

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

Meeting Date: April 16, 2013

Department: Community Services

Advisory Board: Palm Beach County HIV CARE Council

**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to approve: Reappointment of the following individuals to the Palm Beach County HIV Comprehensive AIDS Resources Emergency (CARE) Council for a term of three (3) years with expiration dates as indicated:

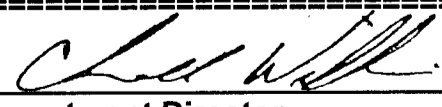
<u>Seat No.</u>	<u>Reappointment</u>	<u>Seat Requirement</u>	<u>Term Expires</u>
2	Vicki Tucci	Community Based Organization	04/15/2016
11	Mary Kannel	Local Public Health Agencies	04/15/2016
12	Mary Reynolds	Affected Communities	04/15/2016
14	Glenn Krabec	Affected Communities	04/15/2016
16	Cecil Smith	Affected Communities	04/15/2016
19	Shirley Samples	Affected Communities	04/15/2016
21	Laurence Osband	Affected Communities	04/15/2016
24	Juny Tetevi	Non-Elected Community Leaders	04/15/2016
31	Shantreirra Monroe	Part D	04/15/2016
33	Thomas McKissack	Representative of/or PLWHA	04/15/2016


**Summary:** The Palm Beach County HIV CARE Council bylaws state that total membership shall be no more than 33 members. Founding members were appointed for two (2) year terms with subsequent terms of three (3) years. The Palm Beach County HIV CARE Council nominations process is an open process with publicized criteria and legislatively defined conflict of interest standards. These nominees have successfully completed the Palm Beach County HIV CARE Council nominations process, and have been recommended for reappointment. Vicki Tucci has disclosed that she is employed by Legal Aid Society of Palm Beach County, Inc., that contracts with the County for legal services. Shantreirra Monroe has disclosed that she is employed by Families First of Palm Beach County, that contracts with the County for services. Thomas McKissack has disclosed that he is employed by The Jerome Golden Center for Behavioral Health, Inc., that contracts with the County for services. The Palm Beach County HIV CARE Council provides no regulation, oversight, management, or policy-setting recommendations regarding contracts. Disclosure of these contractual relationships is being provided in accordance with the provisions of Sec. 2-443, of the Palm Beach County Code of Ethics. (Ryan White) Countywide (TKF)

**Background and Justification:** In accordance with the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 (P.L.101-381), Palm Beach County was designated an eligible metropolitan area disproportionately affected by the HIV epidemic and having a demand for services exceeding the capacity of local resources to meet that demand. The federal government, through the Department of Health and Human Services, has made funds available to Palm Beach County to meet such demand. In order to access these funds, it is legally mandated by Title I (Part A) of the Ryan White CARE Act that Palm Beach County designate a Title I (Part A) HIV Services Planning Council. To that end, the BCC established the Palm Beach County HIV CARE Council, per Resolution No. R2011-1560, dated October 18, 2011. The Ryan White CARE Act Amendments of 1996 mandate a nomination process for appointments to Title I (Part A) Planning Councils. As vacancies occur, replacements are selected in accordance with the nominations process that was adopted by the CARE Council and approved by the BCC on June 27, 2011. The CARE Council makeup will consist of seven (7) Black females, three (3) Black males, one (1) Hispanic male, three (3) White males, and six (6) White females.

**Attachments:**

1. Boards/Committees Applications
2. Proposed Inventory of Seats List
3. HIV CARE Council Nominations Policy No. 10

Recommended By:  4/11/13  
 Department Director Date

Legal Sufficiency:  4/3/13  
 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: Palm Beach County HIV CARE Council Advisory  Not Advisory   
 At Large Appointment or  District Appointment /District #: \_\_\_\_\_  
 Term of Appointment: 23 Years. From: April 2013 To: April 2016  
 Seat Requirement: Community-Based Organizations serving affected populations/AIDS Service Organizations Seat #: 2  
 \*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: Tucci Vicki Ann  
 Last First Middle  
 Occupation/Affiliation: Legal AID Society of Palm Beach County, Inc.  
 Owner  Employee  Officer   
 Business Name: Legal Aid Society of Palm Beach County, Inc.  
 Business Address: 423 Fern St. #200  
 City & State: West Palm Beach FL Zip Code: 33401  
 Residence Address: 3781 Island Club Circle East  
 City & State: Lantana FL Zip Code: 33462  
 Home Phone: (561) 827-6263 Business Phone: (561) 822-9787 Ext.  
 Cell Phone: (561) 827-6263 Fax: (561) 822-9887  
 Email Address: vtucci@legalaidpbcc.org  
 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>
_____	<u>See attached</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.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  
X By attending a live presentation given on 2/8, 2013

**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: Dicki A. Tucci Date: 2/21/13

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:  
Sonja Holbrook, Department of Community Services  
810 Datura Street, West Palm Beach, FL

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

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

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

GrantName	Grantor	Contract Number	GrantStartDate	GrantEndDate	Grant Amount
Ryan White Part A HIV Health Support Services	PBC Board of County Commissioners Community Services Department	R2012-0486	3/1/2012	2/28/2013	\$204,000.00
Ryan White Part A (Supplemental) HIV Health Support Services	PBC Board of County Commissioners Community Services Department	R2012-0818	3/1/2012	2/28/2013	\$99,831.00
Guardian Advocacy Project (FAA)	PBC Board of County Commissioners Community Services Department	R2012-1505	10/1/2012	9/30/2013	\$89,100.00
Palm Beach County Mandate Funding	PBC Board of County Commissioners Department of Public Safety	R2012-1579	10/1/2012	9/30/2013	\$1,044,233.00
CDBG (Community Development Block Grant)	PBC Board of County Commissioners Housing and Community Development Department	R2012-1398	10/1/2012	9/30/2013	\$43,487.00
				<b>Total</b>	<b>\$1,480,651.00</b>

