

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

Meeting Date: October 3, 2023

Department:
Submitted by: Community Services
Advisory Board: Palm Beach County HIV CARE Council

I. EXECUTIVE BRIEF

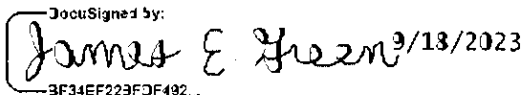
Motion and Title: Staff recommends motion to approve: the appointments of two (2) new members and the reappointment of one (1) current member to the Palm Beach County HIV Comprehensive AIDS Resources Emergency Act Council (HIV CARE Council), effective October 3, 2023:


<u>Seat No.</u>	<u>Appointment</u>	<u>Recommended By</u>	<u>Term Expires</u>
21	Cecil Smith	HIV CARE Council	10/02/2026
24	Cynthia Walker	HIV CARE Council	06/13/2025
<u>Seat No.</u>	<u>Reappointment</u>	<u>Recommended By</u>	<u>Term Expires</u>
27	Kenny Talbot	HIV CARE Council	10/02/2026

Summary: The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) requires Palm Beach County to maintain a planning council tasked with establishing priorities and allocations for the Ryan White HIV/AIDS Program grant funding that the County receives. The Palm Beach County HIV CARE Council is the County's planning council. Federal law requires that the planning council "shall reflect in its composition the demographics of the population of individuals with HIV/AIDS in the eligible area..." At least 33% of planning council members must be consumers of Ryan White services who are unaffiliated with subrecipient service providers. The law also requires that members of the planning council represent designated categories including: health care providers; social service providers; community-based organizations; local public health agencies; non-elected community leaders; and grantees of Federal HIV programs. The Palm Beach County HIV CARE Council nomination process is an open process. Per Resolution No. R2018-0015, the total membership for the HIV CARE Council shall be no more than 33 at-large members. The nominees have successfully completed the nomination process and the HIV CARE Council recommends the appointments. Ms. Walker will complete the term of Denise Brown, who resigned from the HIV CARE Council. The diversity count for the 22 seats that are currently filled is African-American: 9 (41%), Caucasian: 6 (27%), Hispanic-American: 6 (27%) and Asian-American: 1 (5%). The gender ratio (female: male) is 12:10. Mr. Smith and Ms. Walker are African-American. Mr. Talbot is Caucasian. Staff conducts targeted outreach in an effort to proffer candidates for appointments who meet HRSA's requirements. (Ryan White Program) Countywide (HH)

Background and Justification: In accordance with the Ryan White 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. The Ryan White CARE Act Amendments of 1996 mandate a nomination process for appointments to Title I (Part A) Planning Councils. To that end, the Board established the Palm Beach County HIV CARE Council, per Resolution No. R2011-1560 dated October 18, 2011 and amended on January 23, 2013.

- Attachments:**
- Boards/Committees Applications (3)
 - HIV CARE Council Nominations Policy No. 10

Recommended By:  9/13/2023
DocuSigned by: James E. Green 9/13/2023
-3F34EF223FDF492...

Legal Sufficiency:  9-20-23
 Assistant County Attorney Date

II. REVIEW COMMENTS

A. Other Department Review:

Department Director

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARDS/COMMITTEES APPLICATION

The information provided on this form will be used in considering your nomination. Please COMPLETE SECTION II IN FULL. Answer "none" or "not applicable" where appropriate. Please attach a biography or résumé to this form.

Section I (Department): (Please Print)

Board Name: PBC HIV CARE COUNCIL Advisory Not Advisory

At Large Appointment or District Appointment / District #: _____

Term of Appointment: 3 Years. From: 10/03/2023 To: 10/02/2028

Seat Requirement: _____ 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: Smith Cecil
Last First Middle

Occupation/Affiliation: P.B.C. HIV Care Council
Owner Employee Officer

Business Name: _____

Business Address: W.P.B., FL Zip Code: 33401

Residence Address: 1500 N. Congress Ave. A305
W.P.B., FL Zip Code: 33401

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

Cell Phone: 561 460 4102 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

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.

N/A

<u>Contract/Transaction No.</u>	<u>Department/Division</u>	<u>Description of Services</u>	<u>Term</u>
<u>Example: (R#XX-XX/PO XX)</u>	<u>Parks & Recreation</u>	<u>General Maintenance</u>	<u>10/01/00-09/30/2100</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)

OR

NONE



NOT APPLICABLE/
(Governmental Entity)



ETHICS TRAINING: All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the State Guide to the Sunshine Amendment, Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>. Ethics training is on-going, and pursuant to PPM CW-P-80 is required before appointment, and upon reappointment.

