

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT SUMMARY**

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**Meeting Date: February 5, 2013**

**Department**

**Submitted By:** Community Services

**Advisory Board:** Head Start/Early Head Start Policy Council

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**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to approve: Appointment/Reappointment of the following Parent and Community Representatives to the Head Start/Early Head Start Policy Council for a term beginning on February 5, 2013, and ending February 4, 2014.

**PARENT REPRESENTATIVE AND ALTERNATE(S) BY CENTER**

(R) = Representative

(A) = Alternate

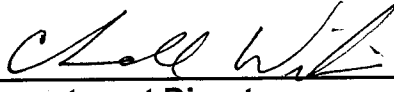
<u>Seat ID #</u>	<u>Community Representative</u>	<u>Seat ID#</u>	<u>Community Representative</u>
01	Natasha Stewart	02	Tamara L. Starks
<u>Seat ID #</u>	<u>Palm Glades</u>	<u>Seat ID#</u>	<u>King's Kids</u>
10	Selene M. Resendez (R)	26	Dejuana K. Johnson (R)
	Amalia Jaimes (A)		
<u>Seat ID #</u>	<u>My First Steps</u>	<u>Seat ID#</u>	<u>YWCA</u>
27	Erica Thompson (R)	29	Recartha L. Smith (R)


**Summary:** The term of appointment for parent representatives and alternates to the Head Start/Early Head Start (HS/EHS) Policy Council is one year, and requires that the parent representative/alternate be a parent of a child enrolled in the HS/EHS program. The Council is comprised of 33 members, of which six (6) must be representatives of the community. The remaining membership is comprised of parents whose children are actively enrolled in the HS/EHS program. The parents committees have recommended these individuals for appointment. The Policy Council current board meeting membership listing is forthcoming. (Head Start) Countywide (TKF)

**Background and Justification:** The Council responsibilities include establishing a method of hearing and resolving community complaints about the HS/EHS program, conducting self-evaluations, identifying child development needs, ensuring that space, equipment and supplies are acquired as needed. They may also be consulted on the directive given to HS/EHS staff in day-to-day operations. Including the above nominees, the council's racial makeup consists of seven (7) Black males, 22 Black females, one (1) Hispanic male, seven (7) Hispanic females, and one (1) Caucasian female. An agenda item repealing and replacing Resolution R2006-1878 was presented to the BOCC on December 20, 2011, modifying membership guidelines and including the Sunshine Law and State Code of Ethics and the Palm Beach Code of Ethics.

**Attachments:**

1. Board/Committees Applications
  2. Resolution No. R-2011-1999
- =====

**Recommended By:**  Date 1/17/13  
**Department Director** Date

**Legal Sufficiency:**  Date 1/18/13  
**Chief Assistant County Attorney** Date

**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: Head Start/Early Head Start Policy Council Advisory  Not Advisory

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

Term of Appointment: 1 Years. From: 02-05-2013 To: 02-04-2014

Seat Requirement: Community Representative Seat #: 02 01

\*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: 0

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

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

Name: Stewart Natasha  
Last First Middle

Occupation/Affiliation: CERTIFIED NURSE ASSISTANT  
Owner  Employee  Officer

Business Name: BETHESDA MEMORIAL HOSPITAL

Business Address: 2800 S. SEACREST BLVD.

City & State: BOYNTON BEACH, FL Zip Code: 33435

Residence Address: 2281 Avenue H East

City & State: Riviera Beach Zip Code: 33404

Home Phone: ( 561 ) 319-8061 Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: ( ) Fax: ( )

Email Address: NATASHAT3000@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:  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

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- Hand Outs
- 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: Natasha Stewart Printed Name: NATASHA STEWART Date: 12/13/12

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:**  
 {Insert Liaison Name Here}, {Insert Department/Division Here}  
 {Insert Address Here}