VICKI A. TUCCI, ESQUIRE  
3781 ISLAND CLUB CIRCLE E, LANTANA, FLORIDA 33462  
(561) 827-6263/VICKI.TUCCI@GMAIL.COM

#### EDUCATION

NOVA SOUTHEASTERN UNIVERSITY, JURIS DOCTOR, *CUM LAUDE, TOP 10%*, 2004  
FLORIDA ATLANTIC UNIVERSITY, Bachelor of Political Science, *CUM LAUDE*, 2001  
SOUTH UNIVERSITY, Associate of Science in Paralegal Studies, *MAGNA CUM LAUDE*, 1997

#### HONORS

EDUCATION MANAGEMENT CORPORATION, Subject Matter Expert (*Administrative & Constitutional Law*)  
ILSA JOURNAL OF INTERNATIONAL & COMPARATIVE LAW, Executive Editor  
ALLIANCE DEFENSE FUND, Blackstone Fellow, 2002  
HONORABLE KENNETH L. RYSKAMP, U.S. DISTRICT COURT, S.D., *Judicial Intern*  
FLORIDA BAR FELLOWSHIP RECIPIENT, *PROBONO HONORS PROGRAM PARTICIPANT*

#### COMMUNITY INVOLVEMENT

PALM BEACH COUNTY HIV CARE COUNCIL, Member 08/2011-present  
PALM BEACH COUNTY COMMUNITY ALLIANCE COMMITTEE, Member 12/2009-present  
SOUTH UNIVERSITY ADVISORY BOARD, Member 1997-2010

#### EXPERIENCE

LEGAL AID SOCIETY OF PALM BEACH COUNTY, INC., West Palm Beach, Florida  
*Staff Attorney*, 12/05-06/07; 05/10-present

- Currently provide assistance to terminally ill clientele in an effort to provide them access to health care. Areas include: Social Security appeals, health insurance access, landlord/tenant and child support.
- Family law practice, included support, custody, dissolution of marriage and paternity actions
- Recovered over \$2 million dollars in disaster funds for local non-profit organizations
- Mediation of contracts with an emphasis on restoring wholeness to clientele
- Resolved construction litigation claims and family matters through mediation and trials
- Participated in court pandemic committee meetings, under the direction of the Chief Judge
- Provided non-profit agencies assistance with insurance contract reviews and coverage, lease reviews and recommendations, and disaster planning assistance, including plan reviews, contract development, revisions and trainings
- Participated in and conducted countywide employment trainings for non-profit agencies in the areas of Americans with Disabilities Act, Fair Labor Standards Act, employee classifications, wage & hour and general human resource regulations and risk management
- Conducted county-wide disaster preparedness & recovery seminars for non-profit organizations

STATE OF FLORIDA GUARDIAN AD LITEM PROGRAM, West Palm Beach, Florida  
*Circuit Director*, 06/07-05/10; *CLI/Staff Attorney*, 09/03-07/05

- Oversight of recruitment, training, retention and management of hundreds volunteer GALs
- Development of Program procedures/policies – including first local human resource policy manual
- Work along with the State GAL Program on human resources, financial and legal management
- Responsible for all hiring, management, discipline and termination of staff
- Review and advisement on proposed and upcoming legislation
- Continuous risk management with a focus on the protection of the children and agency
- Management of complaints, including investigation and final decision-making
- Legal representation of the GAL Program and best interests of children in dependency court, including representation at dependency and termination of parental rights trials

- Case management and oversight of internal case reviews and review processes
- Collaboration with community child advocacy and legal organizations, including drafting and development of Memorandum of Understanding and various contracts
- Participation in management level case staffing meetings with agency partner leadership
- Participation in numerous committees and boards, with a focus on the dependency system
- Conduct presentations and trainings across the community on child advocacy and legal matters
- Development of a supporting non-profit organization, including research and preliminary drafting of corporation documents, selection and appointment of initial Board of Directors, legal advisement to the Board and continual oversight in all organization matters
- Brainstormed appellate strategies and drafted various appellate documents

**SOUTH UNIVERSITY, West Palm Beach, Florida**

*University & On-line Instructor, ABA-Approved Paralegal Program, 10/04-Present*

- Instruct paralegal students in the areas of: administrative law, computers in the legal office, constitutional law, contracts, domestic law, employment law, medical ethics/law, and probate
- Teach oral argument, public speaking, drafting and negotiation skills
- Facilitate and supervise internships with graduating paralegal students
- Provide input on program development and policies
- Consultation and development of new online course materials, including Social Security Administration Appeal projects and mock trials

**AMERICAN COLLEGE OF PEDIATRICIANS, Nationwide organization, local office Lantana, Florida**

*Executive Director, 06/05-03/07*

- Worked along with a 15 member Board to develop and grow a young, nationwide, non-profit organization with a mission to assist children nationwide
- Ascertained the needs of the organization and moved forward in planning, recruitment, membership retention, and fundraising
- Wholly responsible for the day-to-day office management, including fiscal and budgeting
- Provided legal advisement to the Board of Directors as the sole legal representative
- Provided legal representation through a Amicus Curie brief filed with the U.S. Supreme Court
- Researched and reviewed upcoming legislation and current laws nationwide Supervision and direction of an independent contractor and volunteers

**PRIVATE PRACTICE, SOLO PRACTITIONER, Palm Beach & Broward Counties, 07/05-12/06**

- Representation of clients in general practice areas, including: adoption, contracts, criminal, dependency, employment, estates and probate, family, juvenile, and traffic matters
- Co-counseled several Amicus Briefs to the United States Supreme Court
- Provided contract services to other firms as needed

