

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT SUMMARY**

**Meeting Date:** September 11, 2012  
**Department:** Office of Equal Opportunity  
**Submitted By:** Office of Equal Opportunity  
**Advisory Board:** Handicap | Accessibility and Awareness Grant Review Committee

**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to approve: Appointment of four (4) at-large members to the Handicap Accessibility and Awareness Grant Review Committee (Grant Review Committee) for a two-year period beginning September 11, 2012 through September 10, 2014. These are at-large appointments to be made from the following list of nominees:

<u>New Appointments:</u>	<u>Seat No.</u>	<u>Nominated by:</u>
Laurence P. Osband	6	Comm. Marcus Comm. Burdick Comm. Taylor
James F. Murray	7	Comm. Marcus Comm. Burdick Comm. Taylor
Adam J. Brockman	8	Comm. Marcus Comm. Burdick Comm. Taylor
Rashid R. Rice	9	Comm. Marcus Comm. Burdick Comm. Taylor

**Summary:** (cont'd on Page 2)

**Justification and Background** (cont'd on Page 2)

**Attachments:**

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

**Recommended by:**   
 Department Director

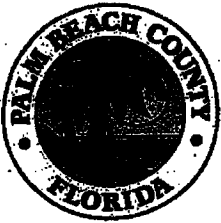
29 August 2012  
 Date

**Legal Sufficiency:**   
 Assistant County Attorney

21.8.12  
 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 the remaining four (4) 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. Countywide (DO)

**Justification and Background:** 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 appointments, the Committee has a diversity composition of one (1) White female, one (1) Black female one (1) Black male and six (6) White males. Six (6) of the nine (9) are persons with disabilities and three (3) are advocates for persons with disabilities.



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  
Board of County  
Commissioners**

Shelley Vana, Chair  
Steven L. Abrams, Vice Chairman  
Karen T. Marcus  
Paullette Burdick  
Burt Aaronson  
Jess R. Santamaria  
Priscilla A. Taylor

**County Administrator**  
Robert Weisman

*"An Equal Opportunity  
Affirmative Action Employer"*

printed on recycled paper

Date: July 6, 2012  
To: Commissioner Shelley Vana, Chair and  
Members of the Board of County  
Commissioners  
From: Pamela Guerrier  
Director, Office of Equal Opportunity   
Re: Handicapped Accessibility and Awareness  
Grant Review Committee At-Large  
Appointments

The terms of several members appointed to the Handicapped Accessibility and Awareness Grant Review Committee expired on August 27, 2009. Two (2) members were recently reappointed and three (3) were appointed for a total of five (5) members. Currently, there are four (4) vacant seats. All nine (9) members of this committee are at-large appointees. We seek your support for the four (4) 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 award 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 a person with disabilities and/or representative of persons with disabilities in the community.

Staff is recommending the appointment of four (4) individuals: Laurence P. Osband, James F. Murray, Adam J. Brockman, and Rashid R. Rice.

Attached are completed Advisory board Nominee information forms for the four (4) nominees referenced above. If the appointment of these nominees meet your approval, please sign the forms and return them to our office. Alternatively, please also provide your suggested nominees. It is our intention to have this matter submitted for consideration at the September 11, 2012 meeting of the BCC.

If there are any questions concerning this request, or if additional information is needed, please contact me at 561-355-2558.

cc: Brad Merriman, Assistant County Administrator  
David R. Ottey, Assistant County Attorney

**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 11, 2014

Seat Requirement: Advocate for/and or Person with a Disability Seat #: 6

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: OSBAND LAURENCE PHILIP  
Last First Middle

Occupation/Affiliation: DISABLED

Owner  Employee  Officer

Business Name: Retired

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

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

Residence Address: 500 NATHAN HALE ROAD APT 4

City & State: West Palm Beach FL Zip Code: 33405-4351

Home Phone: 561 582 9086 Business Phone: ( ) Ext.

