

Executive Committee Meeting

MEETING AGENDA

Meeting Details

Date: Friday, June 16, 2023

Time: 8:00 a.m.

Location: Administrative Office
584 NW University Blvd.
Suite 100
Port St. Lucie, FL 34986

Microsoft TEAMS Virtual Meeting Access

Access Code: 840 471 831#

Phone: 1-772-800-5467

URL: [Click here to join the meeting](#)

Opening Remarks

1. Welcome & Attendance
2. Declarations of Conflict of Interest

Voting Items

3. Review and Approve Financial Statements - March and April 2023
4. Review and Approve Draft Budget - PY 2023-2024
5. Review and Approve Prior Approval Transfer Request Form - WIOA Adult and Dislocated Worker (DW) Programs - PY 2023-2024
6. Review and Approve Renewable Vendor Contracts - PY 2023-2024
7. Review and Approve Risk Evaluation Form Subrecipient Services - WIOA Youth Services - PY 2023-2024
8. Review and Approve Board/Committee Schedule - PY 2023-2024
9. Review and Approve CSRC Paid Holidays/Compressed Work Schedule - PY 2023-2024
10. Review and Approve Board Member Contract/COI Exemption Requests - PY 2023-2024
11. Review and Approve Designee for Michael Maine, Superintendent, Martin County Public Schools

Information/Discussion

12. Taylor Hall Miller Parker (THMP) Monitoring Review - Spring 2023
13. Board of Directors Membership Recertification - PY 2023-2024
14. Other Business
 - a. Legislative/CareerSource Florida Updates
15. Adjournment

Next Executive Committee Meeting will be held on July 14, 2023

AGENDA ITEM SUMMARY

Title	Review and Approve Financial Reports
Strategic Plans/Goals	Optimal Use of Resources
Policy/Plan/Law	Workforce Innovation and Opportunity Act (WIOA)/Role of LWDB's
Action Requested	Review and Approve January and February Financial Reports
Background	The Board approved the budget for PY 2022-2023. The Executive Committee regularly reviews budgets, all amendments to the budget, and monthly expenditures.
Staff Recommendations	Review and Approve March and April Financial Reports
Supporting Material	Monthly Financial Reports
Board Staff	Lisa Delligatti Chief Financial Officer ldelligatti@careersourcerc.com (866) 482-4473 ext. 430

LWDB 20
Summary of Funding and Expenditures
As of March 31, 2023

PY 22-23 TOTAL AVAILABLE FUNDING	INDIRECT	10 ADULT	12 DW	11 YOUTH	122 Florida Rebuild	20 WP	22 SNAP	24 LVER	25 DVOP	271 RESEA	282 TAA
PY 22-23 Allocations		\$ 964,646	\$ 795,960	\$ 857,133	\$ -	\$ 773,417	\$ 481,855	\$ 248,645	\$ 178,980	\$ 339,954	\$ -
PY 22-23 Supplemental		\$ -	\$ 246,460	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrestricted Funds Earned this year		\$ -	\$ -	\$ -	\$ 32,721	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Funds		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retained by DEO for Merit Salaries		\$ -	\$ -	\$ -	\$ -	\$ (319,065)	\$ -	\$ (179,522)	\$ (116,207)	\$ -	\$ -
Carryforward to PY 23-24		\$ -	\$ (517,287)	\$ (578,590)	\$ -	\$ (49,086)	\$ (101,461)	\$ (41,935)	\$ (11,534)	\$ -	\$ -
Carryforward from PY 21-22		\$ -	\$ 985,700	\$ 594,618	\$ -	\$ 80,265	\$ 87,859	\$ 17,232	\$ 11,328	\$ 196,004	\$ 71,614
TOTAL	\$ -	\$ 964,646	\$ 1,510,833	\$ 873,161	\$ 32,721	\$ 485,531	\$ 468,253	\$ 44,420	\$ 62,567	\$ 535,958	\$ 71,614
FUNDING DRAWN DOWN YTD											
FUNDING DRAWN DOWN YTD	INDIRECT	10 ADULT	12 DW	11 YOUTH	122 Florida Rebuild	20 WP	22 SNAP	24 LVER	25 DVOP	271 RESEA	282 TAA
PY 22-23 Allocations		\$ 502,694	\$ -	\$ -	\$ -	\$ 232,688	\$ 141,278	\$ -	\$ 28,414	\$ 235,396	\$ -
PY 22-23 Supplemental		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrestricted Funds Earned this year		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Funds		\$ -	\$ -	\$ -	\$ 5,112	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retained by DEO for Merit Salaries		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward to PY 23-24		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward from PY 21-22		\$ -	\$ 886,577	\$ 575,285	\$ -	\$ 80,265	\$ 87,859	\$ 29,075	\$ 11,328	\$ 196,004	\$ 209
TOTAL		\$ 502,694	\$ 886,577	\$ 575,285	\$ 5,112	\$ 312,953	\$ 229,137	\$ 29,075	\$ 39,742	\$ 431,400	\$ 209
% of Total Budgeted Funding Received		52.11%	58.68%	65.89%	15.62%	64.46%	48.93%	65.45%	63.52%	80.49%	0.29%
EXPENDITURES											
Administrative	\$ -	\$ 44,275	\$ 110,329	\$ 13,355	\$ 641	\$ 49,158	\$ 31,270	\$ 2,504	\$ 3,632	\$ 49,169	\$ 8
Salaries and Benefits	\$ 312,087	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
General and Administrative	\$ 149,509	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allocated Indirect Costs	\$ (461,596)	\$ 179,494	\$ 12,410	\$ 13,355	\$ 641	\$ 11,858	\$ 31,270	\$ 2,504	\$ 3,632	\$ 49,169	\$ 8
Reclassification	\$ -	\$ (135,219)	\$ 97,919	\$ -	\$ -	\$ 37,300	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Training	\$ (0)	\$ 433,613	\$ 764,805	\$ 610,904	\$ 4,482	\$ 255,538	\$ 207,244	\$ 25,487	\$ 35,104	\$ 343,666	\$ 202
WIOA Youth Contracts	\$ -	\$ -	\$ -	\$ 504,913	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries and Benefits	\$ 164,611	\$ 721,400	\$ 44,339	\$ 17,956	\$ 3,452	\$ 28,878	\$ 141,141	\$ 4,835	\$ 6,291	\$ 231,432	\$ 13
Contract Labor	\$ -	\$ 10,259	\$ 975	\$ -	\$ 4	\$ 78	\$ 15,704	\$ 25	\$ 44	\$ 17,415	\$ -
Internship	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Incentives/Stipends	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Support Services Non-ITA	\$ -	\$ 900	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Support Services ITA	\$ -	\$ 604	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-ITA/OST/TAA	\$ -	\$ 124,112	\$ 1,714	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-OJT	\$ -	\$ 46,411	\$ 4,717	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-Cust./Employed Worker	\$ -	\$ 19,000	\$ 10,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
WEX/ Internships/ Participant Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 525	\$ 4,046	\$ 386	\$ 282	\$ 23	\$ 650	\$ 1,021	\$ 1,685	\$ 1,526	\$ 1,438	\$ -
One Stop Shared Costs	\$ -	\$ 147,147	\$ 8,757	\$ -	\$ 597	\$ 58,247	\$ 31,352	\$ 13,809	\$ 19,784	\$ 53,534	\$ 83
Other Operating Expenses	\$ 36,300	\$ 78,509	\$ 6,888	\$ 81,925	\$ 126	\$ 36,404	\$ 15,833	\$ 2,706	\$ 5,874	\$ 18,390	\$ 103
Allocated Program Indirect	\$ (201,436)	\$ 78,329	\$ 5,416	\$ 5,828	\$ 280	\$ 5,175	\$ 13,646	\$ 1,093	\$ 1,585	\$ 21,457	\$ 3
Reclassification	\$ -	\$ (797,102)	\$ 681,113	\$ -	\$ -	\$ 126,107	\$ (11,453)	\$ 1,335	\$ -	\$ -	\$ -
Total Expenditures	\$ 0	\$ 477,888	\$ 875,135	\$ 624,259	\$ 5,123	\$ 304,696	\$ 238,514	\$ 27,991	\$ 38,735	\$ 392,834	\$ 210
Funding Over/(under) expenditures	\$ 0	\$ 24,806	\$ 11,442	\$ (48,974)	\$ (11)	\$ 8,257	\$ (9,377)	\$ 1,084	\$ 1,007	\$ 38,566	\$ (1)
YTD % of Budgeted Funds Expended		49.54%	57.92%	71.49%	15.66%	62.76%	50.94%	63.01%	61.91%	73.30%	0.29%