**ALLIANCE DEFENSE FUND, Scottsdale, Arizona**

*Blackstone Fellowship Intern, 06/02-08/02*

- Trained on constitutional law, public policy, legal history and the philosophy of law
- Conducted research and writing on complex constitutional issues
- Provided strategy recommendations on large impact cases
- Prepared press releases, radio clips, media responses, and memoranda
- Brainstormed with attorneys from across the country on constitutional matters and strategies
- Trained high school children in drafting and debating legislation

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

Board Name: Palm Beach County HIV CARE Council Advisory  Not Advisory   
[X] At Large Appointment or [ ] District Appointment /District #: \_\_\_\_\_  
Term of Appointment: 23 Years. From: April 2013 To: April 2015 2016 PA  
Seat Requirement: Local Public Health Agencies Seat #: 11  
[X]\*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: Kannel Mary P  
Last First Middle  
Occupation/Affiliation: Quality Assurance Coordinator  
Owner [ ] Employee [X] Officer [ ]  
**Business Name:** Palm Beach County Health Department  
**Business Address:** 111 45<sup>th</sup> Street  
City & State West Palm Beach, FL Zip Code: 33407  
**Residence Address:** 4661 120 Ave N  
City & State West Palm Beach Zip Code: FL 33411  
Home Phone: (561) 795-9514 Business Phone: (561) 514-5322 Ext. \_\_\_\_\_  
Cell Phone: (561) 662-3273 Fax: (561) 840-0163  
Email Address: Mary\_Kannel@doh.state.fl.us

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 [X] Female  
[ ] Native-American [ ] Hispanic-American [ ] Asian-American [ ] African-American [X] Caucasian

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<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 watching the training program on the Web, DVD or VHS  
X By attending a live presentation given on 2/8, 2013

**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: Mary Kauer Printed Name: MARY KAUER Date: 03/05/13

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:  
 Sonja Holbrook, Department of Community Services  
 810 Datura Street, West Palm Beach, FL

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

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

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



**Mary Piper Kannel**  
Florida Department of Health  
Palm Beach County  
1150 45<sup>th</sup> Street  
West Palm Beach, FL 33404  
561-514-5322

**Education**

Antioch College – Master’s Program - Clinical Psychology  
No thesis & non-degreed 1975-1977

Ithaca College – Bachelor’s Program - Psychology Bachelor of Arts 1975

**Work Experience**

**Operations and Management Consultant II, RBHC** 2003-Current  
Quality Assurance Coordinator for HIV/AIDS Program  
Prevention Coordinator, HIV/AIDS Program  
On-site Case Manager Supervisor, HIV/AIDS Program  
Hospital Care Laision, HIV/AIDS Program

**Haitian Center for Family Services – Riviera Beach , FL** 2002-2003  
Case Management Consultant, HIV/AIDS Program

**Comprehensive AIDS Program of Palm Beach County, Inc.** 1989-2002  
Case Manager 1989-1990  
Client Services Coordinator 1990-1997  
Director of Client Services 1997-2002

**Teacher – Shakespeare Institute, Mahmoud Abad, Iran** 1977

**Owner/Operator - Island Princess Hotel, Turks & Caicos Islands, B.W.I.** 1977-1989

**Vice Principal, Providenciales High School, Turks & Caicos Islands, B.W.I.** 1978-1989  
Founder of first High School on Providenciales.

**Admissions Coordinator – Antioch College, Columbia, Maryland** 1975-1977

**Professional Experience**

Chair, Palm Beach County Ryan White CARE Council  
Founding Board Member - Glades Health Initiative  
Graduate - Leadership Glades  
Chairman – MAMA BEAR Coalition, Palm Beach County  
Member –  
CDC Planned Approach To Community Health (P.A.T.C.H.)  
Glades Interagency Network  
AIDS Coalition of the Glades

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

Board Name: Palm Beach County HIV CARE Council Advisory  Not Advisory

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

Term of Appointment: 3 Years. From: April 2013 To: April 2016

Seat Requirement: Affected Communities Seat #: 12

\*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: Reynolds Mary  
Last First Middle

Occupation/Affiliation: Unemployed  
Owner  Employee  Officer

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

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

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

**Residence Address:** 1665 NW 11<sup>th</sup> Street

City & State Belle Glade, FL Zip Code: 33430

Home Phone: ( 561 ) 996-1263 Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: ( ) Fax: ( )

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

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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_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)

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By watching the training program on the Web, DVD or VHS  
 By attending a live presentation given on 2/8, 2013

**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: Mary Reynolds Printed Name: Mary Reynolds Date: 2013

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:  
**Sonja Holbrook, Department of Community Services**  
**810 Datura Street, West Palm Beach, FL**

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

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

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

Mary Jane Reynolds is from the Belle Glade, FL and has been a member of the Palm Beach County HIV CARE Council for approximately 20 years. She currently serves as the chair of the Community Awareness Committee and has been active in many other committees such as the Planning committee and Priorities and Allocations committee. She is determined to continue her active membership with the CARE Council and the Community Awareness Committee because she has a passion for getting out into the community and educating others, as well as navigating others through the process of receiving and staying in care. In addition to the CARE Council, she is requested on a regular basis to speak about HIV/AIDS at various local events. At these events, she always promotes the importance of the CARE Council and ways to become involved.