Cell Phone: 561 706 8257 Fax: ( )

Email Address: LAURENCE@OSBAND.US

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>
Ex: (R#XX-XXXX/PO XXX)	Parks & Recreation	General Maintenance	10/01/11-09/30/12

(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.palmbeachcountylethics.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: *Lawrence P. Osborn* Printed Name: Lawrence P. Osborn Date: Jan 24, 2012

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website [www.palmbeachcountylethics.com](http://www.palmbeachcountylethics.com) or contact us via email at [ethics@palmbeachcountylethics.com](mailto:ethics@palmbeachcountylethics.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 R. De Felippo for* Date: 7/10/12  
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**

EQUAL OPPORTUNITY  
 12 JUL 25 2014  
 AM 8:17  
 COUNTY OF PALM BEACH

*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 11, 2014  
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 or  to complete the term of \_\_\_\_\_ Due to:  resignation  other  
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**APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: OSBAND LAURENCE PHILIP  
 Last First Middle  
 Occupation/Affiliation: DISABLED  
 Owner  Employee  Officer   
 Business Name: Retired  
 Business Address: \_\_\_\_\_  
 City & State: District 2 Zip Code: \_\_\_\_\_  
 Residence Address: 500 NATHAN HALE ROAD APT 4  
 City & State: WEST PALM BEACH FL Zip Code: 33405-4351  
 Home Phone: 861 582 9086 Business Phone: ( ) Ext. \_\_\_\_\_  
 Cell Phone: 861 706 8257 Fax: ( ) \_\_\_\_\_  
 Email Address: LAURENCE@OSBAND.US

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>
Ex: (R/XX-XXXX/PO XXX)	Parks & Recreation	General Maintenance	10/01/11-09/30/12
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)

OR  NONE

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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: *Laurence P. Osborn* Printed Name: LAURENCE P. OSBORN Date: Jan 24, 2012

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Return this FORM to:  
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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: 7-12-2012



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

COUNTY OF PALM BEACH  
OFFICE OF  
EQUAL OPPORTUNITY

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Email Address: LAURENCE@OSBAND.US

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_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)

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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: *Pamela Guerrier* Date: 9/31/2012

**HIV/AIDS Advocacy**

**Laurence P. Osband**

**24 January 2012**

**Florida Department of Health  
Bureau of HIV/AIDS**

**Patient Care Network**

**Statewide Infected/Affected**

**Community alternate 2004-2005**

**Area 9 (PBC) Alternate 2011-2012**

**Statewide Prevention Planning Group**

**Area 9 (Palm Beach County)**

**Alternate 2005**

**Representative 2006-2007-2008**

**Palm Beach County Health Department  
Community Prevention Planning Group**

**2002-current**

**Vice Chair**

**2005- 2006**

**HIV Education, Prevention, Intervention, Care  
Consortium - Community Action Network  
(EPICC-CAN)**

**Founding member**

**2003- Current**

**Treasurer**

**2004**

**Vice Chair**

**2005- 2006**

**Palm Beach County HIV Care Council**

**Member**

**2001- current**

**Quality Awareness Committee**

**2001- Current**

**Committee Vice-chair**

**2002- Current**  
**Priorities and Allocations Committee**  
**2001- Current**  
**Committee Chair / Council Treasurer**  
**2005-2006-2007**  
**Planning Committee**  
**2001-current**  
**Committee Chair**

**2004-2005-2007-2008-2009-2011-2012**  
**Medical Services Committee**  
**2005-current**  
**Committee vice Chair 2011-2012**  
**Support Services Committee**  
**2005-current**  
**Community Awareness Committee**  
**2001- Current**  
**Chair - Outreach and Education**  
**Workgroup**  
**2002-2003-2004-2005-2006**

**City of West Palm Beach**  
**HOPWA Program**  
**HOPWA / Housing Services Advisory Board**  
**2001-2002-2003-2004-2005**  
**HOPWA RFP Review Board**  
**2005-2006-2007-2008-2009-2010-2011**

**AIDS Voice of Palm Beach County, Inc.**  
**(Grassroots advocacy group)**  
**Founding member 2002-**  
**Board member 2002-**