LWDB 20
Summary of Funding and Expenditures
As of March 31, 2023

PY 22-23 TOTAL AVAILABLE FUNDING	39 DWG COVID-19	390 DWG Hurricane Ian	40 WTP	470 Apprent Navigator	473 Recovery Navigator	474 Rapid Response Navigator	475 FAWA	48 F.A.T.E.S.	792 Youth SOS SLC	Other Non NFA
PY 22-23 Allocations	\$ -	\$ 178,000	\$ 1,144,745	\$ 62,500	\$ -	\$ -	\$ 3,000,000	\$ 125,000	\$ -	\$ -
PY 22-23 Supplemental	\$ -	\$ 180,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrestricted Funds Earned this year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 74,342	\$ 300,000	\$ -
Retained by DEO for Merit Salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward to PY 23-24	\$ (66,763)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,500,000)	\$ -	\$ -	\$ -
Carryforward from PY 21-22	\$ 129,310	\$ -	\$ 165,908	\$ -	\$ 166,510	\$ 65,577	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 62,547	\$ 358,000	\$ 1,310,653	\$ 62,500	\$ 166,510	\$ 65,577	\$ 1,500,000	\$ 199,342	\$ 300,000	\$ -
FUNDING DRAWN DOWN YTD	39 DWG COVID-19	390 DWG Hurricane Ian	40 WTP	470 Apprent Navigator	473 Recovery Navigator	474 Rapid Response Navigator	475 FAWA	48 F.A.T.E.S.	792 Youth SOS SLC	Other Non NFA
PY 22-23 Allocations	\$ -	\$ 159,800	\$ 442,474	\$ 27,000	\$ -	\$ -	\$ 105,500	\$ -	\$ -	\$ -
PY 22-23 Supplemental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrestricted Funds Earned this year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 47,401
Additional Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 199,342	\$ 94,835	\$ -
Retained by DEO for Merit Salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward to PY 23-24	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward from PY 21-22	\$ 5,010	\$ -	\$ 165,908	\$ -	\$ 100,140	\$ 17,632	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 5,010	\$ 159,800	\$ 608,382	\$ 27,000	\$ 100,140	\$ 17,632	\$ 105,500	\$ 199,342	\$ 94,835	\$ 47,401
% of Total Budgeted Funding Received	8.01%	44.64%	46.42%	0.00%	60.14%	26.89%	7.03%	100.00%	31.61%	0.00%
EXPENDITURES										
Administrative	\$ 553	\$ 20,240	\$ 75,138	\$ 4,513	\$ 13,699	\$ 1,319	\$ 15,500	\$ 5,484	\$ 14,245	\$ 6,564
Salaries and Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
General and Administrative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allocated Indirect Costs	\$ 553	\$ 20,240	\$ 75,138	\$ 4,513	\$ 13,699	\$ 1,319	\$ 15,500	\$ 5,484	\$ 14,245	\$ 6,564
Reclassification	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Training	\$ 3,545	\$ 128,367	\$ 522,261	\$ 31,031	\$ 85,173	\$ 9,421	\$ 103,969	\$ 36,329	\$ 88,349	\$ 50,216
WIOA Youth Contracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries and Benefits	\$ 677	\$ 20,676	\$ 336,304	\$ 22,519	\$ 3,867	\$ 6,980	\$ 33,274	\$ 15,493	\$ 862	\$ 21,232
Contract Labor	\$ 2,400	\$ 9,074	\$ 13,580	\$ 844	\$ 67,680	\$ 16	\$ 1,432	\$ 85	\$ 7,597	\$ -
Internship	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Incentives/Stipends	\$ -	\$ -	\$ 2,650	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Support Services Non-ITA	\$ -	\$ -	\$ 818	\$ -	\$ -	\$ -	\$ -	\$ 600	\$ -	\$ -
Support Services ITA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 178	\$ -	\$ -
Training-ITA/OST/TAA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,950	\$ -	\$ -
Training-OJT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,568
Training-Cust./Employed Worker	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,500	\$ -	\$ -
WEX/ Internships/ Participant Wages	\$ -	\$ 84,525	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 73,509	\$ -
Travel	\$ -	\$ 52	\$ 1,968	\$ 228	\$ 1,030	\$ 51	\$ 134	\$ 52	\$ 83	\$ 374
One Stop Shared Costs	\$ -	\$ 3,862	\$ 71,122	\$ 2,504	\$ 23	\$ 1,413	\$ 5,004	\$ 2,871	\$ 7	\$ 14,587
Other Operating Expenses	\$ 226	\$ 1,345	\$ 63,029	\$ 2,966	\$ 6,596	\$ 385	\$ 57,360	\$ 1,208	\$ 75	\$ 9,591
Allocated Program Indirect	\$ 241	\$ 8,833	\$ 32,789	\$ 1,969	\$ 5,978	\$ 575	\$ 6,764	\$ 2,393	\$ 6,216	\$ 2,864
Reclassification	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures	\$ 4,098	\$ 148,607	\$ 597,399	\$ 35,544	\$ 98,872	\$ 10,740	\$ 119,469	\$ 41,813	\$ 102,594	\$ 56,779
Funding Over/(under) expenditures	\$ 912	\$ 11,193	\$ 10,983	\$ (8,544)	\$ 1,268	\$ 6,892	\$ (13,969)	\$ 157,529	\$ (7,759)	\$ (9,379)
YTD % of Budgeted Funds Expended	6.55%	41.51%	45.58%	0.00%	59.38%	16.38%	7.96%	20.98%	34.20%	0.00%

LWDB 20
Summary of Funding and Expenditures
As of March 31, 2023

PY 22-23 TOTAL AVAILABLE FUNDING	YEAR TO DATE TOTALS			
PY 22-23 Allocations		\$ 9,150,835		
PY 22-23 Supplemental		\$ 426,460		
Unrestricted Funds Earned this year		\$ 32,721		
Additional Funds		\$ 374,342		
Retained by DEO for Merit Salaries		\$ (614,794)		
Carryforward to PY 23-24		\$ (2,866,656)		
Carryforward from PY 21-22		\$ 2,571,925		
TOTAL	\$ -	\$ 9,074,833		
FUNDING DRAWN DOWN YTD				
	PY 22-23 Actual	PY 22-23 Budget	VARIANCE	% Expended
PY 22-23 Allocations	\$ 1,875,245	\$ 9,150,835	\$ 7,275,591	20.493%
PY 22-23 Supplemental	\$ -	\$ 426,460	\$ 426,460	0.000%
Unrestricted Funds Earned this year	\$ 47,401	\$ 32,721	\$ (14,680)	144.863%
Additional Funds	\$ 299,289	\$ 374,342	\$ 75,053	79.951%
Retained by DEO for Merit Salaries	\$ -	\$ (614,794)		
Carryforward to PY 23-24	\$ -	\$ (2,866,656)		
Carryforward from PY 21-22	\$ 2,155,291	\$ 2,571,925	\$ 416,634	83.801%
TOTAL	\$ 4,377,226	\$ 9,074,833	\$ 4,697,607	48.235%
% of Total Budgeted Funding Received	48.23%			
EXPENDITURES				
	PY 22-23 Actual	PY 22-23 Budget	VARIANCE Under/(Over)	% Expended
Administrative	\$ 461,596	\$ 614,481	\$ 152,885	75.12%
Salaries and Benefits	\$ 312,087	\$ 469,158	\$ 157,070	66.52%
General and Administrative	\$ 149,509	\$ 145,323	\$ (4,186)	102.88%
Allocated Indirect Costs	\$ (0)	\$ 0	\$ 0	
Reclassification	\$ 0	\$ -	\$ (0)	
Travel	\$ -	\$ -	\$ -	
Program Training	\$ 3,739,704	\$ 7,089,198	\$ 3,349,494	52.8%
WIOA Youth Contracts	\$ 504,913	\$ 750,000	\$ 245,087	67.3%
Salaries and Benefits	\$ 1,826,231	\$ 3,232,785	\$ 1,406,554	56.5%
Contract Labor	\$ 147,212	\$ 199,311	\$ 52,099	73.9%
Internship	\$ -	\$ -	\$ -	
Incentives/Stipends	\$ 2,650	\$ 16,500	\$ 13,850	16.1%
Support Services Non-ITA	\$ 2,318	\$ 10,500	\$ 8,182	22.1%
Support Services ITA	\$ 782	\$ 105,185	\$ 104,403	0.7%
Training-ITA/OST/TAA	\$ 130,776	\$ 247,144	\$ 116,368	52.9%
Training-OJT	\$ 52,695	\$ 651,551	\$ 598,856	8.1%
Training-Cust./Employed Worker	\$ 38,000	\$ 50,000	\$ 12,000	76.0%
WEX/ Internships/ Participant Wages	\$ 158,034	\$ 328,460	\$ 170,426	48.1%
Travel	\$ 15,550	\$ 24,872	\$ 9,322	62.5%
One Stop Shared Costs	\$ 434,704	\$ 744,875	\$ 310,171	58.4%
Other Operating Expenses	\$ 425,839	\$ 728,015	\$ 302,177	58.5%
Allocated Program Indirect	\$ (0)	\$ (0)	\$ -	
Reclassification	\$ (0)	\$ -	\$ (0)	
Total Expenditures	\$ 4,201,301	\$ 7,703,679	\$ 3,502,379	54.5%
Funding Over/(under) expenditures	\$ 175,925			
YTD % of Budgeted Funds Expended	46.30%			

LWDB 20
Summary of Funding and Expenditures
As of April 30, 2023

PY 22-23 TOTAL AVAILABLE FUNDING	INDIRECT	10 ADULT	12 DW	11 YOUTH	122 Florida Rebuild	20 WP	22 SNAP	24 LVER	25 DVOP	271 RESEA	282 TAA
PY 22-23 Allocations		\$ 964,646	\$ 795,960	\$ 857,133	\$ -	\$ 773,417	\$ 481,855	\$ 248,645	\$ 178,980	\$ 339,954	\$ -
PY 22-23 Supplemental		\$ -	\$ 246,460	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrestricted Funds Earned this year		\$ -	\$ -	\$ -	\$ 32,721	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Funds		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retained by DEO for Merit Salaries		\$ -	\$ -	\$ -	\$ -	\$ (319,065)	\$ -	\$ (179,522)	\$ (116,207)	\$ -	\$ -
Carryforward to PY 23-24		\$ -	\$ (517,287)	\$ (578,590)	\$ -	\$ (49,086)	\$ (101,461)	\$ (41,935)	\$ (11,534)	\$ -	\$ -
Carryforward from PY 21-22		\$ -	\$ 985,700	\$ 594,618	\$ -	\$ 80,265	\$ 87,859	\$ 17,232	\$ 11,328	\$ 196,004	\$ 71,614
TOTAL	\$ -	\$ 964,646	\$ 1,510,833	\$ 873,161	\$ 32,721	\$ 485,531	\$ 468,253	\$ 44,420	\$ 62,567	\$ 535,958	\$ 71,614
FUNDING DRAWN DOWN YTD											
FUNDING DRAWN DOWN YTD	INDIRECT	10 ADULT	12 DW	11 YOUTH	122 Florida Rebuild	20 WP	22 SNAP	24 LVER	25 DVOP	271 RESEA	282 TAA
PY 22-23 Allocations		\$ 562,694	\$ -	\$ -	\$ -	\$ 242,688	\$ 188,278	\$ -	\$ 32,614	\$ 237,896	\$ -
PY 22-23 Supplemental		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrestricted Funds Earned this year		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Funds		\$ -	\$ -	\$ -	\$ 5,112	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retained by DEO for Merit Salaries		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward to PY 23-24		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward from PY 21-22		\$ -	\$ 985,700	\$ 647,618	\$ -	\$ 80,265	\$ 87,859	\$ 32,475	\$ 11,328	\$ 196,004	\$ 209
TOTAL		\$ 562,694	\$ 985,700	\$ 647,618	\$ 5,112	\$ 322,953	\$ 276,137	\$ 32,475	\$ 43,942	\$ 433,900	\$ 209
% of Total Budgeted Funding Received		58.33%	65.24%	74.17%	15.62%	66.52%	58.97%	73.11%	70.23%	80.96%	0.29%
EXPENDITURES											
Administrative	\$ 0	\$ 48,076	\$ 123,106	\$ 14,363	\$ 637	\$ 58,092	\$ 34,893	\$ 2,775	\$ 3,836	\$ 51,208	\$ 8
Salaries and Benefits	\$ 342,381	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
General and Administrative	\$ 168,633	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allocated Indirect Costs	\$ (511,014)	\$ 203,184	\$ 13,187	\$ 14,363	\$ 637	\$ 12,903	\$ 34,893	\$ 2,775	\$ 3,836	\$ 51,208	\$ 8
Reclassification	\$ -	\$ (155,108)	\$ 109,919	\$ -	\$ -	\$ 45,189	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Training	\$ 0	\$ 446,027	\$ 862,594	\$ 685,625	\$ 4,485	\$ 332,861	\$ 234,278	\$ 28,767	\$ 38,019	\$ 360,487	\$ 202
WIOA Youth Contracts	\$ -	\$ -	\$ -	\$ 567,207	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries and Benefits	\$ 184,762	\$ 801,176	\$ 48,379	\$ 20,191	\$ 3,452	\$ 31,650	\$ 156,827	\$ 5,458	\$ 6,915	\$ 241,603	\$ 13
Contract Labor	\$ -	\$ 11,860	\$ 1,055	\$ -	\$ 4	\$ 84	\$ 18,358	\$ 27	\$ 46	\$ 18,738	\$ -
Internship	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Incentives/Stipends	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Support Services Non-ITA	\$ -	\$ 900	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Support Services ITA	\$ -	\$ 604	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-ITA/OST/TAA	\$ -	\$ 158,085	\$ 1,714	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-OJT	\$ -	\$ 53,806	\$ 4,717	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-Cust./Employed Worker	\$ -	\$ 19,000	\$ 10,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
WEX/ Internships/ Participant Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 670	\$ 4,434	\$ 404	\$ 287	\$ 23	\$ 656	\$ 1,105	\$ 2,028	\$ 1,526	\$ 1,496	\$ -
One Stop Shared Costs	\$ -	\$ 160,013	\$ 9,399	\$ -	\$ 597	\$ 63,323	\$ 34,320	\$ 15,839	\$ 21,815	\$ 55,599	\$ 83
Other Operating Expenses	\$ 41,106	\$ 99,857	\$ 7,786	\$ 91,572	\$ 126	\$ 40,322	\$ 19,654	\$ 2,849	\$ 6,017	\$ 20,351	\$ 103
Allocated Program Indirect	\$ (226,538)	\$ 90,074	\$ 5,846	\$ 6,367	\$ 282	\$ 5,720	\$ 15,469	\$ 1,230	\$ 1,700	\$ 22,701	\$ 3
Reclassification	\$ -	\$ (953,782)	\$ 772,794	\$ -	\$ -	\$ 191,107	\$ (11,453)	\$ 1,335	\$ -	\$ -	\$ -
Total Expenditures	\$ 0	\$ 494,103	\$ 985,700	\$ 699,988	\$ 5,121	\$ 390,953	\$ 269,171	\$ 31,542	\$ 41,854	\$ 411,696	\$ 210
Funding Over/(under) expenditures	\$ 0	\$ 68,591	\$ -	\$ (52,370)	\$ (9)	\$ (68,000)	\$ 6,965	\$ 933	\$ 2,088	\$ 22,204	\$ (1)
YTD % of Budgeted Funds Expended		51.22%	65.24%	80.17%	15.65%	80.52%	57.48%	71.01%	66.90%	76.81%	0.29%