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[X] At Large Appointment or [ ] District Appointment /District #: \_\_\_\_\_  
Term of Appointment: 3 Years. From: April 2013 To: PA April 2016  
Seat Requirement: Affected Community Seat #: 14  
[X]\*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: Krabec Glenn John  
Last First Middle  
Occupation/Affiliation: Retired  
Owner [ ] Employee [ ] Officer [ ]  
**Business Name:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_  
City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
**Residence Address:** 5754 River Club Circle  
City & State Jupiter, FL Zip Code: 33458  
Home Phone: ( 561 ) 575-4553 Business Phone: ( ) Ext. \_\_\_\_\_  
Cell Phone: ( 561 ) 222-5324 Fax: ( )  
Email Address: \_\_\_\_\_

Mailing Address Preference: [ ] Business [X] 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: [X] Male [ ] Female  
[ ] Native-American [ ] Hispanic-American [ ] Asian-American [ ] African-American [X] 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

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  
X By attending a live presentation given on 2/8, 2013

**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: \_\_\_\_\_ Date: 2/8/2013

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:  
Sonja Holbrook, Department of Community Services  
810 Datura Street, West Palm Beach, FL

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

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

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

Glenn J. Krabec  
5754 River Club Circle  
Jupiter, Florida 33458

Currently Retired

Johnson and Parrish of the Treasure Coast      20 Years

Performed appraisals of commercial real estate. Types of properties included multitenant office buildings, neighborhood shopping centers, self storage facilities, marinas, single tenant facilities of all types, and vacant commercial lands.

**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: Palm Beach County HIV CARE Council Advisory  Not Advisory

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

Term of Appointment: 3 Years. From: April 2013 To: April 2016

Seat Requirement: Affected Communities Seat #: 16

\*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 Cecil  
Last First Middle

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

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

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

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

Residence Address: 1500 N. Congress Ave. A-305

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

Home Phone: (561) 712-9594 Business Phone: ( ) Ext.

Cell Phone: (561) 291-3473 Fax: ( )

Email Address: NONE

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

(Attach Additional Sheet(s), if necessary)

OR  NONE

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

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  
X By attending a live presentation given on 2/8/13, 2013

**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: Cecil Smith Printed Name: Cecil Smith Date: 2/10/13

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:  
Sonja Holbrook, Department of Community Services  
810 Datura Street, West Palm Beach, FL

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

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

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

I, Cecil Smith, have been a member of the Palm Beach County HIV CARE Council for over 10 years. I have enjoyed being a part of an organization that is important to the lives of HIV-positive men, women, and children. I have been a member of various committees such as planning, community awareness, and joint medical and support services. Being a member, I am in a position to help make decisions related to Ryan White programs. I want to always volunteer and help others. Hopefully, I am a PWLHA that will make a difference and have an impact in the HIV community.

**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: Palm Beach County HIV CARE Council **Advisory**  **Not Advisory**

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

Term of Appointment: 23 Years. From: April 2013 To: April 2016

Seat Requirement: Affected Communities Seat #: 19

\*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: Samples Shirley Ann  
Last First Middle

Occupation/Affiliation: Unemployed  
Owner  Employee  Officer

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

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

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

**Residence Address:** 2411 Palm Glades Drive

City & State Belle Glade, FL Zip Code: 33430

Home Phone: ( 561 ) 993-3897 Business Phone: ( ) **Ext.** \_\_\_\_\_

Cell Phone: ( 561 ) 449-6421 Fax: ( ) \_\_\_\_\_

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

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

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 2-8, 2013

**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: Shirley Samples Printed Name: Shirley Samples Date: 2-17-13

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:  
Sonja Holbrook, Department of Community Services  
810 Datura Street, West Palm Beach, FL

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

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

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

Shirley Samples has been a member of the Palm Beach County HIV CARE Council for approximately 18 years. She is a native of the Belle Glade community and has a strong interest in helping the HIV community in that area, as well as the rest of Palm Beach County. She enjoys being a member because she is able to learn more about local services and providers, as well as ways to help others. She has remained an active member of almost all of the CARE Council committees for many years. She would like to remain a CARE Council member to continue to be an asset to her community.

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

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

Board Name: RYAN WHITE - HIV SERVICES PLANNING COUNCIL Advisory  Not Advisory

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

Term of Appointment: 3 1/2 Years. From: April 2013 To: April 2016

Seat Requirement: Aff Community Seat #: 21

\*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: \_\_\_\_\_  
Owner  Employee  Officer

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

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

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

Residence Address: 500 NATHAN HALE ROAD #4

City & State WEST PALM BEACH FL Zip Code: 33405-4351

Home Phone: 863 582 9086 Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: 863 706 8257 Fax: ( ) \_\_\_\_\_

Email Address: LAURENCE@OSBAND.US

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>
_____	<u>MPO</u>	<u>MEMBER LCTB</u>	_____
_____	<u>CEO</u>	<u>BOARD MEMBER</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 VISTA CTR, 20 11

**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: Lawrence P. [Signature] Date: 8 FEB 2013

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:  
Sonja Holbrook, Department of Community Services  
810 Datura Street, West Palm Beach, FL

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

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

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

**HIV/AIDS Advocacy**

**Laurence P. Osband**  
**Laurence@Osband.us**  
**500 Nathan Hale Road Apt.4**  
**West Palm Beach Florida**  
**33405-4351**  
**561-582-9086**

**24 January 2012**

**Positive Living Palm Beach -**  
**A HIV Peer Lead Support Group**  
**Founding Member**  
**1996 - Current**

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

**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 Chair  
2012-**

**Committee Vice-chair  
2002 thru 2012**

**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 thru 2012**

**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-**

**Palm Beach County Metropolitan Planning Organization  
Local Transportation Disadvantaged  
Coordinating Board 2011-2012**

**Palm Beach County Transit Authority (dba Palm Tran)  
Palm Tran Service Board  
Marketing Committee 2011-2012**

**Palm Beach County Office of Equal Opportunity  
Handicap/Disability Community Assistance  
Grant RFP Review Board  
2012**

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

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

Board Name: Palm Beach County HIV CARE Council      Advisory       Not Advisory

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

Term of Appointment: 3 Years.      From: April 2013      To: April 2015 <sup>PA</sup> April 2016

Seat Requirement: Non-Elected Community Leaders      Seat #: 24

\*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: Tetevi      Juny      \_\_\_\_\_  
Last      First      Middle