**Names Project - South Florida**  
**West Palm Beach Chapter - Member**  
**2004- Current**

**Campaign to End AIDS - Florida**

**2005-2006-**

**Positive Living Palm Beach -**

**A HIV Peer Lead Support Group**

**Founding Member**

**1996 - Current**

**Co-Peer Facilitator**

**2005-2006-2007-2008-2009-2010-2011-2012**

**Palm Beach County Metropolitan Planning Organization**

**Local Transportation Disadvantaged**

**Coordinating Board 2011-2012**

**Palm Tran Service Board**

**Marketing Committee 2011-2012**

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

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**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 11, 2014

Seat Requirement: Advocate for and/or Person with Disability Seat #: 7

\*Reappointment or  New Appointment

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

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

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

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

Name: Murray James Francis  
Last First Middle

Occupation/Affiliation: Blind Rehabilitation Specialist

Owner  Employee  Officer

Business Name: WEST PALM BEACH VA Medical Center

Business Address: 7305 NW Military Trail, Riviera Beach, FL 33410

City & State: Riviera Beach, FL Zip Code: 33410

Residence Address: 8171 Belgio lane

City & State: Boynton Beach, FL Zip Code: \_\_\_\_\_

Home Phone: (561) 596-0543 Business Phone: 561 422-8262 Ext. 7197

Cell Phone: ( ) Fax: ( )

Email Address: James.Murray4@va.gov

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

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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: [Signature] Printed Name: James Murray Date: 06/04/2012

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.

Return this FORM to: Office of Equal Opportunity  
Georgette Fabri, Disability Accessibility Specialist  
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 DeFleppo for Date: 7/10/12  
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**

PALM BEACH COUNTY  
EQUAL OPPORTUNITY  
12 11 2014 2:32

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

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

Name: Murray James Francis  
Last First Middle

Occupation/Affiliation: Blind Rehabilitation Specialist

Owner  Employee  Officer

Business Name: WEST PALM BEACH VA Medical Center

Business Address: 7305 NW Military trail, Riviera Beach, FL 33410

City & State: Riviera Beach, FL Zip Code: 33410

Residence Address: 8171 Belgio lane

City & State: Boynton Beach, FL Zip Code: \_\_\_\_\_

Home Phone: (561) 596-0543 Business Phone: (561) 422-8262 Ext. 7197

Cell Phone: ( ) Fax: ( )

Email Address: James.Murray4@va.gov

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



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

(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.

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
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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: James Murray Date: 06/04/2012

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Return this FORM to: Office of Equal Opportunity  
Georgette Fabri, Disability Accessibility Specialist  
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:  Date: \_\_\_\_\_

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

PALM BEACH COUNTY  
OFFICE OF  
EQUAL OPPORTUNITY

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**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 11, 2014

Seat Requirement: Advocate for and/or Person with Disability Seat #: 7

\*Reappointment or  New Appointment

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

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

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City & State: Riviera Beach, FL Zip Code: 33410

Residence Address: 8171 Belagio Lane

City & State: Boynton Beach, FL Zip Code: \_\_\_\_\_

Home Phone: (561) 596-0543 Business Phone: 561 422-8262 Ext. 7197

Cell Phone: ( ) Fax: ( )

Email Address: James.Murray4@va.gov

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

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Return this FORM to: Office of Equal Opportunity  
Georgette Fabri, Disability Accessibility Specialist  
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:  Date: 7/25/12

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

Revised 08/01/2011

8171 Bellagio Lane  
Boynton Beach, FL 33472  
(561) 596-0543  
James.Murray4@va.gov8171 Bellagio Lane

December 14, 2011  
Georgette Fabri  
Phone: (202)324-4131  
Email: gmfabri@obc.gov.org  
U.S. Department of Justice Federal Bureau of Investigation  
Office of Equal Opportunity  
215 North Olive Avenue Suite 130  
West Palm Beach, FL 33401

Dear Ms. Fabri:

One of my key strengths is my person-to-person communication, which often goes against our culture of e-mails. For example, after examining the Federal Equal Opportunity Recruitment Plan for Fiscal Year 2010 it was brought to my attention by that the Medical Center's goal was to show that 2% of our population were employees with targeted disabilities. As the People with Disabilities Special Emphasis Program Manager (SEPM) I took the initiative to meet personally, with a majority of our services to present my case as to why it is crucial that we self identify our disabilities. My efforts aided in increasing the number of employees identified with targeted disabilities from 1.37% to 1.95% by the end of Fiscal year 2011.