LWDB 20
Summary of Funding and Expenditures
As of April 30, 2023

PY 22-23 TOTAL AVAILABLE FUNDING	39 DWG COVID-19	390 DWG Hurricane Ian	40 WTP	470 Apprent Navigator	473 Recovery Navigator	474 Rapid Response Navigator	475 FAWA	48 F.A.T.E.S.	792 Youth SOS SLC	Other Non NFA
PY 22-23 Allocations	\$ -	\$ 178,000	\$ 1,144,745	\$ 62,500	\$ -	\$ -	\$ 3,000,000	\$ 125,000	\$ -	\$ -
PY 22-23 Supplemental	\$ -	\$ 180,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrestricted Funds Earned this year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 74,342	\$ 300,000	\$ -
Retained by DEO for Merit Salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward to PY 23-24	\$ (66,763)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,500,000)	\$ -	\$ -	\$ -
Carryforward from PY 21-22	\$ 129,310	\$ -	\$ 165,908	\$ -	\$ 166,510	\$ 65,577	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 62,547	\$ 358,000	\$ 1,310,653	\$ 62,500	\$ 166,510	\$ 65,577	\$ 1,500,000	\$ 199,342	\$ 300,000	\$ -
FUNDING DRAWN DOWN YTD	39 DWG COVID-19	390 DWG Hurricane Ian	40 WTP	470 Apprent Navigator	473 Recovery Navigator	474 Rapid Response Navigator	475 FAWA	48 F.A.T.E.S.	792 Youth SOS SLC	Other Non NFA
PY 22-23 Allocations	\$ -	\$ 178,000	\$ 508,974	\$ 46,000	\$ -	\$ -	\$ 145,600	\$ -	\$ -	\$ -
PY 22-23 Supplemental	\$ -	\$ 4,700	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrestricted Funds Earned this year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 63,191
Additional Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 199,342	\$ 94,835	\$ -
Retained by DEO for Merit Salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward to PY 23-24	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward from PY 21-22	\$ 5,010	\$ -	\$ 165,908	\$ -	\$ 114,240	\$ 17,632	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 5,010	\$ 182,700	\$ 674,882	\$ 46,000	\$ 114,240	\$ 17,632	\$ 145,600	\$ 199,342	\$ 94,835	\$ 63,191
% of Total Budgeted Funding Received	8.01%	51.03%	51.49%	0.00%	68.61%	26.89%	9.71%	100.00%	31.61%	0.00%
EXPENDITURES										
Administrative	\$ 549	\$ 23,096	\$ 81,196	\$ 5,840	\$ 15,433	\$ 1,528	\$ 18,125	\$ 5,574	\$ 14,239	\$ 8,438
Salaries and Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
General and Administrative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allocated Indirect Costs	\$ 549	\$ 23,096	\$ 81,196	\$ 5,840	\$ 15,433	\$ 1,528	\$ 18,125	\$ 5,574	\$ 14,239	\$ 8,438
Reclassification	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Training	\$ 3,547	\$ 147,368	\$ 568,824	\$ 40,508	\$ 96,756	\$ 10,972	\$ 126,236	\$ 37,269	\$ 89,157	\$ 62,986
WIOA Youth Contracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries and Benefits	\$ 677	\$ 21,539	\$ 365,265	\$ 29,643	\$ 4,461	\$ 8,198	\$ 47,280	\$ 16,060	\$ 1,392	\$ 23,163
Contract Labor	\$ 2,400	\$ 10,057	\$ 15,357	\$ 1,026	\$ 77,040	\$ 16	\$ 1,692	\$ 93	\$ 7,597	\$ -
Internship	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Incentives/Stipends	\$ -	\$ -	\$ 2,650	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Support Services Non-ITA	\$ -	\$ -	\$ 818	\$ -	\$ -	\$ -	\$ -	\$ 600	\$ -	\$ -
Support Services ITA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 272	\$ -	\$ -
Training-ITA/OST/TAA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,950	\$ -	\$ -
Training-OJT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,568
Training-Cust./Employed Worker	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,500	\$ -	\$ -
WEX/ Internships/ Participant Wages	\$ -	\$ 100,028	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 73,509	\$ -
Travel	\$ -	\$ 53	\$ 2,113	\$ 268	\$ 1,187	\$ 51	\$ 254	\$ 53	\$ 83	\$ 432
One Stop Shared Costs	\$ -	\$ 3,883	\$ 76,227	\$ 3,967	\$ 23	\$ 1,413	\$ 7,089	\$ 2,938	\$ 7	\$ 15,714
Other Operating Expenses	\$ 226	\$ 1,570	\$ 70,399	\$ 3,014	\$ 7,203	\$ 616	\$ 61,886	\$ 1,331	\$ 258	\$ 18,368
Allocated Program Indirect	\$ 244	\$ 10,239	\$ 35,995	\$ 2,589	\$ 6,842	\$ 677	\$ 8,035	\$ 2,471	\$ 6,312	\$ 3,741
Reclassification	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures	\$ 4,096	\$ 170,465	\$ 650,020	\$ 46,348	\$ 112,189	\$ 12,500	\$ 144,361	\$ 42,842	\$ 103,396	\$ 71,424
Funding Over/(under) expenditures	\$ 914	\$ 12,235	\$ 24,862	\$ (348)	\$ 2,051	\$ 5,132	\$ 1,239	\$ 156,500	\$ (8,562)	\$ (8,233)
YTD % of Budgeted Funds Expended	6.55%	47.62%	49.60%	0.00%	67.38%	19.06%	9.62%	21.49%	34.47%	0.00%

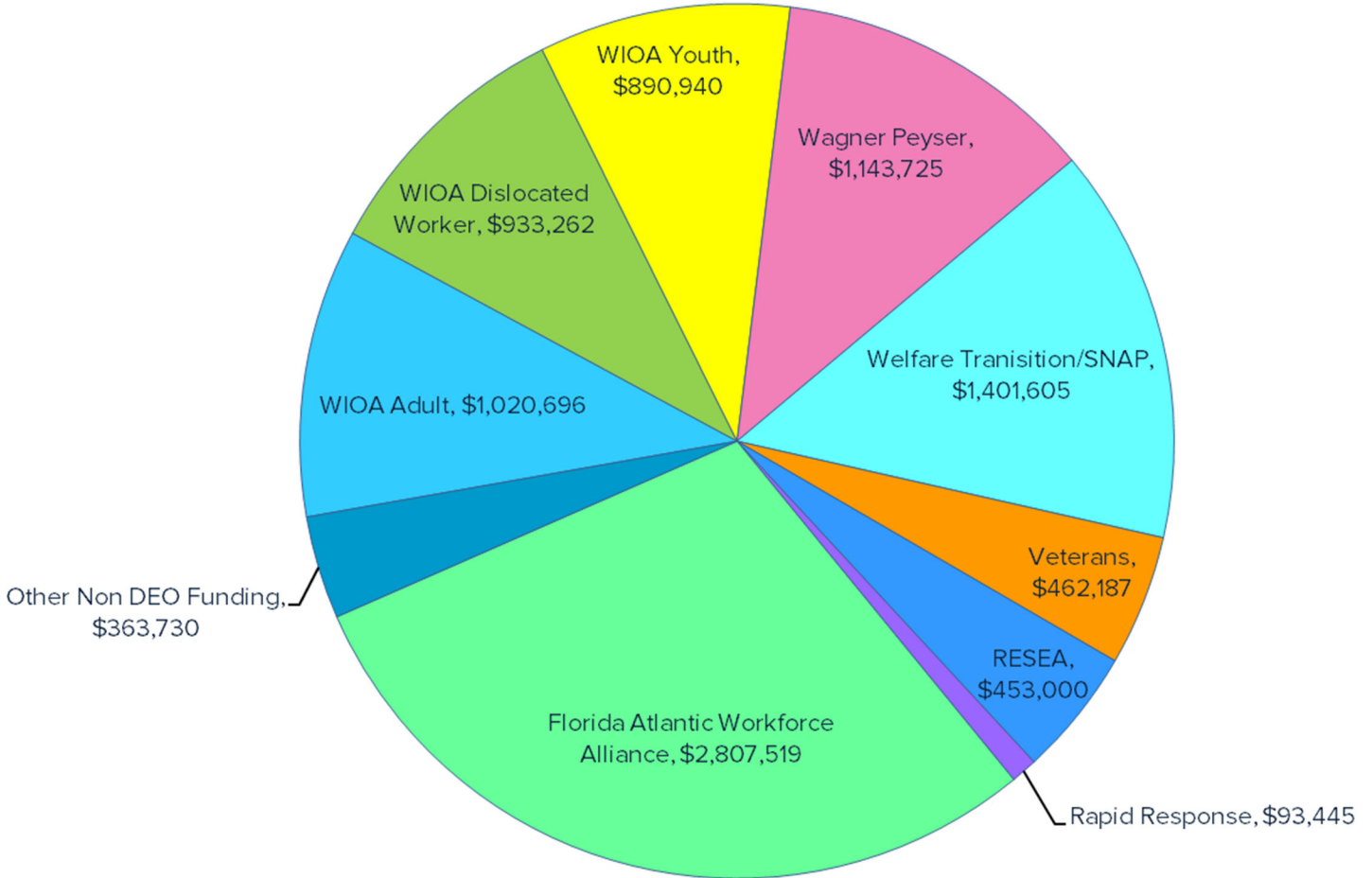
LWDB 20
Summary of Funding and Expenditures
As of April 30, 2023

