

Item #5A-4

Meeting Date: April 8, 2025 ☐ Consent ☒ Regular
☐ Workshop ☐ Public Hearing

Submitted By: County Administration

- ## 1. Board Application

4/3/25

Date

II. FISCAL IMPACT ANALYSIS

A. Five-Year Summary of Fiscal Impact:

| Fiscal Years | 2025 | 2026 | 2027 | 2028 | 2029 | Operating Costs |
|-------------------------|------|------|------|------|------|-----------------|
| Capital Expenditures | | | | | | |
| External Revenues | | | | | | |
| Program Income (County) | | | | | | |
| In-Kind Match (County) | | | | | | |
| NET FISCAL IMPACT | | | | | | |

Is the Item Included in Current Budget? Yes _____ No X
Does this item include the use of Federal Funds? Yes _____ No X
Does this item include the use of State Funds? Yes _____ No X

Budget Account No.
Fund _____ Department _____ Unit _____ Object _____

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

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

Lara Martin 4/2/25
OFMB 4/2
K12 9A410

Grande Smith 4/2/25
Contract Dev. and Control
764.2.25

B. Legal Sufficiency:

Chay
[Signature]
Assistant County Attorney

C. Other Department Review:

N/A
Department Director

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

**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: _____ Advisory ☐ Not Advisory ☐

☐ At Large Appointment or ☐ District Appointment /District #: _____

Term of Appointment: _____ Years. From: _____ To: _____

Seat Requirement: _____ Seat #: _____

☐ *Reappointment or ☐ New Appointment

or ☐ to complete the term of _____ Due to: ☐ resignation ☐ other

Completion of term to expire on: _____

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

Section II (Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: _____

| Last | First | Middle |
|------|-------|--------|
|------|-------|--------|

Occupation/Affiliation: _____

Owner ☐ Employee ☐ Officer ☐

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: _____

City & State _____ Zip Code: _____

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

Cell Phone: () 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

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 | <input type="checkbox"/> | NOT APPLICABLE/ (Governmental Entity) | <input type="checkbox"/> |

ETHICS TRAINING: All board members are required to read and complete training on Article XIII of the Palm Beach Code, the Palm Beach County Code of Ethics. Training on the Palm Beach County Code of Ethics can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>. Ethics training is on-going, and pursuant to PPM CW-P-79 is required before appointment, and upon reappointment. All board members must also be familiar with the State of Florida Code of Ethics, (Chapter 112, part III of the Florida Statutes), and the Florida Sunshine Law.

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

☐ By watching the training program on the Web, DVD or VHS on _____ 20____

☐ 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 Florida Sunshine Law and the State of Florida Code of Ethics, Chapter 112, part III of the Florida Statutes:

*Applicant's Signature: _____ Printed Name: _____ Date: _____

(NOTE: Signature must be an actual signature or an electronic signature. A "typed" signature (name) will not be accepted)

Any questions and/or concerns regarding Article XIII of 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:

Section III (Commissioner, if applicable):
Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____