My full time position is as a Blind Rehabilitation Specialist (GS-11). In addition, I am The People With Disabilities SEPM for 20% of my duty time. As the People With Disabilities SEPM I have successfully held events open to all hospital staff, built the People with Disabilities Team comprised of roughly 40 employees, and was given the opportunity to discuss my position and the state of affairs for employees with disabilities at our medical center for a television show. As the Combined Federal Campaign key worker for 2009 I was recognized for achieving 100% support from my service for the first time in our services history. Lastly, I was the first Unit Based Council (UBC) Team Leader for our service from 08/09-06/11 where I met with the UBC once a month to review suggestions made by employees and presented them to management.

While achieving my Master's degree in Occupational Therapy I was exposed to people with varying disabilities. Through my internships, I was given the opportunity to work with children with autism and cerebral palsy in addition to adults with Alzheimer's, dementia, and a variety of health issues. My most unique internship involved teaching troubled youth at a juvenile detention center how to achieve employment. During that same internship I was given the opportunity to present to the Manager of the senior housing division of Pembroke Pines the concept for an out-door exercise park to be built the inmates for subsidized housing facility for senior citizens. I was named student of the year for Nova Southeastern's College of Allied Health and Nursing for 2008. In addition I have been recognized as a competent communicator by Toastmaster's International and am starting a discussion group in my local area for the Foreign Policy Association.

Personally, I am blind in my left eye, my father has epilepsy, and my grandmother was diagnosed with multiple-sclerosis. I have close relatives from varying socioeconomic backgrounds and levels of education. My personal experience coupled with my academic and professional experiences make me the perfect candidate for a position working with your equal opportunity office working to ensure equal treatment for all persons. Thank you very much for your consideration. I look forward to working with you.

Sincerely,  
James Murray

# James F. Murray

8171 Bellagio Lane, Boynton Beach, FL 33472  
Home: (561) 596-0543 • Office: (561) 422-8262 ext. 7197  
Email: [James.Murray4@va.gov](mailto:James.Murray4@va.gov)

## OBJECTIVE:

To be given the opportunity to plan, develop, implement, evaluate, and monitor the affirmative action and equal employment opportunity programs in the VA Medical Center to ensure the equal treatment of all people regardless of race, color, religion, age, gender, national origin and disability.

## EMPLOYMENT HISTORY:

- **Blind Rehabilitation Specialist** 80% of duty time (5/09 – Present)
- **People with Disabilities Employment Program Manager** 20% of duty time (06/11 – Present)

Employer: West Palm Beach VA Medical Center  
Salary: GS 11 step 2 \$62,766.00, Full-time employee: 40 hours/week  
Supervisor: Zaskia Diaz-Marrero, (561) 422-8427, may be contacted

Blind Rehab Specialist Description: Train blind veterans in how to use adaptive technology. Proficient in various accessibility software programs as well as the use of Microsoft Word, Microsoft Excel, and PowerPoint. Responsible for coordinating each veteran's training program with the veteran's family and interdisciplinary team to ensure the program is veteran centered.

People with Disabilities Employment Program Manager Description: Work with management by providing assistance and advice on special employment concerns of people with disabilities. Assist the Equal Employment Opportunity (EEO) Manager in developing annual reports such as the Federal Equal Opportunity Recruitment Program (FEORP) and Affirmative Employment Plan (AEP). Plan and coordinate special activities and observances related to People with disabilities. Maintain contacts with organizations in the community that serve people with disabilities. Assist with training sessions and recruitment of new employees with disabilities. Serve as a member of the EEO Advisory Committee (EEOAC) and chairing the Special Emphasis Program subcommittee for which you have responsibility.