PY 22-23 TOTAL AVAILABLE FUNDING	YEAR TO DATE TOTALS			
PY 22-23 Allocations		\$ 9,150,835		
PY 22-23 Supplemental		\$ 426,460		
Unrestricted Funds Earned this year		\$ 32,721		
Additional Funds		\$ 374,342		
Retained by DEO for Merit Salaries		\$ (614,794)		
Carryforward to PY 23-24		\$ (2,866,656)		
Carryforward from PY 21-22		\$ 2,571,925		
TOTAL	\$ -	\$ 9,074,833		
FUNDING DRAWN DOWN YTD				
	PY 22-23 Actual	PY 22-23 Budget	VARIANCE	% Expended
PY 22-23 Allocations	\$ 2,142,745	\$ 9,150,835	\$ 7,008,091	23.416%
PY 22-23 Supplemental	\$ 4,700	\$ 426,460	\$ 421,760	1.102%
Unrestricted Funds Earned this year	\$ 63,191	\$ 32,721	\$ (30,470)	193.119%
Additional Funds	\$ 299,289	\$ 374,342	\$ 75,053	79.951%
Retained by DEO for Merit Salaries	\$ -	\$ (614,794)		
Carryforward to PY 23-24	\$ -	\$ (2,866,656)		
Carryforward from PY 21-22	\$ 2,344,247	\$ 2,571,925	\$ 227,678	91.148%
TOTAL	\$ 4,854,172	\$ 9,074,833	\$ 4,220,661	53.490%
% of Total Budgeted Funding Received	53.49%			
	PY 22-23 Actual	PY 22-23 Budget	VARIANCE Under/(Over)	% Expended
EXPENDITURES				
Administrative	\$ 511,014	\$ 614,481	\$ 103,467	83.16%
Salaries and Benefits	\$ 342,381	\$ 469,158	\$ 126,777	72.98%
General and Administrative	\$ 168,633	\$ 145,323	\$ (23,310)	116.04%
Allocated Indirect Costs	\$ (0)	\$ 0	\$ 0	
Reclassification	\$ 0	\$ -	\$ (0)	
Travel	\$ -	\$ -	\$ -	
Program Training	\$ 4,176,968	\$ 7,089,198	\$ 2,912,231	58.9%
WIOA Youth Contracts	\$ 567,207	\$ 750,000	\$ 182,793	75.6%
Salaries and Benefits	\$ 2,018,102	\$ 3,232,785	\$ 1,214,683	62.4%
Contract Labor	\$ 165,449	\$ 199,311	\$ 33,862	83.0%
Internship	\$ -	\$ -	\$ -	
Incentives/Stipends	\$ 2,650	\$ 16,500	\$ 13,850	16.1%
Support Services Non-ITA	\$ 2,318	\$ 10,500	\$ 8,182	22.1%
Support Services ITA	\$ 876	\$ 105,185	\$ 104,309	0.8%
Training-ITA/OST/TAA	\$ 164,749	\$ 247,144	\$ 82,395	66.7%
Training-OJT	\$ 60,091	\$ 651,551	\$ 591,460	9.2%
Training-Cust./Employed Worker	\$ 38,000	\$ 50,000	\$ 12,000	76.0%
WEX/ Internships/ Participant Wages	\$ 173,537	\$ 328,460	\$ 154,923	52.8%
Travel	\$ 17,123	\$ 24,872	\$ 7,749	68.8%
One Stop Shared Costs	\$ 472,248	\$ 744,875	\$ 272,627	63.4%
Other Operating Expenses	\$ 494,616	\$ 728,015	\$ 233,400	67.9%
Allocated Program Indirect	\$ 0	\$ (0)	\$ -	
Reclassification	\$ 0	\$ -	\$ 0	
Total Expenditures	\$ 4,687,982	\$ 7,703,679	\$ 3,015,698	60.9%
Funding Over/(under) expenditures	\$ 166,190			
YTD % of Budgeted Funds Expended	51.66%			

AGENDA ITEM SUMMARY

TITLE:	Review and Approve 2023-2024 Draft Budget
STRATEGIC GOAL:	Optimal Use of Resources
POLICY/PLAN/LAW:	Workforce Innovation & Opportunity Act: Role of Local Workforce Boards
ACTION REQUIRED:	Review and Approve Preliminary Budget for PY 2023-2024
BACKGROUND:	<p>Each year, the Board approves a budget for the following program year. Board Staff has received preliminary allocations for the WIOA, Wagner Peyser, and Welfare Transition programs for PY 2023-2024. The Finance department meets with Executive Management staff, and drafts a projected budget to present to the Board of Directors based on this preliminary information.</p> <p>Attached is a copy of the draft budget for the Executive Committee's review and approval. The Board will have the opportunity to approve the 2023-2024 budget at the Annual meeting on June 28, 2023.</p>
STAFF RECOMMENDATION:	Approve the preliminary draft budget for PY 2023-2024
SUPPORTING MATERIALS:	Draft Budget PY 2023-2024
BOARD STAFF:	Brian Bauer President/CEO bbauer@careersourcerc.com 866-482-4473 ext. 418

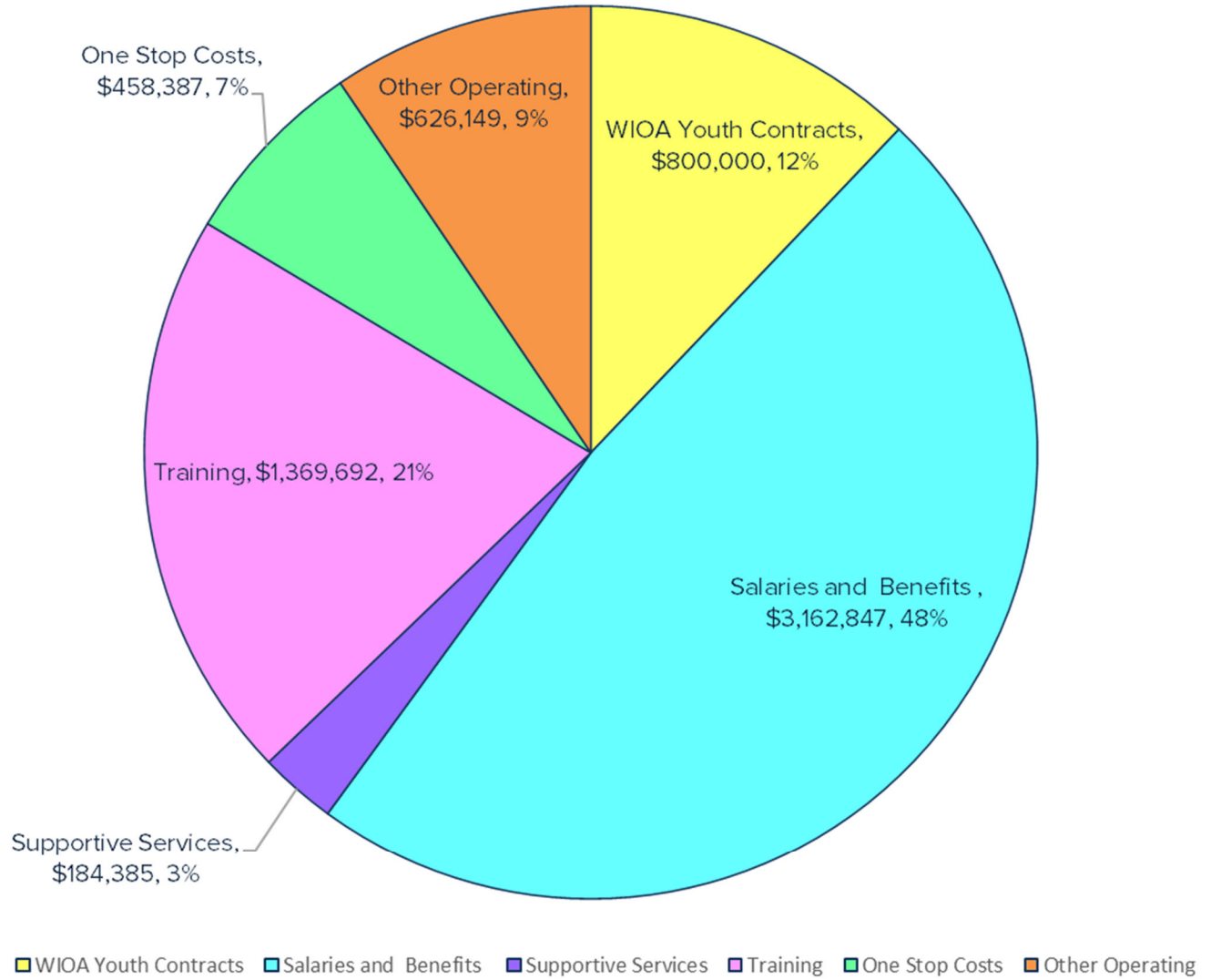
PY 23-24 Preliminary Funding



- WIOA Adult
 - Wagner Peyser
 - RESEA
 - Other Non DEO Funding
- WIOA Dislocated Worker
 - Welfare Transition/SNAP
 - Rapid Response
- WIOA Youth
 - Veterans
 - Florida Atlantic Workforce Alliance

Note: Preliminary Funding does not include carryforward funding from PY22-23 and carryforward funding to PY24-25 as these amounts cannot be determined until final closeout of PY22-23, as some expenditures have been annualized at the time this draft budget was prepared. The final budget will reflect all funding available for PY23-24.

PY 23-24 Preliminary Expenditures by Category



SALARIES AND BENEFITS

This category contains the salaries, payroll taxes, insurances (health, vision, dental, short term disability, and life), CSRC 401K match, workers compensation, and contract labor costs for EOR temporary to conversion employees.

WIOA YOUTH CONTRACT

The subrecipient for the WIOA Youth program for PY23-24 is Eckerd Connects.

OTHER OPERATING COSTS

This category represents the Administrative Office costs as well as the allocable programmatic indirect costs. This may include but is not limited to facility and equipment rent, utilities, non-capitalized equipment, staff development and training, dues and memberships, service charges and fees, marketing, programmatic indirect, professional fees, supplies, repairs and maintenance, security, and employee relations costs.

ONE STOP COSTS

All costs associated with the operation of CSRC's three One Stop Centers.

TRAINING

This category represents the training and training support costs for participants. This includes Individual Training Accounts (ITA), On the Job Training (OJT), Customized Training, Employed Worker Training, Work Experience, Internships and Participant wages paid through the CSRC Employer of Record.

SUPPORTIVE SERVICES

This category includes participant incentives and stipends and participant supportive services including but not limited to books, mandatory fees, equipment, tools, supplies, uniforms, drug test, physicals, background checks, transportation assistance, child and dependent care assistance, and other needs related payments.