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

**Business Name:** CommCare Pharmacy

**Business Address:** 1689 Forum Place

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

**Residence Address:** 4700 Clemens Street

City & State Lake Worth, FL      Zip Code: 33463

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

Cell Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: juny@commcarepharmacy.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>
Ex: (R#XX-XXXX/PO XXX)	Parks & Recreation	General Maintenance	10/01/11-09/30/12
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)

OR  NONE

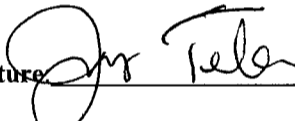
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- \_\_\_\_\_ By watching the training program on the Web, DVD or VHS
- X By attending a live presentation given on 2/8, 2013

**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: Juny Tekevi Date: 2-19-13

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:  
Sonja Holbrook, Department of Community Services  
810 Datura Street, West Palm Beach, FL

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

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

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

# Juny Tetevi

4700 Clemens Street\* LakeWorth, FL 33463

561 310 2257

[Juny@commcarepharmacy.com](mailto:Juny@commcarepharmacy.com)

## Objective:

To obtain a permanent position with a Company that will allow me to utilize my extensive Sales skills in Pharmaceutical sales which allow growth and advancement.

## Experience:

**01/14/08 to present Commcare Pharmacy/ Premier Health covered Orlando Tampa, and West Palm Beach, FL.**

**Pharmacy Service Representative for Vero Beach, Treasure Coast and West Palm Beach County.**

Field Sales Representative for adults and pediatrics patients for oral and injectable medication for HIV, Hepatitis, Oncology, RA and MS. Call regularly on healthcare professionals' physicians, nurses, clinics and Case Managements not limiting to AIDS Service Organizations and Community Based Organizations. Market products to specialty patients and physicians prospect for new business. Ensure customer service by following up for timely delivery of medications and assist in co-payment assistance through Foundations.

- Sold 1 million dollars of products in 3 yrs.
- Community events and Support groups.
- Member of West Palm Beach Care Council
- Member of Haitian American Solidarity, Inc.
- Member of Oncology Nurses Society.
- Member of Association of Nurses of AIDS Care
- Speaks French and Creole.

**03/2006 Orlando Regional Healthcare/Healthy Families Orlando, FL**

Screen high risk families in targeted zip codes for abuse and neglect. Psychosocial on family history to determine program eligibility based on Healthy Families screening tool. Participate in the Marriage Initiative Act which organization received State and National recognition. Intensive work in the community with at risk clients. Staff cases with supervisor for families being enrolled in program. Completed 200 hours of training related to Domestic Violence, child abuse and neglect, substance abuse, HIV, Mental Health. Surpassed outcomes goals to meet service deliverables. Recognized for outcome by achieving Family Support Worker of the Quarter.

# Juny Tetevi

4700 Clemens Street\* LakeWorth, FL 33463

561 310 2257

[Juny@commcarepharmacy.com](mailto:Juny@commcarepharmacy.com)

## **08/04 to 03/06 Orlando Regional Healthcare Hug Me Program Orlando, FL**

### **Project Director for Targeted Outreach for Woman Care Act.**

Managed three outreach workers in the community as well as the jail. Performed HIV counseling and testing and education. Offered the communities free HIV and pregnancy test. Connects new moms to Medicaid, WIC, and Healthy Start. Refer the HIV positive mothers to our 076 protocol clinic, which has zero transmission of HIV from mother to child. Prepares documentation for each intervention, including demographics, statistics and risk assessments. Maintains up to date information in HIV drug regimen and side effects. Monthly reports to Center Disease Control for number of woman served with HIV and outcome of the baby.

## **12/03 to 08/04 Orlando Regional Healthcare/ Hug Me**

### **Family Advocate**

Worked in a team setting to assure access to service for consumers seeking care. Worked with Case managers in adult and pediatric clinic, and testing staff to identify assess and connect consumers into the HIV and AIDS system. Provided education and advocacy to address treatment adherence, psychosocial needs and wants and path to success resources. Participate in training activities, research and presentation to improve service for consumers in CareWare system.

## **09/01 to 05/03 Convergys for Dell Computers.**

### **Finance Coach Supervisor.**

Managed over 250 Sales Representative regarding Finance sales. Ensure held order reports are properly completed and send trouble tickets for down time. Hold daily huddles with low performers to increase floor wide financing. Create contest and motivated to increase financing. Coach Representative that is struggling with financing for the month. Attends and participate in weekly conference calls with internal Dell Operation Managers and Directors.

## **Education**

Coleman College, SanDiego CA

Cashier Training Institute, New York, NY

### **Languages:**

French

Creole

**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: Palm Beach County HIV Care Council Advisory  Not Advisory   
 At Large Appointment or  District Appointment / District #: \_\_\_\_\_  
 Term of Appointment: 3 Years. From: 4/2013 To: 4/2015 April 2016  
 Seat Requirement: Part D, or representative of organization addressing the needs of children, youth and families with HIV Seat #: 31  
 \*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: MONROE Shan Treiera W  
 Last First Middle  
 Occupation/Affiliation: Families First of Palm Beach County  
 Owner  Employee  Officer   
 Business Name: Families First of Palm Beach County  
 Business Address: 3333 Forest Hill Blvd. 2nd Floor  
 City & State: West Palm Beach, FL Zip Code: 33406  
 Residence Address: 2664 Quantum Lakes Dr.  
 City & State: Boynton Beach, FL Zip Code: 33424  
 Home Phone: ( ) Business Phone: ( ) Ext. \_\_\_\_\_  
 Cell Phone: 561-601-9738 Fax: ( )  
 Email Address: Smonroe@familiesfirstpbc.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



**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
R 2012 1408	Dept. of Economic Sustainability	Emergency Shelter Service	10/1/12 - 9/30/13
R 2012 1495	Dept. of Community Services	Financial Assistance	10/1/12 - 9/30/13