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

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

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

2281 Avenue H East, Riviera Beach, FL 33404

Home: 561-319-8061

**OBJECTIVE:** To obtain a position as a community representative

**SUMMARY OF QUALIFICATIONS**

- 4 years of medical/clerical support helping the R.N. with specified tasks and functions
- In depth knowledge of medical procedures and practices
- Demonstrated time management, planning, and organizational skills
- Able to work in a fast-paced setting with many responsibilities and duties
- Excellent phone manner and ability to relate well with clients
- Extremely dependable, conscientious, and detail-oriented
- Computer proficiency: Microsoft Word, Excel, and Medical Software (Type 94 wpm)
- Record Keeping/File Maintenance

**EDUCATION**

- Palm Beach State College, Lake Worth, FL  
Bachelor of Applied Science, Major: Supervision and Management – Health Management  
Concentration (in progress), GPA: 3.3
- Palm Beach Community College, Lake Worth, FL  
Associate of Science 2003

**CLINICAL EXPERIENCE**

Glades General Hospital, Belle Glade, FL, Fall 2003

St. Mary's Medical Center, West Palm Beach, FL, Spring 2003

Bethesda Medical Center, Boynton Beach, FL, Fall 2002

JFK Medical Center, Atlantis, FL, Spring 2002

- Interviewed patients to obtain medical information and recorded patients' medical history, vital statistics, and information such as test results in medical records.
- Observed patients' conditions, measuring and recording food and liquid intake and output and vital signs, and reported changes to professional staff.
- Provided patient care by supplying and emptying bed pans, applying dressings and supervising exercise routines, bathing, grooming, shaving, dressing, and ambulating
- Recorded patients' medical history, vital statistics and information such as test results in medical records.
- Assessed nature and extent of illness or injury to establish and prioritize medical procedures.
- Maintained records of patient care, condition, progress, or problems and reported and discussed observations with supervisor or case manager.
- Compile and record medical charts, reports, and correspondence

**WORK HISTORY**

- Patient Care Assistant, Bethesda Memorial Hospital, Boynton Beach, FL, Present
- Patient Care Technician, Jackson Memorial Hospital, Miami, FL, May 2003-August 2003
- Nurse Associate, JFK Medical Center, Atlantis, FL, April 2002-May 2003

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Board Name: Head Start/Early Head Start Policy Council Advisory  Not Advisory

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

Term of Appointment: 1 Years. From: 02/05/2013 To: 02/04/2014  
~~09-26-2012~~ ~~09-25-2013~~

Seat Requirement: Community Representative Seat #: 02

\*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: Starks TAMARA L  
Last First Middle

Occupation/Affiliation: Unit Manager - Palm Beach Sheriff's Office  
Owner  Employee  Officer

Business Name: Palm Beach Sheriff's Office

Business Address: 3228 Gun Club Rd

City & State: WPB, FL Zip Code: \_\_\_\_\_

Residence Address: 161 South Flame Avenue

City & State: Pahokee, FL Zip Code: 33476

Home Phone: (561) 222-8052 Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: (561) 924-7302 Fax: ( )

Email Address: starkst@pbsd.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.

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_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)

OR  NONE

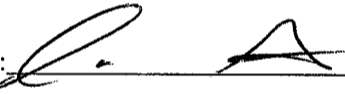
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- By attending a live presentation given on \_\_\_\_\_, 20\_\_

**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: TAMARA STARK Date: 10/24/12

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 {Insert Address Here}

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

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

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

# TAMARA STARKS

161 South Flame Avenue, Pahokee Florida 33476  
(Cell) 561-291-5636 (Home) 561-924-7302  
Email: [tamastar5@aol.com](mailto:tamastar5@aol.com)

## EDUCATION:

**Nova Southeastern University**, Masters in Public Administration, Fort Lauderdale, FL 2007  
**Florida Coastal School of Law**, Juris Doctorate, Jacksonville, FL 2003  
**University of Florida**, Bachelors in Business/ Education Minor, Gainesville, FL 2000

## EXPERIENCE:

**Palm Beach County Sheriffs' Office** 3228 Gun Club Road, West Palm Beach, Florida  
(April, 2010-present) **Manager (Re-Entry Program)**: Responsible for the daily operational, administrative, site and professional duties of Corrections Support Services which may include re-entry programs and the law library.