- **Rehab Technician** (05/06-05/09)  
Employer: Pinecrest Rehabilitation Hospital/ Delray Medical Center  
Wage: 15\$ per hr. Part-time employee: 16 hours/week
- **Manager in training** (10/04-05/06) – Managed 20 employees  
Employer: Walgreen's Boca Raton 33434  
Wage: 15\$ per hr. Full-time employee: 40-70 hours/week
- **Management Trainee** (10/03-02/04)  
Employer: B&L Service Inc.  
Full-time Employee
- **Management Trainee** (2/04-7/04)  
Employer: Wells Fargo Financial  
Salary: 35,000 Full-time employee: 40 hrs a week
- **Supervisor** (1996-2000) – Supervisor of 30 employees  
Employer: American Multi Cinemas  
Part-time Employee

## EDUCATION:

- **Nova Southeastern University** November 2008 – M.S., Occupational Therapy

- **University of South Florida July 2002 – B.A., Psychology**

**LEADERSHIP/HONORS/AWARDS:**

- **Unit Based Council Team Founder & Leader – (2009-2010)** Held monthly meetings to gather data from staff on ways to improve the service and developed projects to improve the workplace for employees and veteran's
- **Student of the Year – College of Allied Health and Nursing (2008)**
- **Combined Federal Campaign Worker – Recognized for obtaining 100% participation of service for 2010**
- **Pie Gamma Mu (Social Sciences Honor's Society) – 2000 - 2002**
- **National Collegiate Scholars Honor Society – 2000 - 2002**
- **Golden Key International Honor Society – 2000 - 2002**
- **Toastmaster – 2009 – present**  
Achieved Competent Communicator Status

**VOLUNTEERING**

- **Rebuilding together – 2007- 2008**

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

PALM BEACH COUNTY  
EQUAL OPPORTUNITY  
12 NOV 25 2014

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**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 11, 2014

Seat Requirement: Advocate for and/or Person with Disability Seat #: 8

\*Reappointment or  New Appointment

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

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

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

Name: Brockman 'AJ' Adam Joseph  
Last First Middle

Occupation/Affiliation: Fine Art and Design.

Owner  Employee  Officer

Business Name: Single Handed Studio

Business Address: 3506 Cosmos Street

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

Residence Address: Same.

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

Home Phone: 561-771-1641 Business Phone: 561-771-1641

Cell Phone: ( ) Fax: 561-624-0420

Email Address: AJ@SingleHandedStudio.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:  Male  Female  
 Native-American  Hispanic-American  Asian-American  African-American  Caucasian

**Section II Continued:**

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<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

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**AND**

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\*Applicant's Signature: *AS Brackman* Printed Name: AS Brackman Date: 5/15/2012

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Return this FORM to: Office of Equal Opportunity  
Georgette Fabri, Disability Accessibility Specialist  
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: *Paula the Burdick* Date: 7-12-2012

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**

COMMUNITY  
OPPORTUNITY  
12 MAY 18 AM 8:54

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 11, 2014

Seat Requirement: Advocate for and/or Person with Disability Seat #: 8

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or  to complete the term of \_\_\_\_\_ Due to:  resignation  other  
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Name: Brockman 'AJ' Adam Joseph  
Last First Middle

Occupation/Affiliation: Fine Art and Design.

Owner  Employee  Officer

Business Name: Single Handed Studio

Business Address: 3566 Cosmos Street

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Residence Address: Same.

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

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Email Address: AJ@SingleHandedStudio.com

Mailing Address Preference:  Business  Residence

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Georgette Fabri, Disability Accessibility Specialist  
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: Andy DeFleppo for Date: 7/10/12  
comm. Karen T. Marcus

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Revised 08/01/2011

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

OFFICE OF  
EQUAL OPPORTUNITY  
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Home Phone: 561-771-1641 Business Phone: (561) 771-1641

Cell Phone: ( ) Fax: 561 624-0420

Email Address: AJ@SingleHandedStudio.com

Mailing Address Preference:  Business  Residence

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_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)

OR   NONE

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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: *AS Brockman* Printed Name: AS Brockman Date: 5/15/2012

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.