(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 February 8<sup>th</sup>, 2013

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: Shantranka Monroe Date: 2/19/2013

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:  
Sonja Holbrook, Department of Community Services  
810 Datura Street, West Palm Beach, FL

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

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

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

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
R 2012 1494	Dept. of Community Services	Financial Assistance	10/1/12-9/30/13

(Attach Additional Sheet(s), if necessary)

OR  NONE Shantreirra Monroe - Continued

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

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Sonja Holbrook, Department of Community Services  
810 Datura Street, West Palm Beach, FL

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

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

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

# Shantreirra Monroe, MSW, LCSW

Shantreirra@yahoo.com; 561-601-9738

**Mission:** To contribute quality, genuine and effective services. It's essential to serve as a significant entity where my skill sets and experiences are utilized in addition to securing opportunities for growth.

**Education:** Master of Social Work: 12/2007  
Barry University~ Miami, FI

Bachelor of Social Work: 5/2006  
Florida Atlantic University~ Boca Raton, FI

## **Experiences: Employment and Internship (s)**

**St. Mary's Medical Center (Institute of Mental Health) 11/2011-Present**

**Psychiatric Department (Baker Act receiving facility):** Mental Health Therapist (Per Diem)

- Independently providing crisis intervention and implementation treatment modalities to patients
- Facilitation of individual and group therapeutic sessions for diversified Psychiatric patients
- Facilitate and assist with onsite visitation between patients and family/collateral contacts
- Working in a multidisciplinary team providing discharge planning and internal chart auditing
- Identify support services for successful discharge and transition of clients to other levels of care

**Families First of Palm Beach County (Children's Case Management Organization) 5/2006-Present**

**Targeted Outreach for Pregnant Women Act-TOPWA: (4/2010-Present)-Program Supervisor**

- Population: women of childbearing age who are and/or at risk of HIV/AIDS and substance abuse
- Behavioral health/psycho educational sessions with women in targeted high risk areas
- Provide consultation to staff about the psychosocial needs of clients
- Assisted program in becoming COA accredited, budgeting planning and writing grant proposals
- Delegate task in relation to contractual agreements, effective team building and leadership duties
- Serve as a liaison with community based organizations while forging prominent relationships
- Manage data reporting requirements for funders and strategic program planning
- Facilitate program meetings and implement community events related to HIV/AIDS awareness
- Provide feedback to the CEO, Deputy Director and Program Director regarding client, program and agency challenges and needs

**Healthy Families Program: (10/2008-5/2010) - Comprehensive Assessments**

- Population: pregnant women with specific risk factors (child abuse/mental health issues)
- Independently conducted psycho social and emotional assessments on high risk women
- Welligent/ FOCiS software data base used to coordinate services with community partners
- Additional position held within this program: (10/2008-10/2009) Infant Mental Health
- Intensive family service coordination and home visitation to prenatal and postnatal women in targeted geographic areas, modeled positive behaviors to ensure healthy family functioning
- Develop and implemented Family Support Plans and dispensed the Edinburg depression tool
- Promote problem solving skills, parent child interaction, and intervention techniques

**Kin Support Project: (5/2006-9/2008)-Supportive Counseling**

- Population: caregivers raising a relatives child due to the absence of the biological parents
- Provided supportive counseling services to relative caregivers and children through promoting family self-sufficiency, individualized goal planning, and provider staffing for holistic services
- Co/ facilitated bi-monthly support groups, assessments, and navigating DCF's services
- An internship position (1/2006-4/2006), which upon completion advanced to full-time employment

## **Experience: Certification, Internship, Volunteer (s)**

**BLS for Healthcare Providers (CPR and AED) 11/2011-Present**

**Appointed to the Palm Beach County HIV CARE Council Board 7/2011-Present**

**Children's Home Society- Volunteer Mentor for Youth 11/2010-Present**

**DOH certification training in HIV/AIDS counseling, testing and linkage 5/2010-Present**

**Behavioral Health of the Palm Beaches-MSW Internship 1/2007-8/2007**

- Bio psychosocial intake assessments & treatment planning for clients in residential treatment
- Weekly group therapy sessions, discharge/aftercare planning and clinical staffing on case load

**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: Palm Beach County HIV CARE Council Advisory  Not Advisory

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

Term of Appointment: 2 3 Years. From: April 2013 To: PA April 2015 April 2016

Seat Requirement: Representative of/or formerly incarcerated PLWHA Seat #: 33

\*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: McKissack Thomas Edward  
Last First Middle

Occupation/Affiliation: Social Worker  
Owner  Employee  Officer

**Business Name:** Jerome Golden Center

**Business Address:** 1041 45<sup>th</sup> Street

City & State West Palm Beach, FL Zip Code: 33407

**Residence Address:** 1045 35<sup>th</sup> Street

City & State West Palm Beach, FL Zip Code: 33407

Home Phone: (561) 848-9594 Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: (561) 718-2505 Fax: ( )

Email Address: TMcKissack@jeromegoldcenter.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

**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 see attached

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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):

\_\_\_\_\_ By watching the training program on the Web, DVD or VHS  
X By attending a live presentation given on 2/8, 2013

**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: Thomas E. McKissack Printed Name: Thomas E. McKissack Date: 2-21-13

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:  
Sonja Holbrook, Department of Community Services  
810 Datura Street, West Palm Beach, FL

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

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

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

Jerome Golden Center for Behavioral Health, Inc.