*Duties*: Managing, coordinating, monitoring and evaluating existing inmate programs at two detention facilities. Supervising, directing and evaluating assigned staff, addressing employee concerns and problems; counseling, making recommendations for disciplinary action when necessary and completing employee performance appraisals. Identifying, initiating and implementing of inmate programs.

**Department of Children and Families** 2990 North Main Street, Belle Glade, Florida  
(2005-2007) **Senior Attorney**: Representing the Department of Children and Families in legal proceedings involving dependency cases.

*Duties*: Researching applicable law; communicating with client; giving legal advice; drafting motions; preparing memorandums of law; conducting non-jury trials; accessing liability; advising clients of legal ramifications that may arise and possible legal ramifications; instructing clients of departmental policies and procedures; keeping informed of current state and federal laws affecting dependency proceedings, public speaking; participating in settlement conferences with opposing counsel and parents; representing the organization to the public, government, and other external sources; combining, evaluating and reasoning with information and data to make decisions and solve problem; knowledge of laws, legal codes, court procedures, precedents, government regulations, executive orders, agency rules; reviewing NCIC/FCIC and PALMS checks.

**19<sup>th</sup> Judicial Circuit Office of the Public Defender** Fort Pierce, Florida  
(2003-2005) **Assistant Public Defender**: Previously worked as a Public Defender in St. Lucie, Martin, Okeechobee, and Indian River County Representing Indigent clients in criminal proceedings in which they are the accused.

*Duties* : conducting client visits within a penal setting; drafting motion memorandums of law; conducting bond hearings; conducting criminal trials in Juvenile, Misdemeanor and Felony Courts; conducting jury and non-jury trials; participating in attorney client conferences; negotiations with State Attorney; conducting legal research; communicating with clients from a diverse population; visiting correctional facilities throughout the 19<sup>th</sup> Circuit; communicating with personnel from various agencies; advising clients regarding legal matters; investigate and compile documentation for clients defense; keeps informed of state and federal law regarding criminal law; drafts motion; public speaking.

*References available upon request*

Rep

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
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**Section I (Department):** (Please Print)

Board Name: Head Start/Early Head Start Policy Council Advisory  Not Advisory

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

Term of Appointment: 1 Years. From: 02/05/2013 To: 02/04/2014

Seat Requirement: Palm Glades Seat #: 10

\*Reappointment or  New Appointment

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

Name: Resendez Selene Margarita  
Last First Middle

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

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

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

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

Residence Address: 190 SR 715 Lot #55

City & State Belle Glade, FL Zip Code: 33430

Home Phone: 561 983-5476 Business Phone: ( ) Ext.

Cell Phone: 561 261-4875 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:  Male  Female  
 Native-American  Hispanic-American  Asian-American  African-American  Caucasian



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**AND**

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\*Applicant's Signature: Selene M Resendez Printed Name: Selene M Resendez Date: 10-05-2012

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

PALM BEACH COUNTY  
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AIT.

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

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

Name: Jaimes Amalia  
Last First Middle

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

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

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

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

Residence Address: 1340 N. Main St. Apt 3

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

Home Phone: ( ) Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: 561-257-7422 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:  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: Amalia James Date: 10-05-12

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Return this FORM to:  
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 {Insert Address Here}

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

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

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Seat Requirement: Kings Kids Seat #: 26  
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**Section II (Applicant):** (Please Print)

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

Name: Johnson Dejuana Dejuana KAVON  
Last First Middle  
Occupation/Affiliation: Community Outreach Coordinator  
Owner  Employee  Officer   
Business Name: Hospice of Palm Beach County  
Business Address: 5300 East Ave  
City & State: WPB, FL Zip Code: 33407  
Residence Address: 6378 Emerald Dunes  
City & State: WPB FL Zip Code: 33411  
Home Phone: (214) 725.4329 Business Phone: (561) 628.7618 Ext.  
Cell Phone: ( ) Fax: ( )  
Email Address: djohnson@ymail.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>
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.