By signing below I acknowledge that I have read, understand the Sunshine Law Overview for Advisory Board Members and agree to abide by the Florida Sunshine Law and the Florida and 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 on 08/23/2023 2023
 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: Cecil Smith Printed Name: Cecil Smith Date: 8/23/23

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 or contact us via email at 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 01/09/2023

I, Cecil Smith, have been a member of the Palm Beach County HIV CARE Council for over 13 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. I am an advocate for people living with HIV and would like to continue to make a difference.

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARDS/COMMITTEES APPLICATION

The information provided on this form will be used in considering your nomination. Please COMPLETE SECTION II IN FULL. Answer "none" or "not applicable" where appropriate. Please attach a biography or résumé to this form.

Section I (Department): (Please Print)

Board Name: PBC HIV CARE COUNCIL Advisory Not Advisory

At Large Appointment or District Appointment / District #: _____

Term of Appointment: 1.8 Years. From: 10/03/2022 To: 06/13/2025

Seat Requirement: _____ Seat #: 24

Reappointment or New Appointment

or to complete the term of Denise Brown Due to: resignation other

Completion of term to expire on: 06/13/25

*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: Wagner Cynthia Ann
Last First Middle

Occupation/Affiliation: _____
Owner Employee Officer

Business Name: _____

Business Address: _____
City & State _____ Zip Code: _____

Residence Address: 109 Vandenberg Ct Ct
City & State Pahonza Fla Zip Code: 33476

Home Phone: () _____ Business Phone: () _____ Ext. _____

Cell Phone: (407) 292-2920 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

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>Example: (R#XX-XX/PO XX)</u>	<u>Parks & Recreation</u>	<u>General Maintenance</u>	<u>10/01/00-09/30/2100</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)
OR

NONE



NOT APPLICABLE/
(Governmental Entity)



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By signing below I acknowledge that I have read, understand the Sunshine Law Overview for Advisory Board Members and agree to abide by the Florida Sunshine Law and the Florida and 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 on 07/11/2023.
 By attending a live presentation given on _____, 20____

AND

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

*Applicant's Signature: [Signature] Printed Name: Cynthia W. KEO Date: 07-11-2023

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 or contact us via email at ethics@palmbeachcountyethics.com or (561) 233-0724.

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

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

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At Large Appointment or District Appointment / District #: _____

Term of Appointment: 3 Years. From: 10/03/2023 To: 10/03/2026.

Seat Requirement: _____ Seat #: 27.

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: TALBOT KENNEDY
Last First Middle

Occupation/Affiliation: _____

Owner Employee Officer

Business Name: _____

Business Address: _____

City & State: _____ Zip Code: _____

Residence Address: 400 W. IMA CIR # 106

City & State: PIELONG BEACH Zip Code: 33404

Home Phone: () Business Phone: () Ext. _____

Cell Phone: 561 721-5885 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

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)

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NONE



NOT APPLICABLE/
(Governmental Entity)



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By watching the training program on the Web, DVD or VHS on 8/23 2023
 By attending a live presentation given on _____, 20____

AND

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

*Applicant's Signature: [Signature] Printed Name: KENNY TACBIT Date: 8/23/2023

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 or contact us via email at ethics@palmbeachcountyethics.com or (561) 233-0724.

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 {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: _____

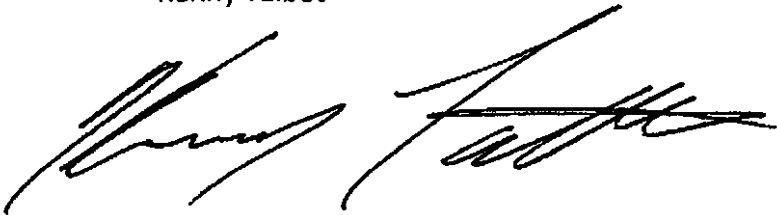
KENNY TALBOT
400 WILMA CIR, 106
WEST PALM BEACH
33404
Cell Phone: 5617215885

I would like to join the PBC HIV CC as I'm currently serving as a Vice Chair of Community building advocate and CC is a great platform to have my voice to reach out to the target population.

I would like to bring my years of experience, knowledge & advocacy to help out to our Community.

With my extensive understanding of Case management I will be an asset to not only Priorities & Allocation Committee but Quality Management & Evaluation committee and CARE council as a whole.

Sincerely,
Kenny Talbot

A handwritten signature in black ink, appearing to read 'Kenny Talbot', written in a cursive style.

Palm Beach County HIV CARE Council

CARE 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 CARE Council (CARE Council), for the purpose of ensuring there is an open and fair nomination 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 nomination policy which complies with directives of the Division of HIV Services (DHS) and 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 CARE Council shall be sought from a wide spectrum of potential members. Recruitment shall be made through existing CARE Council committees and

through ongoing solicitation through existing CARE 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 CARE Council membership. Recruitment is not just the Membership Committee's responsibility. CARE 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.
2. Potential applicants shall be provided a nominations packet containing a letter describing roles and responsibilities of the CARE 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 person's 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 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 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.

1. **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.
2. 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.