**LWDB 20
PY 23-24 DRAFT Budget**

Budget for PY 23-24	TOTAL LWDB20 FUNDING	INDIRECT	10 ADULT	12 DW	11 YOUTH	122 Florida Rebuild	20 WP	22 SNAP	24 LVER	25 DVOP	271 RESEA
Funding:											
PY 23-24 Allocations	\$ 5,719,016		\$ 1,020,696	\$ 768,878	\$ 890,940	\$ -	\$ 798,177	\$ 405,841	\$ 126,167	\$ 166,108	\$ 453,000
PY 23-24 Supplemental	\$ 164,384		\$ -	\$ 164,384	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrestricted Funds Earned this year	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Funds/Incentives	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retained by DEO for Merit Salaries	\$ (515,460)		\$ -	\$ -	\$ -	\$ -	\$ (345,548)	\$ -	\$ (78,699)	\$ (91,213)	\$ -
Carryforward to PY 24-25	\$ (3,307,327)		\$ -	\$ (929,505)	\$ (475,861)	\$ -	\$ (44,670)	\$ (217,586)	\$ (16,731)	\$ (33,921)	\$ (68,456)
Carryforward from PY 22-23	\$ 4,778,953		\$ -	\$ 1,014,174	\$ 560,000	\$ -	\$ -	\$ 156,888	\$ -	\$ -	\$ 122,540
Total DEO Grant Funding	\$ 6,839,566	\$ -	\$ 1,020,696	\$ 1,017,931	\$ 975,079	\$ -	\$ 407,959	\$ 345,143	\$ 30,737	\$ 40,974	\$ 507,084
OTHER NON DEO REVENUES	\$ 363,730		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Available Funding	\$ 7,203,296	\$ -	\$ 1,020,696	\$ 1,017,931	\$ 975,079	\$ -	\$ 407,959	\$ 345,143	\$ 30,737	\$ 40,974	\$ 507,084
Budgeted Expenditures:											
Administrative	\$ 601,836	\$ (0)	\$ 190,143	\$ 22,301	\$ 16,753	\$ -	\$ 10,703	\$ 31,864	\$ 2,108	\$ 2,644	\$ 46,722
Salaries and Benefits	\$ 515,350	\$ 515,350	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
General and Administrative	\$ 86,486	\$ 86,486	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allocated Indirect Costs	\$ 0	\$ (601,836)	\$ 190,143	\$ 22,301	\$ 16,753	\$ -	\$ 10,703	\$ 31,864	\$ 2,108	\$ 2,644	\$ 46,722
Reclassification	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Training	\$ 6,601,460	\$ 0	\$ 830,553	\$ 995,630	\$ 958,327	\$ -	\$ 397,256	\$ 313,279	\$ 28,629	\$ 38,330	\$ 460,362
WIOA Youth Contracts	\$ 800,000	\$ -	\$ -	\$ -	\$ 800,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries and Benefits	\$ 3,115,943	\$ 236,706	\$ 1,080,480	\$ 157,664	\$ 34,595	\$ -	\$ 40,645	\$ 231,514	\$ 7,742	\$ 9,719	\$ 353,558
Contract Labor	\$ 46,903	\$ -	\$ 14,013	\$ 900	\$ 6,119	\$ -	\$ 3,418	\$ 2,353	\$ 276	\$ 366	\$ 3,599
Internship	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Incentives/Stipends	\$ 17,126	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Support Services Non-ITA	\$ 11,759	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Support Services ITA	\$ 155,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-ITA/OST/TAA	\$ 585,239	\$ -	\$ 150,221	\$ 5,017	\$ -	\$ -	\$ -	\$ 5,000	\$ -	\$ -	\$ -
Training-OJT	\$ 607,227	\$ -	\$ 190,221	\$ 5,006	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-Cust./Employed Worker	\$ 78,000	\$ -	\$ 40,000	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
WEX/ Internships/ Participant Wages	\$ 99,226	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 26,215	\$ -	\$ 6,301	\$ 887	\$ 447	\$ -	\$ 360	\$ 1,255	\$ 1,690	\$ 2,265	\$ 1,800
One Stop Shared Costs	\$ 458,387	\$ -	\$ 158,180	\$ 9,291	\$ -	\$ -	\$ 62,598	\$ 33,927	\$ 15,658	\$ 21,565	\$ 54,962
Other Operating Expenses	\$ 599,934	\$ 18,443	\$ 130,670	\$ 10,191	\$ 110,063	\$ -	\$ 52,772	\$ 25,722	\$ 2,370	\$ 3,295	\$ 26,635
Allocated Program Indirect	\$ 0	\$ (255,149)	\$ 80,611	\$ 9,454	\$ 7,102	\$ -	\$ 4,538	\$ 13,509	\$ 894	\$ 1,121	\$ 19,808
Reclassification	\$ -	\$ -	\$ (1,020,145)	\$ 787,219	\$ -	\$ -	\$ 232,926	\$ -	\$ -	\$ -	\$ -
Total Planned Expenditures	\$ 7,203,296	\$ 0	\$ 1,020,696	\$ 1,017,931	\$ 975,079	\$ -	\$ 407,959	\$ 345,143	\$ 30,737	\$ 40,974	\$ 507,084
	0	0	0	0	0	0	0	0	0	0	0

**LWDB 20
PY 23-24 DRAFT Budget**

Budget for PY 23-24	40 WTP	474 Rapid Response Navigator	475 FAWA	48 F.A.T.E.S.	792 Youth SOS SLC	Other Non NFA	TOTAL FORMULA FUNDS
Funding:							
PY 23-24 Allocations	\$ 995,764	\$ 93,445	\$ -	\$ -	\$ -	\$ -	\$ 5,719,016
PY 23-24 Supplemental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 164,384
Unrestricted Funds Earned this year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Funds/Incentives	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retained by DEO for Merit Salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (515,460)
Carryforward to PY 24-25	\$ (141,397)	\$ (61,227)	\$ (1,223,530)	\$ (94,443)	\$ -	\$ -	\$ (3,307,327)
Carryforward from PY 22-23	\$ 117,832	\$ -	\$ 2,807,519	\$ -	\$ -	\$ -	\$ 4,778,953
Total DEO Grant Funding	\$ 972,199	\$ 32,218	\$ 1,583,989	\$ (94,443)	\$ -	\$ -	\$ 6,839,566
OTHER NON DEO REVENUES				\$ 154,000	\$ 150,000	\$ 59,730	\$ 363,730
Total Available Funding	\$ 972,199	\$ 32,218	\$ 1,583,989	\$ 59,557	\$ 150,000	\$ 59,730	\$ 7,203,296
Budgeted Expenditures:							
Administrative	\$ 91,198	\$ 3,094	\$ 158,476	\$ 5,735	\$ 15,107	\$ 4,991	\$ 601,836
Salaries and Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 515,350
General and Administrative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 86,486
Allocated Indirect Costs	\$ 91,198	\$ 3,094	\$ 158,476	\$ 5,735	\$ 15,107	\$ 4,991	\$ (0)
Reclassification	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Training	\$ 881,001	\$ 29,124	\$ 1,425,513	\$ 53,822	\$ 134,894	\$ 54,739	\$ 6,601,460
WIOA Youth Contracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 800,000
Salaries and Benefits	\$ 584,132	\$ 25,249	\$ 300,046	\$ 18,195	\$ 12,912	\$ 22,786	\$ 3,115,943
Contract Labor	\$ 5,682	\$ -	\$ 1,262	\$ 375	\$ 6,903	\$ 1,638	\$ 46,903
Internship	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Incentives/Stipends	\$ 15,000	\$ -	\$ -	\$ -	\$ 2,126	\$ -	\$ 17,126
Support Services Non-ITA	\$ 10,000	\$ -	\$ -	\$ 600	\$ 1,159	\$ -	\$ 11,759
Support Services ITA	\$ 5,000	\$ -	\$ 150,000	\$ 500	\$ -	\$ -	\$ 155,500
Training-ITA/OST/TAA	\$ 10,000	\$ -	\$ 400,000	\$ 15,000	\$ -	\$ -	\$ 585,239
Training-OJT	\$ -	\$ -	\$ 400,000	\$ 12,000	\$ -	\$ -	\$ 607,227
Training-Cust./Employed Worker	\$ -	\$ -	\$ 28,000	\$ -	\$ -	\$ -	\$ 78,000
WEX/ Internships/ Participant Wages	\$ -	\$ -	\$ -	\$ -	\$ 99,226	\$ -	\$ 99,226
Travel	\$ 2,950	\$ 360	\$ 6,200	\$ 75	\$ 135	\$ 1,490	\$ 26,215
One Stop Shared Costs	\$ 75,354	\$ 1,397	\$ 7,008	\$ 2,905	\$ 10	\$ 15,534	\$ 458,387
Other Operating Expenses	\$ 134,220	\$ 806	\$ 65,811	\$ 1,742	\$ 6,019	\$ 11,176	\$ 599,934
Allocated Program Indirect	\$ 38,663	\$ 1,312	\$ 67,186	\$ 2,431	\$ 6,404	\$ 2,116	\$ (0)
Reclassification	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Planned Expenditures	\$ 972,199	\$ 32,218	\$ 1,583,989	\$ 59,557	\$ 150,000	\$ 59,730	\$ 7,203,296
	0	0	0	0	0	0	\$ 0

AGENDA ITEM SUMMARY

Title	Department of Economic Opportunity (DEO) - Prior Approval Transfer Request Form - WIOA Adult and Dislocated Worker (DW) Programs from July 1, 2023 - June 30, 2024
Strategic Plans/Goals	Operational Intelligence
Policy/Plan/Law	CareerSource Florida Administrative Policy Number 118
Action Requested	Review and Approve Department of Economic Opportunity (DEO) Prior Approval Transfer Request Form - WIOA Adult and Dislocated Worker (DW) Programs from July 1, 2023 - June 30, 2024
Background	The Department of Economic Opportunity (DEO) and the State Workforce Development Board will continue to grant the authority, on behalf of the Governor, to allow Local Workforce Development Boards to transfer up to an including 100 percent of the funds allocated to local areas for adult activities for expenditure on dislocated worker activities, and up to 100 percent of funds allocated to local areas for dislocated worker activities for expenditures on adult activities. Local Workforce Development Boards are required to ensure any transfer of funds between WIOA programs complies with federal law and to record and document their use and application of local funds.
Staff Recommendations	Review and Approve DEO - Prior Approval Transfer Request Form - WIOA Adult and Dislocated Worker (DW) Programs from July 1, 2023 - June 30, 2024
Supporting Material	DEO - Prior Approval Transfer Request Form - WIOA Adult 2023 and Dislocated Worker (DW) 2023 funding for Programs from July 1, 2023 - June 30, 2024
Board Staff	Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418



**Prior Approval Transfer Request Form - WIOA Adult and Dislocated Worker (DW) Programs
From July 1, 2023 through June 30, 2024**

LWDB Number and Name (Requestor): LWDB 20 CareerSource Research Coast

Name / Title of Requestor Representative: Brian Bauer, President/CEO

Adult and Dislocated Worker Transfer Request

Program Year	Program	Total Award Amount	Amount of Adult Requested to be Spent on DW	Percentage of Adult Requested to be Spent on DW	Amount of DW Requested to be Spent on Adult	Percentage of DW Requested to be Spent on Adult
2022	DW	1,042,420.00	0.00	0	788,000.00	76%

COMPLETE THE BELOW SECTIONS FOR REQUESTS THAT EXCEED 25% OF THE PROGRAM'S ANNUAL ALLOCATION

Reason for requesting the use of one program's funding for the other (e.g. anticipated depletion of current funds, changes in labor market conditions, etc.):

LWDB 20 anticipates to fully expend the WIOA Adult - 2023 funding prior to June 2024 and requests the ability to utilize \$788,000 of WIOA DLW - 2022 funding to cover PY23-24 WIOA Adult expenditures. The PY22-23 transfer request for 2022 DW funding transfer for use in PY22-23 was significantly less than estimated and there will be sufficient DW funding to utilize for DW expenditures and the requested transfer to cover PY23-24 Adult expenditures.