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- Hand Outs
- 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: *Dejuana Johnson* Printed Name: Dejuana Johnson Date: 10/24/12

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:  
 {Insert Liaison Name Here}, {Insert Department/Division Here}  
 {Insert Address Here}

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

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

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

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

Rep

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: Head Start/Early Head Start Policy Council Advisory  Not Advisory

At Large Appointment or  District Appointment / District #:

Term of Appointment: 1 Years. From: 02/04/2013 ~~11-20-2012~~ To: 02/04/2014 ~~19-2013~~

Seat Requirement: My First Steps - Parker Seat #: 27

\*Reappointment or  New Appointment

or  to complete the term of Erica Freeman 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: Thompson, Erica  
Last First Middle

Occupation/Affiliation: Customer Service Medical Record at JFK Hospital  
Owner  Employee  Officer

Business Name: JFK Hospital

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

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

Residence Address: 962 W. Lakewood Rd

City & State WPB FL Zip Code: 33405

Home Phone: 561 628-8935 Business Phone: ( ) N/A Ext. N/A

Cell Phone: 561.628-8935 Fax: ( ) None

Email Address: ecriminaljustice@gmail.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>
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.

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- Hand Outs
- 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: Erica Thompson Printed Name: Erica Thompson Date: 10/9/12

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.

Return this FORM to:  
 {Insert Liaison Name Here}, {Insert Department/Division Here}  
 {Insert Address Here}

**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**

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: Head Start/Early Head Start Policy Council Advisory  Not Advisory

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

Term of Appointment: \_\_\_\_\_ Years. From: 02/05/2013 To: 02/04/2014

Seat Requirement: YWCA Seat #: 29

\*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: Smith Recartha L  
Last First Middle

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

Owner  Employee  Officer

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

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

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

Residence Address: 4240 San Marino Blvd #201

City & State WPPB FLA. Zip Code: 33409

Home Phone: ( ) Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: 601275-0100 Fax: ( )

Email Address: Smithrecartha@yahoo.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>
<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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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):

- Hand Outs
- By watching the training program on the Web, DVD or VHS
- By attending a live presentation given on 12.14, 2012

**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: Reemtha Smith Date: 12-14-12

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:  
 {Insert Liaison Name Here}, {Insert Department/Division Here}  
 {Insert Address Here}

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

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

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

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

Revised 08/01/2011



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>-0-</u> <i>*see below</i>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included In Current Budget? Yes \_\_\_ No \_\_\_  
 Budget Account No.: Fund \_\_\_\_\_ Dept. \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_  
 Program Code \_\_\_\_\_

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

**C. Departmental Fiscal Review:**

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Administration Comments:**

*\* There is no fiscal impact on this item.*

*[Signature]*  
 OFMB  
 12/16/11

*[Signature]*  
 Contract Development & Control  
 12-15-11 B. Wheeler

**B. Legal Sufficiency:**

*[Signature]*  
 Assistant County Attorney  
 12/16/11

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

**This summary is not to be used as a basis for payment.**

II. Effective Date


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

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

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

The Chairman thereupon declared the Resolution duly passed and adopted this 20th day of December, 2011.

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

By:   
Assistant County Attorney

PALM BEACH COUNTY, FLORIDA  
BY ITS BOARD OF COUNTY  
COMMISSIONERS

SHARON R. BOCK, CLERK &  
COMPTROLLER

By:   
Deputy Clerk



RESOLUTION R-2011- 2011-1999

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA REPEALING AND REPLACING RESOLUTION NO. R2006-1878 REGARDING THE HEAD START/EARLY HEAD START POLICY COUNCIL**

**WHEREAS**, the Board of County Commissioners of Palm Beach County adopted Resolution No. R-92-444 on March 24, 1992, which established the Head Start Policy Council; and

