	8/27/2009
7	Johnny Carlisle 250 W. 23rd St Riviera Beach, FL 33404 [Appointed by: At-Large]	BM	Advocate and/or Person with Disability AND Resident of PBC	8/28/2007	8/27/2009
8	Bobbie Valentine 716 Aspen Rd West Palm Beach, FL 33409 [Appointed by: At-Large]	WF	Advocate and/or Person with Disability AND Resident of PBC	8/28/2007	8/27/2009
9	Allen Preston 542 Cherry Road West Palm Beach, FL 33409 [Appointed by: At-Large]	WM	Advocate and/or Person with Disability AND Resident of PBC	8/28/2007	8/27/2009

rev. 3/11

RESOLUTION NO. R-92-1890

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, REPLACING RESOLUTION NO. R-88-1929 WHICH ESTABLISHED THE OFFICE OF EQUAL OPPORTUNITY HANDICAP ACCESSIBILITY AND AWARENESS GRANT REVIEW COMMITTEE AND PROVIDING FOR THE RE-ESTABLISHMENT OF THE OFFICE OF EQUAL OPPORTUNITY HANDICAP ACCESSIBILITY AND AWARENESS GRANT REVIEW COMMITTEE PURSUANT TO THE COUNTY'S UNIFORM POLICIES ON ADVISORY BOARDS

WHEREAS, the Board of County Commissioners of Palm Beach County has a firm commitment to the promotion of equal opportunity for disabled persons; and

WHEREAS, in demonstration of that commitment the Board of County Commissioners enacted Ordinance No. 92-29, the Palm Beach County Physically Disabled Parking Space Ordinance which included increased fines for violation; and

WHEREAS, a portion of the funds collected under Ordinance No. 92-29 through the imposition of fines are to be used to improve accessibility and equal opportunity to physically disabled persons in the County and to provide funds to conduct public awareness programs in the County concerning physically disabled persons; and

WHEREAS, Palm Beach County awards grants to non-profit organizations for projects designed to improve accessibility and equal opportunity to physically disabled persons in the County and/or to conduct public awareness programs in the County concerning physically disabled persons; and

WHEREAS, the Board of County Commissioners through Resolution No. R-88-1929 authorized the formulation of the Office of Equal Opportunity Handicap Accessibility and Awareness Grant Review Committee to review proposals and make recommendations on the award of grant funds; and

WHEREAS, it is necessary to replace Resolution No. R-88-1929 in order that the duties and responsibilities of the Office of Equal Opportunity Handicap Accessibility and Awareness Grant Review Committee are consistent with the County's uniform policies regarding advisory boards as provided in Resolution No. R-91-1003.



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

I. RESCISSION OF RESOLUTION NO. R-88-1929.

Resolution No. R-88-1929 is hereby rescinded and replaced in its entirety by this resolution.

II. CREATION.

There is hereby established an Office of Equal Opportunity Handicap Accessibility and Awareness Grant Review Committee (Grant Review Committee) to be comprised of nine (9) members.

III. REQUIREMENTS FOR MEMBERSHIP

A. General Conditions.

All members of the Grant Review Committee shall be advocates for persons with disabilities. The Committee membership should be representative of persons with various disabilities in the community. All members of the Grant Review Committee shall be appointed at-large by the Board of County Commissioners.

B. Residency Requirement.

All members must be residents of Palm Beach County at the time of appointment and while serving on the Grant Review Committee.

C. Prohibition of County Staff.

County employees may not be appointed to the Grant Review Committee.

D. Term of Appointment.

The term of membership shall be for two (2) years. A vacancy occurring during a term shall be filled for the unexpired term and in the manner described above. There shall be no limit to the number of terms a member may serve.

E. Automatic Removal for Lack of Attendance.

A member of the Grant Review Committee shall be automatically removed for lack of attendance. Lack of attendance is defined as failing to attend three (3) consecutive meetings or failure to attend more than one-half of the meetings scheduled during a calendar year.

Participation for less than three-quarters of a meeting shall constitute lack of attendance. Excused absences due to illness, absence from the County, or personal hardship, if approved by a majority vote of the Grant Review Committee, shall not constitute a lack of attendance. Excused absences shall be entered into the minutes of the next regularly scheduled meeting of the Grant Review Committee. Members removed under this paragraph shall not continue to serve until a new appointment is made. A removal shall create a vacancy.

**F. Elected Office.**

Members shall not be prohibited from qualifying as candidates for elected office.

**G. Travel Reimbursement.**

Travel reimbursement is limited to expenses incurred for travel outside Palm Beach County necessary to fulfill Grant Review Committee member responsibilities when sufficient funds have been budgeted and are available and upon the prior approval of the Board of County Commissioners.

No other expenditures are reimbursable except documented long distance telephone calls to the liaison County Department.

**H. Ethics.**

Members shall be governed by the applicable provisions of the Palm Beach County Ethics Ordinance upon its adoption.

**IV. DUTIES OF GRANT REVIEW COMMITTEE.**

The Grant Review Committee will review proposals made by non-profit agencies for funding to improve accessibility and increase the public awareness for physically disabled persons in the County and make recommendations to the Board of County Commissioners as to the organizations that should be awarded the funding and the amount of funding which should be awarded, not to exceed \$5,000.

The Grant Review Committee may make recommendations to the Board of County Commissioners on amendments or improvements to the Office of Equal Opportunity Handicap

**Accessibility and Awareness Grant Program.**

The Grant Review Committee must submit an annual report to the Board of County Commissioners on their activities.

**V. MEETINGS OF GRANT REVIEW COMMITTEE.**

The Grant Review Committee shall meet at least quarterly. A quorum must be present for the conduct of all meetings. A majority of the members appointed shall constitute a quorum. All meetings shall be governed by Roberts Rules of Order. Reasonable public notice of all meetings shall be provided and all such meetings be open to the public at all times.

**VI. CHAIR AND VICE-CHAIR.**

A Chair and Vice-Chair shall be elected by majority vote of the Grant Review Committee and shall serve for a term of one year.

**A. Duties of the Chair.**

1. Call Grant Review Committee Meetings and set the agenda for same;
2. Preside at Grant Review Committee Meetings;
3. Established committees, appoint committee chairs and charge committees with specific tasks;
4. Perform other functions as the Grant Review Committee may assign by rule or order.

**B. Duties of Vice-Chair.**

The Vice-Chair shall perform the duties of the Chair in the Chair's absence, and such other duties as the Chair may assign. If a vacancy occurs in the office of the Chair, the Vice-Chair shall become the Chair for the unexpired term. If a vacancy occurs in the office of Vice-Chair, the Council will elect another member to fill the unexpired term of the Vice-Chair.

**VII. EFFECTIVE DATE.**

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

The foregoing resolution was offered by Commissioner  
Marcus \_\_\_\_\_, who moved its adoption. The Motion was  
seconded by Commissioner \_\_\_\_\_ Roberts \_\_\_\_\_, and upon being put  
to a vote, the vote was as follows:

KAREN T. MARCUS	- Aye
WARREN H. NEWELL	- Aye
BURT AARONSON	- Aye
CAROL A. ROBERTS	- Aye
MARY MC CARTY	- Aye
KEN FOSTER	- Aye
MAUDE FORD LEE	- Aye

The Chair thereupon declared the Resolution duly passed  
and adopted this 15th day of December, 1992.

APPROVED AS TO FORM  
LEGAL SUFFICIENCY

PALM BEACH COUNTY, FLORIDA BY  
ITS BOARD OF COUNTY COMMISSIONERS

Milton T. Bauer, Clerk

By: 

[H:bhs\wpdata\tkf\resolut2.OEO]