Return this FORM to: Office of Equal Opportunity  
 Georgette Fabri, Disability Accessibility Specialist  
 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: *[Signature]* Date: 7/25/11

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

Revised 08/01/2011

# AJ BROCKMAN



## Personal Details

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Name	AJ Brockman
DOB	July 27, 1988
Address	3566 Cosmo St., Palm Beach Gardens, FL 33410
Phone	561.234.0991
Email	AJ@singlehandedstudio.com
Website	www.singlehandedstudio.com

## Artist Profile

---

I am an award-winning artist that truly has a passion for art, design and all things that are awesome. I also have SMA (Spinal Muscular Atrophy), a progressive neuromuscular disease, and have been wheelchair-bound since age two. I view myself as being „differently abled“ rather than „disabled“ and I live life to the fullest every day.

As a South Florida native, a lot of my work reflects the ocean, landscapes, and a beachside lifestyle. However, my work runs the gamut and I do not limit myself to a specific genre.

What I would like most of all is for others to enjoy my work, inspire creativity and prove that anything is possible if you put your mind to it and have the drive to do so.

## Education

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<b>Bachelors of Fine Arts Degree</b>	<b>Apr 2006 - Oct 2009</b>
Digital Media Arts College (Valedictorian)	Florida, USA

<b>Palm Beach Gardens High School</b>	<b>Aug 2002 - Jun 2006</b>
Television and Film Magnate, National Honor Society, Top 5%	Florida, USA

(see page 2)

# AJ BROCKMAN



## Galleries and Exhibits

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**Art Ability Program at Bryn Mawr Rehab Hospital**  
Fine Art Exhibit

**Sept 2011 - Jan 2012**  
Pennsylvania, USA

The Art Ability Program at Bryn Mawr Rehab Hospital is a year-long program which serves as a showcase for, and celebration of, artists with disabilities. Through art, we hope to inspire patients to reach beyond their limitations, and to encourage people with disabilities to explore their own creativity.

**Vivid Expression in Art**  
110 Gallery, Delray Beach

**Aug 2011 - Sept 2011**  
Florida, USA

Rotating gallery at a prominent office building in downtown Delray Beach. Presenting the work of local artists in Palm Beach and Broward counties with dynamic artistic expression in acrylic, pastel, oil, watercolor, photography, sculpture & digital art.

**Lighthouse ArtCenter**  
Art School and Museum, Tequesta

**Jan 2010 - July 2011**  
Florida, USA

I have been invited to exhibit on numerous occasions including the Landscape and Young Contemporary Artists exhibitions. The Lighthouse ArtCenter provides a bridge to the visual and performing arts for the community through unique collections, engaging exhibitions and cultural programs, a dynamic School of Art and diverse outreach activities.

## Awards and Honors

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### **Addy Awards**

Gold: Online Campaign / Landing Page Design  
Silver: God Save The Gulf Charity T-Shirt

### **Lighthouse ArtCenter**

Third Place in Landscape Exhibition - Nozridr  
Honorable Mention in Next Wave Show - "I'm..."  
Poster Series

### **DeviantArt Daily Deviation**

God Save The Gulf Charity T-shirt

### **Digital Media Arts College**

Distinguished Artist Award - Presented by Robert Altman

### **Palm Beach County School Board**

2006 Volunteer of the Year  
2006 Second Place Pathfinder Award

### **Muscular Dystrophy Association (MDA)**

Former Florida Goodwill Ambassador

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

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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 11, 2014

Seat Requirement: Advocate for and/or Person with Disability Seat #: 9

\*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: Rice Rashid Raheem  
Last First Middle

Occupation/Affiliation: saddle brook / District 2  
Owner  Employee  Officer

Business Name: NA

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

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

Residence Address: 1144 Madison Chase Apt 2

City & State West Palm Beach FL Zip Code: 33460

Home Phone: 561-201-0460 Business Phone: ( ) Ext.