**WHEREAS**, the Head Start Policy Council Resolution No. R-92-444 was repealed and replaced with Resolution No. R2000-1866, dated November 21, 2000 to establish the Head Start/Early Head Start Policy Council to incorporate Early Head Start Program;

**WHEREAS**, the Head Start/Early Head Start Policy Council Resolution No. R-2000-1866 was repealed and replaced with Resolution No. R-2006-1878, dated September 12, 2006 to accommodate the inclusion of the Head Start/Early Head Start Contracted Programs;

**WHEREAS**, the Head Start/Early Head Start Policy Council Resolution No. R-2006-1878 needs to be repealed and replaced to include new terms of appointment;

**WHEREAS**, the Federal Government requires all Head Start/Early Head Start grant recipients to establish a Head Start/Early Head Start Policy Council which is comprised of parents of Head Start/Early Head Start children presently enrolled in the program and representatives of the community; and

**WHEREAS**, parent and community involvement is essential to an effective Head Start/Early Head Start program,

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

**I. Repeal and Replacement**

Resolution No. R-2006-1878 is hereby repealed and replaced with the following:

**A. Requirements for Membership**

There will be a total of 33 members of the Policy Council. At all times there shall be an odd number of membership positions on the Head Start/Early Head Start Policy Council. In the event of a change in the

number of Head Start/Early Head Start centers or programs, that will result in a change in the number of parent members, the number of community representatives will be adjusted accordingly so that an odd number of members is retained to maintain at least a 51% parent membership.

1. **Parent members**

At least 50% of the members of the Head Start/Early Head Start Policy Council must be parents of Head Start children presently enrolled in the Palm Beach County Head Start program ("Parent Members"). One parent member and at least one alternate shall be elected by the parents of children currently enrolled in the Head Start/Early Head Start program at each center operated by Palm Beach County and each service area of the Early Head Start program. Alternate members may only vote at meetings at which the elected member is absent. At the time of the adoption of this resolution ten Head Start/Early Head Start centers, centers based and home based Early Head Start programs are operating or planned. However, the number of parent members may vary depending upon the number of centers and programs are in operation. All parents serving on the Head Start/Early Head Start Policy Council as members or as alternates must be approved by the Board of County Commissioners.

2. **Community Representatives**

Nine members of the Head Start/Early Head Start Policy Council shall be representatives of the community ("Community Representative"). Community Representatives must represent major public or private agencies or major community, civic or professional organizations which have a concern for children of low income families or may be parents of former Head

Start/Early Head Start children. It is preferred that at least one member of the Head Start/Early Head Start Policy Council have a fiscal or accounting background. All Community Representatives shall be at large appointments of the Board of County Commissioners and ratified by the elected parent members of the Head Start/Early Head Start Policy Council.

B. **Conditions of Membership**

Residency Requirement

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

C. **Prohibition of County Staff**

County employees may not be appointed to the Head Start/Early Head Start Policy Council.

D. **Terms of Appointment**

All parent members of Policy Councils or Policy Committees must stand for election or re-election annually. All community representatives also must be selected annually. Policy Councils and Policy Committees must limit the number of one-year terms any individual may serve on either body to a combined total of three terms.

E. **Automatic Removal for Lack of Attendance**

A member of the Head Start/Early Head Start Policy Council shall automatically be removed for lack of attendance. Lack of attendance is defined as failure to attend three (3) consecutive meetings and/or failure to attend more than one-half of the meetings scheduled during a calendar year. Participation for less than three-fourths of a meeting shall constitute lack of attendance. Members removed under this paragraph shall not continue to serve until a new appointment is made and removal shall create a vacancy.

F. **Elected Office**

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

G. **Travel Reimbursement**

Travel reimbursement is limited to expenses incurred only for travel outside Palm Beach County necessary to fulfill Council member responsibilities when sufficient funds have been budgeted and are available and upon the prior approval of the Board of County Commissioners and is consistent with Palm Beach County personnel rules and procedures. No other expenses are reimbursable except documented long distance telephone calls to the liaison County department.