Granting Entity	Program	Term	Contract No.	Type of Services
Palm Beach County Division of Human Services	Homeless Act Supported Housing	10/01/12 - 09/30/13	R2012-1214	Supported Housing
Palm Beach County Division of Human Services	Project Success A Homeless Outreach	01/01/13 - 12/31/13	R2013-0129	Homeless Outreach
Palm Beach County Division of Human Services	Project Success B Homeless Outreach	10/01/12 - 09/30/13	R2012-1216	Homeless Outreach
Palm Beach County Division of Human Services	Flagler Project Shelter Plus Care Rental Assistance	05/23/12 - 05/22/13	R2012-0804	Rental Assistance
Palm Beach County Division of Human Services	Project Northside Shelter Plus Care Rental Assistance	07/01/09 - 06/30/14	R2009-1634	Rental Assistance
Palm Beach County Community Services	Financially Assisted Agencies	10/01/12 - 09/30/13	R2012-1509	Inpatient Services
Palm Beach County Community Services	Financially Assisted Agencies	10/01/12 - 09/30/13	R2012-1509	Crisis Support & Emergency
Palm Beach County Community Services	Financially Assisted Agencies	10/01/12 - 09/30/13	R2012-1509	Crisis Stabilization - Adult
Palm Beach County Community Services	Financially Assisted Agencies	10/01/12 - 09/30/13	R2012-1509	Crisis Stabilization - Child
Palm Beach County Community Services	Financially Assisted Agencies	10/01/12 - 09/30/13	R2012-1509	Residential Detoxification
Palm Beach County Criminal Justice Commission	Mental Health & Substance Abuse Supported Housing	08/01/11 - 03/23/14	R2011-1410	Supported Housing

Thomas E. McKissack  
1045 35<sup>th</sup> Street  
West Palm Beach, FL 33407

**Education**

Franklin High School

Tennessee State University – Bachelors of Science

Clark Atlanta University – Masters in Social Work

**Work Experience**

Jerome Golden Center – Present

Drug Abuse Treatment Association – 1986 to 2012

Comprehensive Alcohol Rehabilitation Program – 1984 to 1986

**Current Activities**

Palm Beach County HIV CARE Council – 1986 to Present

Association of Black Social Workers Palm Beach County

# Palm Beach County HIV CARE Council

## Inventory of Seats

Updated 2/21/2013

Grey Shading = Federally Mandated Seat    Pastel Shading = Federally Mandated Category    **Bold** = OPEN CHAIR

Waiting for BCC approval new member

SEAT	PROVIDERS - SEATS 1-11	OCCUPANT	POSITION/ORGANIZATION	TERM EXPIRES	DEMOGRAPHIC INFO.
1	Health care provider, including federally qualified health centers	Rafael Abadia	PBC Health Department	11/14/13	HISM
2	Community-Based Organizations serving affected populations/AIDS Service Organizations	Vicki Ann Tucci	Legal AID Society of Palm Beach County, Inc.	4/15/2016	WF
3	Community-Based Organization serving affected populations/AIDS Service Organizations	Marsharee Chronicle	Compass	8/13/2014	BF
4	<b>Community-Based Organizations serving affected population/AIDS Service Organizations</b>	<b>OPEN CHAIR</b>			
5	<b>Social Service Providers, including housing and homeless service providers</b>	<b>OPEN CHAIR</b>			
6	<b>Social Service Providers, including housing and homeless service providers</b>	<b>OPEN CHAIR</b>			
7	Social Service Providers, including housing and homeless services providers	Kimberly Rommel-Enright	Legal AID Society of Palm Beach County, Inc.	11/14/2013	WF
8	<b>Social Service Providers, including housing and homeless service providers</b>	<b>OPEN CHAIR</b>			
9	Mental Health and/or Substance Abuse Provider	Elaine Esplin	CAP	8/13/2014	WF
10	Substance Abuse and/or Mental Health Providers	Rosalyn Collins	Gratitude House	11/14/2013	BF
11	Local Public Health Agencies	Mary Piper Kannel	PBC Health Department	4/15/2016	WF



# Palm Beach County HIV CARE Council

## Inventory of Seats

SEAT	AFFECTED COMMUNITIES, INCLUDING PLWH AND HISTORICALLY UNDER-SERVED SUBPOPULATIONS AND/OR INDIVIDUALS CO-INFECTED WITH HEPATITIS B/C – SEATS 12 - 22	OCCUPANT	POSITION/ ORGANIZATION	TERM EXPIRES	DEMOGRAPHIC INFO.
12	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Mary Jane Reynolds	Community Member	4/15/2016	BF
13	<b>Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C</b>	<b>OPEN CHAIR</b>			
14	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Glenn Krabec, PhD	Community Member	4/15/2016	WM
15	<b>Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C</b>	<b>OPEN CHAIR</b>			
16	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Cecil Smith	Community Member	4/15/2016	BM
17	<b>Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C</b>	<b>OPEN CHAIR</b>			
18	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Melissa McGee	Community Member	11/14/2013	BF
19	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Shirley Samples	Community Member	4/15/2016	BF
20	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Don Hilliard	Community Member	11/14/2013	WM
21	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Laurence Osband	Community Member	4/15/2016	WM
22	<b>Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C</b>	<b>OPEN CHAIR</b>			

# *Palm Beach County HIV CARE Council*

## *Inventory of Seats*

SEAT	NON-ELECTED COMMUNITY LEADERS – SEATS 23 - 33	OCCUPANT	POSITION/ ORGANIZATION	TERM EXPIRES	DEMOGRAPHIC INFO.
23	Non-Elected Community Leaders	<b>OPEN CHAIR</b>			
24	Non-Elected Community Leaders	Juny Tetevi	CommCare Pharmacy	4/15/2016	BF
25	Non-Elected Community Leaders	<b>OPEN CHAIR</b>			
26	Non-Elected Community Leaders	<b>OPEN CHAIR</b>			
27	Non-Elected Community Leaders	<b>OPEN CHAIR</b>			
28	State Medicaid Agency	Cindy Barnes	Medicaid	11/14/2013	WF
29	State Part B Agency	<b>OPEN CHAIR</b>			
30	Hospital Planning Agencies or other health care planning agencies	Julie Graham	HCSEF	8/13/2014	WF
31	Part D, or if none present, representatives of organizations addressing the needs of children, youth, and families with HIV	Shantreirra Monroe	Families First	4/15/2016	BF
32	Other federal HIV Programs, including HIV Prevention Program	Lorenzo Lowe	Compass	8/13/2014	BM
33	Representative of/or formerly incarcerated People Living with HIV/AIDS	Thomas McKissack	Jerome Golden Center for Behavioral Health	4/15/2016	BM