Cell Phone: 561-201-0460 Fax: ( )

Email Address: raceminping@hotmail.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:  Male  Female  
 Native-American  Hispanic-American  Asian-American  African-American  Caucasian

**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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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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- 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: Rachid Price Date: 3-23-12

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.

Return this FORM to: Office of Equal Opportunity  
Georgette Fabri, Disability Accessibility Specialist  
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:  Date: 7-12-2012

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**

Palm Beach County  
Office of  
Equal Opportunity

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 11, 2014

Seat Requirement: Advocate for and/or Person with Disability Seat #: 9

\*Reappointment or  New Appointment

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

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

Name: Rice Rashid Raheem  
Last First Middle

Occupation/Affiliation: \_\_\_\_\_  
Owner  Employee  Officer

Business Name: NA

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

Residence Address: 1144 Madison Chase Apt 2  
City & State West Palm Beach Fl Zip Code: 33460

Home Phone: 561-201-0460 Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: 561-201-0460 Fax: ( )

Email Address: ace.minpin@hotmail.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:  Male  Female  
 Native-American  Hispanic-American  Asian-American  African-American  Caucasian

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<u>Contract/Transaction No.</u>	<u>Department/Division</u>	<u>Description of Services</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)

OR  NONE

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- 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: [Signature] Printed Name: Rashid Price Date: 3-23-12

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Return this FORM to: Office of Equal Opportunity  
Georgette Fabri, Disability Accessibility Specialist  
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: [Signature] Date: 7/25/12

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**

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 11, 2014

Seat Requirement: Advocate for and/or Person with Disability Seat #: 9

\*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: Rice Rashid Raheem  
Last First Middle

Occupation/Affiliation: \_\_\_\_\_

Owner  Employee  Officer

Business Name: NA

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

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

Residence Address: 1144 Madison Chase Apt 2

City & State West Palm Beach Fl Zip Code: 33460

Home Phone: 561-201-0460 Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: 561-201-0460 Fax: ( )

Email Address: ace.minpin@hotmail.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:  Male  Female  
 Native-American  Hispanic-American  Asian-American  African-American  Caucasian

**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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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.

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: [Signature] Printed Name: Rachid Price Date: 3-23-12

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.

Return this FORM to: Office of Equal Opportunity  
Georgette Fabri, Disability Accessibility Specialist  
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: Cathy R. DeSellepp for Date: 7/10/12  
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

**Rashid R Price**  
**1144 Madison Chase Apt #1**  
**West Palm Beach Fl. 33411**  
**(561)201-0460**

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### **My Profile**

I am young, hardworking, professional male living with a disability called (Sickle Cell Anemia). I attended Lejeune High School in North Carolina. I then furthered my education at the Computer Learning Center. I currently reside in West Palm Beach Florida. For the most of my life I have worked and lived with my disability. I enjoy life to the fullest and have worked hard to achieve my long term goals as a young man. I have multiple skills and talents that will contribute to my business ventures. I have works in the customer service field for over 13 years. I have excellent communication skills, and I work well with others. I am comfortable in fast paced environments and work well under pressure. I consider myself to be a poised, diplomatic, calm and professional young man. I am looking forward to contributing as much as possible to the world of disabilities and making a greater positive impact towards helping other people.