A description of outreach/marketing activities conducted to ensure underserved populations were aware of available services:

Website, social media such as Facebook, Instagram, LinkedIn and Radio advertising, job fairs, flyers and print advertising. In addition, we perform outreach through our community partners and training providers.

Labor market conditions contributing to the need for the transfer:

Current labor market conditions have led to an increase in Dislocated worker participation, however there is still a greater need for WIOA Adult participant funding for training and operating expenditures.

The number of participants originally planned to be served by the base allocation compared to the estimated number of participants expected to be served after funds are transferred.

LWDB20 DW - 2022 funding would allow for an estimated 94 DW participants to be served in PY23-24, based on the prior program year cost per DW participant. However, given the historical number of DW participants served, this transfer request would allow for an estimated additional 223 WIOA Adult participants to receive career/basic services, training and individualized services for PY23-24 while continuing to serve an additional 9 DW participants, which is a 64% increase from PY22-23.

COMPLETE THE BELOW CERTIFICATION FOR REQUESTS THAT EXCEED 25% OF THE PROGRAM'S ANNUAL ALLOCATION

I certify the following:

1. When transferring from Adult to Dislocated Worker - The LWDB has sufficient funds to serve the WIOA Adult priority populations.
2. When transferring from Dislocated Worker to Adult - The LWDB has sufficient Dislocated Worker funds to serve dislocated workers in the local area; there are no pending layoffs that may impact the need for dislocated workers in the local area.
3. The full board voted to approve this request to transfer funds and a copy of the LWDB's meeting minutes are included with this request.

I certify the above information is true and correct.

Signature of Board Chair

Print Name

Date

AGENDA ITEM SUMMARY

Title	Review and Approve Renewable Vendor Contracts for PY 2023-2024
Strategic Plans/Goals	Optimal Use of Resources
Policy/Plan/Law	Board Policy/Board Responsibility
Action Requested	Review and Approve Renewal of Contracts
Background	<p>CareerSource Research Coast enters into multiple-year contracts with several vendors.</p> <p>Each year of the Vendor Contract term, CSRC staff will report to the Board of Directors on the performance and intent to renew the contract(s) or seek new vendor(s)/provider(s).</p>
Staff Recommendations	<p>Contracts to be renewed include Employer of Record, Audit Services, and Legal Services</p> <p>Approve contract renewals for Program Year 2023-2024</p>
Supporting Material	Performance Memos
Board Staff	<p>Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418</p>

Memorandum**Risk Assessment Summary Memo for Famosa, Inc., dba Manpower
RFP# 22-002-EOR**

CareerSource Research Coast (CSRC) awarded Famosa Inc, d/b/a Manpower (Manpower), the above noted RFP for the period July 1, 2022, to June 30, 2027. As agreed, CSRC has entered into a vendor contract with Manpower starting 7/1/23 and ending on 6/30/2024. Under 200.331 this award has clearly been identified to a vendor.

CareerSource Research Coast staff review the monthly invoices received from Manpower for financial accuracy and compliance.

An external independent monitoring firm performs review of additional aspects of the documentation to determine compliance with all requirements. Current procedures require that any errors or deficiencies are addressed, documented, and reviewed for correction.

In addition, we have received and reviewed the Audited Financial Statements for Famosa Inc., dba Manpower as of December 31, 2020, 2021 and 2022. It was noted that Manpower appears financially sufficient to provide contract reimbursable services. Manpower has proven over the years to understand the actions, procedures and requirements that need to occur to make our organization and programs successful. Full satisfaction was met during this program year, July 1, 2022, through the date of this memorandum, May 22, 2023. The Manpower staffing management team respond on all issues of concern and requests submitted for special reporting. Manpower has met and exceeded all expectations. The EOR contract is for 4 more years, renewable annually.

APPROVED*By Brian Bauer at 2:50 pm, May 22, 2023*

Memorandum**Risk Assessment Summary Memo for KJJ, LLC., d/b/a Spherion
RFP# 20-001 DWG EOR**

CareerSource Research Coast (CSRC) awarded KJJ, LLC d/b/a Spherion (Spherion), the above noted RFP for the period July 1, 2020, to June 30, 2025. As agreed, CSRC has entered into a vendor contract with Spherion starting 7/1/23 and ending on 6/30/2024. Under 200.331 this award has clearly been identified to a vendor.

The National Dislocated Worker Grant (DWG) Employer of Record (EOR) named above satisfactorily met performance expectations for Program Year 2022-2023 as of the date of this memorandum. An external independent monitoring firm performed a review of additional aspects of the documentation to determine compliance with all requirements and found no deficiencies. Current procedures require that any errors or deficiencies are addressed, documented, and reviewed for correction.

Spherion has proven to understand the actions, procedures and requirements that need to occur to make our organization and programs successful. Full satisfaction was met during this program year, July 1, 2022, through the date of this memorandum, May 22, 2023. The Spherion staffing management team respond on all issues of concern and requests submitted for special reporting. Spherion has met all expectations. The EOR contract is for 2 more years, renewable annually.

Based on their performance over the past year, staff recommends renewal of the DWG EOR contract for the period July 1, 2023 through June 30, 2024.





memorandum

To: Brian K. Bauer, President/CEO

From: Lisa Delligatti, Chief Financial Officer

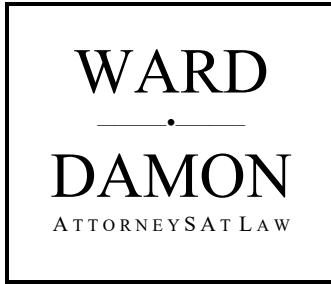
RE: Performance Evaluation of Taylor Hall Miller & Parker, P.A.

Date: May 22, 2023

APPROVED
By Brian Bauer at 2:52 pm, May 22, 2023

The Independent Monitoring/CPA firm named above has performed their monitoring engagement satisfactorily for this past program year by completing all work timely, making themselves available for consultation and when necessary, responding promptly when needed. The firm kept costs in line with the agreed upon amount as contracted. As such, the recommendation is to renew the contract for an additional one-year period effective July 1, 2023 through June 30, 2024.





4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407
Telephone: (561) 842-3000
Facsimile: (561) 842-3626
www.warddamon.com

Bari L. Goldstein, Esquire
bgoldstein@warddamon.com

May 22, 2023

VIA EMAIL

Mr. Brian Bauer

President/CEO

Workforce Board of the Treasure Coast d/b/a CareerSource Research Coast

bbauer@careersourcerc.com

RE: Workforce Board of the Treasure Coast d/b/a CareerSource Research Coast

Dear Mr. Bauer:

Thank you for continuing to retain Ward, Damon, Posner, Pheterson & Bleau (the "Firm" or "Ward Damon") as your legal counsel for the upcoming program year, July 1, 2023 through June 30, 2024. This letter will confirm the terms of the Firm's representation during that Program Year. In addition, this letter will explain our fees and billing procedures, as well as what you, Workforce Board of the Treasure Coast d/b/a CareerSource Research Coast. (the "Client" or "CareerSource"), can expect from us and what we expect from the Client.

The Firm will represent the Client on an hourly rate basis. Discrete matters or special projects that the Client wishes the Firm to handle may be the subject of a separate agreement. Please know that the Firm is not advising the Client under this agreement on the tax consequences of the real or potential outcome of any litigation, corporate tax issues, or regulatory and compliance issues.

During this upcoming Program Year, we have agreed to offer CareerSource a special rate, time spent by Bari L. Goldstein is currently charged at \$325.00 per hour and time spent by other Firm attorneys will range from \$220.00 to \$325.00. Time spent by any law clerk or para-professional is currently charged at \$140.00 per hour. Our hourly rates are subject to change from time to time during our representation in this matter and insurance matters may be billed at a different rate, agreed upon by your carrier.

We bill fees and other services on a monthly basis and payment is due upon the Client's receipt of the invoice.

REASONABLENESS OF FEE

If at any time you believe the Firm's interim periodic hourly bills are not fair and reasonable, you agree that you will notify the Firm within thirty (30) days of the date of the questioned invoice, and together, you and the Firm will review the invoice. If no notice is received, it is understood that the invoice is accepted by you as correct and accurate, and as setting forth fair and reasonable charges for services rendered.

If at any time the Client wants to terminate our services, please notify the undersigned in writing. Likewise, if at any time we find that we are unable to continue representing the Client, we will notify you in writing. We may terminate our representation if the Client fails to comply with the terms of this fee agreement, or as allowed by the terms of the Florida Rules of Professional Conduct, and the Client agrees not to contest our withdrawal from any court or administrative proceeding in such event. As soon as possible after any such termination, a final statement will be prepared and sent to the Client. Should the Firm's representation be terminated for any reason, the Client agrees to promptly pay, within the following thirty (30) days, for all attorneys' fees and costs incurred through the date of such termination. The prevailing party in any proceedings shall be entitled to recover its costs of enforcement including, without limitation, reasonable attorneys' fees and court costs required to collect any balance due, in court or in the Agreed Dispute Resolution Process.

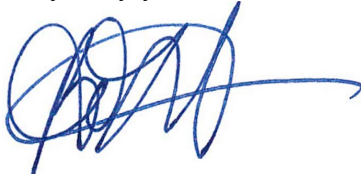
We will perform the legal services which we have agreed to undertake on the Client's behalf in a professional manner and we will keep you informed of all material developments in a reasonable and timely manner. To enable us to do this, the Client agrees to disclose such facts as are requested and which are reasonably necessary for us to perform the services for which they have retained us. Although we may give the Client our professional judgment regarding a matter, as to the likelihood of a favorable outcome on a particular case, the amount of a potential recovery, what a clause in a document says, or whether a particular contract or negotiation will result in the desired outcome, we are never able to guarantee any of these. We will, however, endeavor to give the Client our best judgment in light of the law and the particular facts made known to us.

After you have had the opportunity to review this proposed fee agreement, please feel free to call me with any comments or questions you may have. If the agreement meets with your approval, please sign where indicated below to evidence your agreement with the matters set forth herein and return same to my assistant Rebecca Gianoutsos via email.