H. **Annual Narrative Report**

The Advisory Board shall submit an annual narrative report to the Agenda Coordinator. The form, substance and submittal dates for annual narrative reports are established by PPM CW-O-060.

I. **Sunshine Law and State Code of Ethics**

Members of the Advisory Board are to comply with the Sunshine Law and State Code of Ethics. Reasonable public notice of all Advisory Board meetings shall be provided. All meetings of the Advisory Board shall be open to the public at all times and minutes shall be taken at each meeting.

J. **Palm Beach County Code of Ethics**

Advisory Board members are to comply with the Palm Beach County Code of Ethics as codified in Section 2-441 through 2-448 of the Palm Beach County Code.

K. **Role & Responsibilities of Head Start/Early Head Start Policy Council**

1. Policy Councils and Policy Committees must work in partnership with key management staff and the governing



body to develop, review, and approve or disapprove the following policies and procedures:

- a. All funding applications and amendments to funding applications for Early Head Start and Head Start, including administrative services, prior to the submission of such applications to the Department of Health and Human Services;
- b. Procedures describing how the Board County Commissioners body and the appropriate policy group will implement shared decision-making;
- c. Procedures for program planning in accordance with the Head Start Performance Standards and the requirements of 45 CFR 1305.3;
- d. The program's philosophy and long- and short-range program goals and objectives;
- e. The selection of delegate agencies and their service areas;
- f. The composition of the Policy Council and the procedures by which policy group members are chosen;
- g. Criteria for defining recruitment, selection, and enrollment priorities, in accordance with the requirements of 45 CFR part 1305;
- h. The annual self-assessment of the grantee and delegate agency's progress in carrying out the programmatic and fiscal intent of its grant application, including planning or other actions that may result from the review of the annual audit and findings from the Federal monitoring review;
- i. Program personnel policies and subsequent changes to those policies, in accordance with 45 CFR 1301.31, including standards of conduct for program staff, consultants, and volunteers;

- j. Decisions to hire or terminate the Early Head Start or Head Start director of the grantee or delegate agency; and
  - k. Decisions to hire or terminate any person who works primarily for the Early Head Start or Head Start program of the Board County Commissioners or delegate agency.
2. In addition, Policy Councils must perform the following functions directly:
- a. Serve as a link to the Parent Committees, grantee and delegate agency governing bodies, public and private organizations, and the communities they serve;
  - b. Assist Parent Committees in communicating with parents enrolled in all program options to ensure that they understand their rights, responsibilities, and opportunities in Early Head Start and Head Start and to encourage their participation in the program;
  - c. Assist Parent Committees in planning, coordinating, and organizing program activities for parents with the assistance of staff, and ensuring that funds set aside from program budgets are used to support parent activities;
  - d. Assist in recruiting volunteer services from parents, community residents, and community organizations, and assist in the mobilization of community resources to meet identified needs; and
  - e. Establish and maintain procedures for working with the grantee or delegate agency to resolve community complaints about the program.

L. **Meetings of Head Start/Early Head Start Policy Council**

The Head Start/Early Head Start Policy Council shall meet not less than once per month. A quorum must be present for the conducting of all business. The presence of at least one-third (1/3) 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 shall be open to the public at all times. Minutes of all meetings shall be taken and available for public inspection.

M. **Chair and Vice-Chair**

A Chair and Vice-Chair shall be elected by a majority of the Head Start/Early Head Start Policy Council and shall serve for a term of one year.

Duties of the Chair:

1. Call Head Start/Early Head Start Policy Council meetings and set the agenda for same;
2. Preside at Head Start/Early Head Start Policy Council meetings;
3. Establish committees, appoint committee chairs and charge committees with specific tasks;
4. Perform other functions as the Council may assign by rule or order;
5. The Chair shall be a voting member of the Head Start/Early Head Start Policy Council.

N. **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.