**RASHID R. PRICE**  
1144 Madison Chase Apt #1  
West Palm Beach, FL 33411  
(561) 201-0460  
[aceminpn@hotmail.com](mailto:aceminpn@hotmail.com)

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**CLIENT SERVICE SPECIALIST**  
Microsoft Word, Excel, Outlook and QuickBooks  
**Honest, Energetic, Dependable**

Expert customer service  
Comfortable in fast-paced environment  
Able to schedule and meet time sensitive deadlines  
Data entry, type 50 wpm

Ability to multi-task and prioritize  
Committed to excellence and integrity  
Poised, diplomatic, calm under pressure  
Money handling

**EXPERIENCE**

**PALM BEACH TAX COLLECTOR, West Palm Beach, FL**  
**Client Service Specialist**

1999 – Feb 2012

- Assisted supervisor by providing office support at every level
- Worked at front desk providing customer service, information and directions
- Answered phones; performed secretarial duties, correspondence, filing, data entry
- Provided receipt for all transaction made for client, such a charge cards, cash and checks
- Attended team meetings to help adjust programs that would better assist the client's needs
- Responsible for mailroom operations such as sorting and delivery all interoffice mail
- Issued new and renewed occupational licenses to conduct business in Palm Beach County
- Compiled, copied, sorted, and filed records of office activities, business transactions
- Opened, sorted and routed incoming mail, answer correspondence, and prepare outgoing mail
- Studied all current with all Palm beach Tax Collector laws & organization's systematic policy
- Accountable for daily intake of all financial revenue total in over \$50,000 per day
- Educated clients on requirements and procedures for their requested tasks
- Operated office machines: photocopiers and scanners, fax machines, voice mail systems, computers
- Informed all clients of amounts due for property tax of current and previous years

**EDUCATION**

High School Diploma

Lejeune High School

NC

**CERTIFICATION**

A Plus Certification

Computer Learning Center

FL

**HANDICAPPED ACCESSIBILITY AND AWARENESS  
GRANT REVIEW COMMITTEE  
Current Member Roster**

<u>Current Member</u>	<u>Seat #</u>	<u>Appoint Date</u>	<u>Re-Appoint Date</u>	<u>Expire Date</u>	<u>Race Code</u>
Roberta Van Sickle 4082 Chestnut Ave. Palm Beach Gardens, FL 33410	1	08/08/2007	01/24/2012	01/23/2014	WF
Pamela White Florida Atlantic Univ. 777 Glades Rd Boca Raton, FL 33431	2	01/24/2012		01/23/2014	BF
Jerome Goldstein 4119 Manchester Lake Dr. Wellington, FL 33449	3	01/24/2012		01/23/2014	WM
William Lapp 1386 Victoria Dr West Palm Beach, FL 33406	4	08/08/2007	01/24/2012	01/23/2014	WM
Thomas Hogarth Palm Beach County School District 3661 Interstate Park Road North Riviera Beach, FL 33404	5	01/24/2012		01/23/2014	WM

<b>Vacant</b>	<b>6</b>
<b>Vacant</b>	<b>7</b>
<b>Vacant</b>	<b>8</b>
<b>Vacant</b>	<b>9</b>



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. Establish 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:

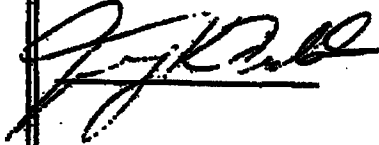
KAREN T. MARCUS	- Aye
WARREN E. HUBBELL	- Aye
BURT JENSEN	- Aye
CAROL A. ROBERTS	- Aye
MARY MC CANN	- Aye
KEW FOSTER	- Aye
MAUDE FORD IER	- Aye

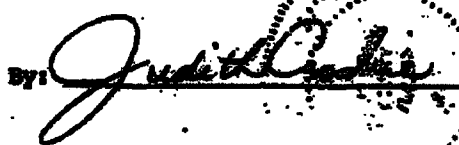
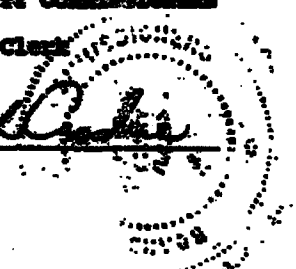
The Chair thereupon declared the Resolution duly passed  
and adopted this 15th day of December, 1992.

APPROVED AS TO FORM  
LEGAL SUFFICIENCY

PALM BEACH COUNTY, FLORIDA BY  
ITS BOARD OF COUNTY COMMISSIONERS

Milton T. Bauer, Clerk



BY:  

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