Demographic Info Key: BF= Black Female, BM= Black Male, HAIF= Haitian Female, HAIM= Haitian Male, WF= White Female, WM= White Male, HISF= Hispanic Female, HISM= Hispanic Male, M= Multi-Race

**Palm Beach County HIV CARE Council**

# **Council Policy**

Policy Number: **10**  
Approved: **April 30, 2001**  
Amended: **January 26, 2004**  
Amended: **November 16, 2009**  
Amended: **November 22, 2010**  
Amended: **June 27, 2011**  
Amended: **June 25, 2012**

Issue: **Nominations Process for CARE Council Membership**

This policy is adopted by the Palm Beach County HIV CARE Council (CARE Council), for the purpose of ensuring there is an open and fair nominations process which will provide for a CARE Council membership which is reflective of the AIDS epidemic in Palm Beach County, Florida. In addition, it is the intention of the CARE Council to maintain a nominations policy which complies with directives of the Division of HIV Services (DHS) and the Health Resources Services Administration (HRSA) as those directives relate to the Ryan White Act.

## **I. Legislative Background**

Section 2602(b) of the reauthorized Ryan White Act states: "Nominations to the planning council (CARE Council) shall be identified through an open process and candidates shall be selected based upon locally delineated and published criteria. Such criteria shall include a conflict of interest standard for each nominee."

## **II. Expectations**

An open nominations process, in combination with other legislative requirements and existing DHS policy on PLWH participation, shall result in broad and diverse community inclusion and culturally competent deliberations in CARE Council processes. The CARE Council will only approve and/or appoint members who have gone through the nominations process and shall appoint members on a timely basis to ensure minimum disruption to CARE Council activities.

Nominations to the Council shall be sought from a wide spectrum of potential members. Recruitment shall be made through existing Council committees and through ongoing

solicitation through existing council members, service providers, outreach through advertising, and staff working with consumers of HIV/AIDS services. Particular consideration shall be given to disproportionately affected and historically underserved groups and sub-populations.

Every member of the CARE Council is encouraged to actively recruit members to fill gaps in Council membership. Recruitment is not just the Membership Committee's responsibility. Council members should use their own network and seek key contacts in other communities to help identify potential members to fill gaps and to provide individuals to participate in CARE Council committee activities.

### **III. Steps in the Nominations Process:**

1. When necessary advertising may be placed in various publications countywide notifying the public of the need for participation through membership on the CARE Council. Included in the advertising shall be notification of the need to fill membership positions based upon the demographics of the epidemic in Palm Beach County, and to ensure legislatively mandated positions are filled. A time limit for return of applications shall be included in the notification.

Potential applicants shall be provided a nominations packet containing a letter describing roles and responsibilities of the council, duties of membership, time expectations, gaps in representations, conflict of interest standards, HIV disclosure requirements, and an overview of the selection process and timeline; within three (3) business days of request. There shall also be an application form used to gather information about: relevant experience, expertise, skills, the persons interest in serving, the perspective he or she might bring to the CARE Council, how his or her peer group might relate to groups affected by HIV, and other related information.

3. Each returned application will be issued a document number, and receipt shall be logged in for tracking purposes.
4. CARE Council staff will review all application forms and will recommend a list of persons for the Membership Committee to interview per "Procedure for Applicant Interviews". When two or more persons apply for the same slot, the committee will interview at least two applicants for the slot. Interviews shall be conducted by at least two committee members-one of which must be the Chair or Vice Chair and a staff member, according to a structured interview format. Open ended questions about past experience on boards, ideas about significant HIV/AIDS issues and professional or affected community linkages shall be incorporated into the interview.
5. After the interviews are completed, the results of each interview are discussed at the next regularly scheduled Membership Committee meeting. When reviewing

candidates for membership the committee will consider the following factors: attendance at CARE Council meetings, involvement at Membership Development Sessions and involvement on committees. The Membership Committee may also consider activities as involvement in Membership Development Sessions. In addition, seat availability, the demographics of the board and candidate qualification will be taken into consideration. The final committee recommendations will be forwarded to the Executive Committee and if approved to the Palm Beach County HIV CARE Council. If the recommendation is accepted by the CARE Council, the individual's name will then be forwarded to the Palm Beach County Board of County Commissioners for appointment. The candidate must document completion of the Palm Beach County ethics training prior to submission of their name to the Palm Beach County Board of County Commissioners. In the event a recommended candidate is not acceptable to the Palm Beach County Board of County Commissioners, a request for a replacement candidate, if available, will be forwarded to the Membership Committee and the Membership Committee will provide the name of another candidate to the Palm Beach County HIV CARE Council. If the recommendation is accepted by the CARE Council, the individual's name will then be forwarded to the Palm Beach County Board of County Commissioners for appointment.

**Candidates must fulfill the following requirements prior to being forwarded for CARE Council Membership:**

**Candidates must join one (1) committee and attend at least three (3) meetings, one (1) of which must be either a CARE Council meeting, or CARE Council sponsored training (inclusive of annual retreat) within a one (1) year period.**

**Documented exceptions to these requirements may be made, based upon the need of the CARE Council or in an extenuating circumstance, at the discretion of the Membership Committee Chair with the approval of the Executive Committee.**