Finally, attached hereto is the Firm's e-mail policy for your review. By signing this retainer agreement, you agree to the terms of Ward Damon's e-mail policy and procedures.

We look forward to working with you on this matter.

Very truly yours,



Bari L. Goldstein
For the Firm

*I/We hereby accept the legal representation
by Ward Damon as described above.*

By: _____
Workforce Board of the Treasure Coast
d/b/a CareerSource Research Coast

Date: _____

WARD DAMON'S E-MAIL POLICY AND PROCEDURES

We regard e-mail as an important business tool and would like to make appropriate use of it in our dealings with our clients. However, clients will appreciate that there are certain risks associated with e-mail communications and, therefore, our use of it must be subject to certain guidelines and restrictions.

You may wish to send us a list of your home and office e-mail addresses so that these can be addressed to our outlook contacts file. We will use these addresses only as a means of sending individual messages on matters on which you have retained us. We will not, of course, make the addresses available to any outside organization without your prior agreement or as required by law.

We treat e-mails as having the same priority as items sent by regular U.S. Mail or by fax. However, please do not use e-mail as a means of sending communications with which you wish for us to deal as a matter of urgency. There may be delays from your e-mail server sending your e-mail or there may be an exceptionally high volume of incoming mail which our server is unable to deal with instantly, or e-mails can be lost or deleted before they reach our office or your e-mail may be blocked by spam software or considered to be junk mail due to factors beyond our control. Therefore, please do not assume that we have received your message until we have responded to it or specifically acknowledged it.

We may or may not place in our file a copy of any e-mail that you send to us. However, we strongly recommend that you also send us a separate hard copy by U.S. Mail wherever possible if the message is uniquely important. Please ensure that you do not send us your only copy of a document as it may not reach us safely.

Ordinary e-mail is not a very secure environment in which to send particularly sensitive messages. Internally, our staff members have been instructed to treat e-mails as confidential, just as they would any other communication from a client. We have no reason to believe that our system is not secure, and we have various security procedures to protect our system as far as possible. However, we recommend that you do not use e-mail as a means of sending us information of a highly confidential nature. You should also not send us information which could be construed as defamatory or obscene.

We have measures in place to protect our system against sending or receiving viruses, but we cannot guarantee that these will be completely effective. Please ensure that you take appropriate measures to check against viruses in all communications to or from the firm.

Finally, please ensure that your messages are addressed correctly. You can send an e-mail to the following addresses:

Bari L Goldstein, Esquire
Rebecca Gianoutsos - Assistant

bgoldstein@warddamon.com
rgianoutsos@warddamon.com

AGENDA ITEM SUMMARY

Title	Review and Approve Risk Evaluation Forms Subrecipient Services - WIOA Youth Services - PY 2023-2024
Strategic Plans/Goals	Optimal Use of Resources
Policy/Plan/Law	Board Policy/Board Responsibility
Action Requested	Review and Approve Risk Evaluation Forms Subrecipient Services - WIOA Youth Services - PY 2023-2024
Background	<p>CareerSource Research Coast entered into a multiple-year sub-recipient procurement to provide WIOA Youth Services.</p> <p>CSRC staff will report to the Board of Directors on the fiscal and programmatic risk evaluation and intent to renew the WIOA Youth Services contract with a current service provider or seek a new sub-recipient.</p>
Staff Recommendations	Review and Approve Risk Evaluation Forms Subrecipient Services - WIOA Youth Services - PY 2023-2024
Supporting Material	Risk Evaluation Forms - Subrecipient Services
Board Staff	<p>Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418</p>

SUBRECIPIENT CONTRACT FINANCIAL RISK ASSESSMENT

Per 2 CFR 200.206 in Subpart C-Pre-Federal Award Requirements and Contents of Federal Awards, a risk assessment is required to be performed at the beginning of the contract period. This is done to determine if specific conditions (§200.208) need to be imposed.

NEW RENEWAL DATE: 05/22/2023 BY: Lisa Delligatti Lisa Delligatti Digitally signed by Lisa Delligatti
Date: 2023.05.22 13:07:59 -0400
(Signature & Print Name)

SERVICES PURCHASED: WIOA Youth Services CONTRACT TERM: 7/1/23-6/30/24 AMOUNT: \$800,000
SUBRECIPIENT ENTITY NAME/ADDRESS: Eckerd Connects 100 N. Starcrest Drive, Clearwater, FL 33765

Check the applicable box to the right by answering the below questions regarding the above subrecipient entity **for the period ending** 06/30/2023

	YES	NO	COMMENTS
1. Is the entity new to managing grant funds:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Has there been turnover in staff involved with the grant activity.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Are personnel involved with the grant new/inexperienced in the grants area.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Has the entity developed or implemented new or substantially changed systems.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Is the entity involved in any active lawsuits, refer to most current audit report.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The outcome of current litigation cannot be determined at the report date. Management believes any potential loss under these claims would be expected to fall within the Organization's insurance policy limits. +
6. Is the entity currently suspended or debarred or have they been suspended or debarred in the past:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Were there any findings or violations from a prior audit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Has any on-site monitoring been performed in the recent years..... and, if so, what were the results of those monitoring visits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There were no findings or observations identified as a result of applying the procedures above to the sample selected.
Taylor Hall Miller and Parker last review in April of 2023			
9. Did the entity take timely and appropriate action on all monitoring deficiencies (per §200.332(d)(2))?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None noted. +
10. Has there been any federal awarding agency monitoring..... and, if so, what were the results, even if related to a different award:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
DEO monitoring noted no observations or findings for the WIOA Youth Program			
11. Does the entity have an effective financial management system in place:.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Does the accounting system identify the receipts and expenditures of programs separately for each award:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Were invoices submitted timely:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Was the contract budget followed:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

15. Recommendation Entity For Contract Renewal (to be completed for contract renewals only):

Yes, Recommended

Yes, Recommended With Reservation

No, Not Recommended

SUBRECIPIENT CONTRACT PROGRAMMATIC RISK ASSESSMENT

Per 2 CFR 200.206 in Subpart C-Pre-Federal Award Requirements and Contents of Federal Awards, a risk assessment is required to be performed at the beginning of the contract period. This is done to determine if specific conditions (§200.208) need to be imposed.

NEW RENEWAL DATE: 5/22/20 BY: Christina Coble Digitally signed by Christina Coble
Date: 2023.05.22 16:38:36 -0400
(Signature & Print Name)

SERVICES PURCHASED: WIOA Youth Services CONTRACT TERM: 07/01/2023-06/30/2024 AMOUNT: \$800,000

SUBRECIPIENT ENTITY NAME/ADDRESS: Eckerd Connects

Check the applicable box to the right by answering the below questions regarding the above subrecipient for the period ending 6/30/23.

	EXCELLENT	GOOD	FAIR	POOR	
1. Timeliness of implementation of contracted services:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Follow through and completion of agreed upon expectations/services:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Professionalism during service provision:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Quality of services provided & expertise of staff:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	N/A		
5. Were the required # of participants served: (contract renewals only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Data as of April indicates Eckerd is slightly behind with enrollments, but is in range to serve required number.
6. Was the program implemented as stated in the contract:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Is the entity determining eligibility:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Is the entity meeting current reporting requirements:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Is the entity meeting its measurable objectives and/or performance objectives; were deliverables met:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Eckerd is on track in most areas and is in range to achieve goals as of most recent data received in April.
10. Does the entity apprise of any potential delays or problems:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Does the entity address customer complaints within a reasonable time:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Has there been turnover in the entity's staff involved with the grant activity:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Are personnel involved with the grant new/ inexperienced in the grants area:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14. Has the subrecipient developed or implemented new or substantially changed systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
15. Has any on-site monitoring been performed in the recent years. If yes, what were the results of those monitoring visits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	No issues				
16. Did the entity take timely and appropriate action on all monitoring deficiencies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

17. Recommendation Contractor For Contract Renewal (to be completed for contract renewals only):

Yes, Recommended Yes, Recommended With Reservation
 No, Not Recommended

AGENDA ITEM SUMMARY

Title	Board/Committee Schedule for Program Year 2023 - 2024
Strategic Plans/Goals	N/A
Policy/Plan/Law	By-Laws of The Workforce Board of the Treasure Coast, Region 20
Action Requested	Review Revised Board/Committee Schedule for Program Year 2023 - 20234
Background	Based on the required number of meetings for the Board of Directors stipulated in the by-laws, staff has prepared the meeting calendar for Program Year 2023 - 2024
Staff Recommendations	Review Revised Board/Committee Schedule for Program Year 2023 - 2024
Supporting Material	Revised PY2023 - 2024 Board/Committee Schedule
Board Staff	Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418

Committee/Board Schedule

July '23						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August '23						
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20	21	22	23	24	25	26
27	28	29	30	31		

September '23						
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October '23						
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22	23	24	25	26	27	28
29	30	31				

November '23						
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26	27	28	29	30		

December '23						
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24	25	26	27	28	29	30
31						

January '24						
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21	22	23	24	25	26	27
28	29	30	31			

February '24						
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25	26	27	28	29		

March '24						
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24	25	26	27	28	29	30
31						

April '24						
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May '24						
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June '24						
S	M	T	W	T	F	S
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

- Youth Council meets at 8:00am on the third Tuesday
- Programs & Services Committee meets bi-monthly at 1:00pm on the last Wednesday
- Executive Committee meets monthly at 8:00am on the second Friday after the first Tuesday (except December)
- Board of Directors meets bi-monthly at 8:00am on the last Wednesday (except December)

Members will be notified of any changes in the above schedule. All meetings are held at the Workforce Board of the Treasure Coast, Inc. d/b/a CareerSource Research Coast Administrative Office located at 584 NW University Boulevard, Suite 100, Port. St. Lucie. If you have any questions or special needs special accommodations, please contact Jennifer Eimann at (866) 482-4473 x. 418 or via email at atjeimann@careersourcerc.com.

AGENDA ITEM SUMMARY

Title	CSRC Paid Holidays & Compressed Work Schedule for PY 2023-2024
Strategic Plans/Goals	N/A
Policy/Plan/Law	DEO Grantee Subgrantee Agreement
Action Requested	Review and Approve CSRC Paid Holidays & Compressed Work Schedule for PY 2023-2024
Background	Per the DEO Grantee Subgrantee agreement, annually before July 1, the Board of Directors must approve the proposed office/staff work schedules to include paid holidays for the upcoming program year.
Staff Recommendations	Approve CSRC Paid Holidays & Compressed Work Schedule for PY 2023-2024
Supporting Material	PY23-24 Paid Holiday Schedule Memo & Compressed Work Schedule
Board Staff	Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ex.418



Memorandum

To: Brian K. Bauer

From: Jennifer Eimann

Re: PY23-24 Paid Holiday Schedule

Date: June 28, 2023

Of the standard working days in a year, twelve (12) of those days will be paid holidays and are scheduled to occur as listed below per the CareerSource Research Coast Employee Handbook:

- o Independence Day, Tuesday, July 04, 2023
- o Labor Day, Monday, September 04, 2023
- o Columbus Day, Monday, October 09, 2023
- o Veterans Day (Obs.), Friday, November 10, 2023
- o Thanksgiving, Thursday, November 23, 2023
- o Thanksgiving (Obs.), Friday, November 24, 2023
- o Christmas Day (Obs.), Friday, December 22, 20223
- o Christmas Day, Monday, December 25, 2023
- o New Year’s Day (Obs.), Monday, January 01, 2024
- o Martin Luther King Day, Monday, January 15, 2024
- o President’s Day, Monday, February 19, 2024
- o Memorial Day, Monday, May 27, 2024

Accepted by Board Chair: _____

Date: _____



AGENDA ITEM SUMMARY

TITLE:	Review and Approve Board Member CSF Contract/COI Exemption Requests - PY 2023-2024
STRATEGIC GOAL:	Optimal Use of Resources
POLICY/PLAN/LAW:	CareerSource Florida Strategic Policy # 2012.05.24.A.2
ACTION REQUIRED:	Review and Approve Board Member CSF Contract/COI Exemption Requests - PY 2023-2024
BACKGROUND:	<p>Under CSFL Strategic Policy # 2012.05.24.A.2, the policy establishes criteria and procedures used to address potential conflicts of interest and, when appropriate, “cure” such conflicts and ensure compliance with Public Law 113-128, Workforce Innovation and Opportunity Act (2014), section 445.007(1) and (11), Florida Statutes, and section 112.3143, Florida Statutes.</p> <p>At a board’s discretion, the following may be exempt from the policy described above:</p> <p>Contracts with a board member receiving a grant for workforce services. All contracts between a board and a board member or other person or entity who may benefit financially from a contract must be approved by a two-thirds vote of the board when a quorum has been established. Board members are required to complete a Contract Information Form and a Conflict of Interest Form.</p>
STAFF RECOMMENDATION:	Review and Approve Board Member CSF Contract/COI Exemption Requests - PY 2023-2024
SUPPORTING MATERIALS:	Board Member CSF Contract/COI Exemption Request/Form 8B - PY 2023-2024
BOARD STAFF:	Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418

Board Member Contract-COI Exemption Form - 2023-2024

Date	Vendor	Party	Description	Purpose	Expense	State of Florida Approved Vendor	Low Bid	Comments
PY 23-24	Cleveland Clinic Indian River Hospital	Pamela Burchell	2012.05.24.A.2 State and Local Workforce Development Board Contracting Conflict of Interest Policy with exemption to the prohibition to allow the workforce boards to provide statutorily- mandated services.	On-the-Job Training	under \$150,000	n/a	n/a	A contract with a board member receiving a grant for workforce services under federal, state, or other governmental workforce programs.
PY 23-24	Indian River State College	Dr. Timothy Moore	2012.05.24.A.2 State and Local Workforce Development Board Contracting Conflict of Interest Policy with exemption to the prohibition to allow the workforce boards to provide statutorily- mandated services.	Approved training provider	under \$150,000	n/a	n/a	A contract with a board member receiving a grant for workforce services under federal, state, or other governmental workforce programs.
PY 23-24	Cleveland Clinic Martin Health	Lorna Landherr	2012.05.24.A.2 State and Local Workforce Development Board Contracting Conflict of Interest Policy with exemption to the prohibition to allow the workforce boards to provide statutorily- mandated services.	On-the-Job Training	under \$150,000	n/a	n/a	A contract with a board member receiving a grant for workforce services under federal, state, or other governmental workforce programs.
PY 23-24	Keiser University	Leslie Kristoff	2012.05.24.A.2 State and Local Workforce Development Board Contracting Conflict of Interest Policy with exemption to the prohibition to allow the workforce boards to provide statutorily- mandated services.	Approved training provider	under \$150,000	n/a	n/a	A contract with a board member receiving a grant for workforce services under federal, state, or other governmental workforce programs.
PY 23-24	Treasure Coast Technical College	Dr. David Moore	2012.05.24.A.2 State and Local Workforce Development Board Contracting Conflict of Interest Policy with exemption to the prohibition to allow the workforce boards to provide statutorily- mandated services	Approved training provider	under \$75,000	n/a	n/a	A contract with a board member receiving a grant for workforce services under federal, state, or other governmental workforce programs.
PY 23-24	The Porch Factory	Jim Brann	2012.05.24.A.2 State and Local Workforce Development Board Contracting Conflict of Interest Policy with exemption to the prohibition to allow the workforce boards to provide statutorily – mandated services.	On-the-Job Training	under \$40,000	n/a	n/a	A contract with a board member receiving a grant for workforce services under federal, state, or other governmental workforce programs.
PY 23-24	Treasure Coast Builders Association (TCBA)	Maddie Williams	2012.05.24.A.2 State and Local Workforce Development Board Contracting Conflict of Interest Policy with exemption to the prohibition to allow the workforce boards to provide statutorily – mandated services.	On-the-Job Training	under \$10,000	n/a	n/a	A contract with a board member receiving a grant for workforce services under federal, state, or other governmental workforce programs.
PY 23-24	St. Lucie Public Schools	Jon Prince	2012.05.24.A.2 State and Local Workforce Development Board Contracting Conflict of Interest Policy with exemption to the prohibition to allow the workforce boards to provide statutorily - mandated services.	Facility Use Agreement of the Garden City Career Center	under \$20,000	n/a	n/a	A contract with a board member's employer, St. Lucie Public Schools, to receive rent for facility usage at Garden City, Fort. Pierce Career Center.
PY 23-24	Moore Solutions, Inc.	Terrance Moore	2012.05.24.A.2 State and Local Workforce Development Board Contracting Conflict of Interest Policy with exemption to the prohibition to allow the workforce boards to provide statutorily – mandated services.	Worksite Agreement for WIOA Youth Work Experience	under \$10,000	n/a	n/a	A contract with a board member receiving a grant for workforce services under federal, state, or other governmental workforce programs.
PY 23-24	Treasure Coast Technical College	Dr. David Moore	2012.05.24.A.2 State and Local Workforce Development Board Contracting Conflict of Interest Policy with exemption to the prohibition to allow the workforce boards to provide statutorily – mandated services.	Facility Use Agreement for the Eckerd Connects Career Center	under \$10,000	n/a	n/a	A contract with a board member's employer Treasure Coast Technical College (TCTC), School District of Indian River County, to receive rent for facility usage at TCTC for the Eckerd Connects Career Center



CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Leslie Kristof, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.

Identification of all parties to the contract: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Pamela Burchell, Cleveland Clinic Indian River Hospital, 1000 36th Street, Vero Beach, FL. 32960

Contractor Contact Phone Number: 772-567-4311

Contract Number or Other Identifying Information, if any: n/a

Contract Term: PY23-24

Value of the Contract with **no** extensions or renewals exercised: Under \$150,000

Value of the Contract with **all** extensions and renewals exercised: n/a

Description of goods and/or services to be procured: On the Job Training Contract

Method of procurement for the goods and/or services to be procured: n/a

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Pamela Burchell

The nature of the conflicting interest in the contract: Financial gain to parent organization

The board member or employee with the conflict of interest did _____ did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
- Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
- A draft copy of the related party contract and amendments, as applicable.
- Documentation supporting the method of procurement of the related party contract.
- A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the above is true and correct.

Signature of Board Chair / Vice Chair*

Leslie Kristof
Print Name

**Must be certified and attested to by the Board Chair*

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Pamela Burchell, a board member, hereby disclose that My employer

Or "Other"(describe): _____ could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource research Coast/LWDB 20

Contractor Name & Address: Pamela Burchell, Cleveland Clinic Indian River Hospital, 1000 36th Street, Vero Beach, FL. 32960

Contractor Contact Phone Number: 772-567-4311

Description or Nature of Contract: On the Job Training Contract

Description of Financial Benefit*: Financial gain to parent organization

For purposes of the above contract the following disclosures are made: The contractor's principals**/owners***: (check one)

have no relative who is a member of the board or an employee of the board; OR
 have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals**/owners*** is is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____

Signature of Board Member/Employee Print Name

Pamela Burchell
Print Name

Date

*"Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.

*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S DISCUSSION OR VOTING TO APPROVE THE CONTRACT. BOARD MEMBERS WHO BENEFIT FINANCIALLY OR BOARD MEMBERS OR EMPLOYEES OF THE BOARD WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM VOTING DURING THE PERIOD OF TIME THE VOTES ARE CAST, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERSEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
 - The form must be read publicly at the next meeting after the form is filed.
- IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:
- You must disclose orally the nature of your conflict in the measure before participating.
 - You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Pamela Burchell, hereby disclose that on June 28, 2023

A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____;
- inured to the special gain or loss of my relative, _____;
- inured to the special gain or loss of Cleveland Clinic Indian River Hospital, by whom I am retained; or
- inured to the special gain or loss of _____, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows

Date Filed

Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.



CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Leslie Kristof, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.

Identification of all parties to the contract: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Dr. Timothy Moore, Indian River State College, 3209 Virginia Avenue, Fort Pierce, FL 34981

Contractor Contact Phone Number: 772-462-4701

Contract Number or Other Identifying Information, if any: n/a

Contract Term: PY23-24

Value of the Contract with **no** extensions or renewals exercised: Under \$150,000

Value of the Contract with **all** extensions and renewals exercised: n/a

Description of goods and/or services to be procured: Occupational Skills Training from Eligible Training Provider

Method of procurement for the goods and/or services to be procured: n/a

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Dr. Timothy Moore

The nature of the conflicting interest in the contract: Financial gain to parent organization

The board member or employee with the conflict of interest _____ did did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
- Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
- A draft copy of the related party contract and amendments, as applicable.
- Documentation supporting the method of procurement of the related party contract.
- A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the above is true and correct.

Signature of Board Chair / Vice Chair*

Leslie Kristof
Print Name

**Must be certified and attested to by the Board Chair*

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Dr. Timothy Moore, a board member, hereby disclose that My employer

Or "Other"(describe): _____ could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource research Coast/LWDB 20

Contractor Name & Address: Dr. Timothy Moore, Indian River State College, 3209 Virginia Avenue, Fort Pierce, FL 34981

Contractor Contact Phone Number: 772-567-4311

Description or Nature of Contract: Occupational skills training from Eligible Training Provider

Description of Financial Benefit*: Financial gain to parent organization

For purposes of the above contract the following disclosures are made: The contractor's principals**/owners***: (check one)

have no relative who is a member of the board or an employee of the board; OR
 have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals**/owners*** is is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____

Signature of Board Member/Employee Print Name

Dr. Timothy Moore
Print Name

Date

*"Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.

*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S DISCUSSION OR VOTING TO APPROVE THE CONTRACT. BOARD MEMBERS WHO BENEFIT FINANCIALLY OR BOARD MEMBERS OR EMPLOYEES OF THE BOARD WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM VOTING DURING THE PERIOD OF TIME THE VOTES ARE CAST, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERSEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.



CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Leslie Kristof, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.

Identification of all parties to the contract: CareerSource Research Coast/LWDB 20

Contractor Name & Address: William Solomon, Indian River State College, 3209 Virginia Avenue, Fort Pierce, FL 34981

Contractor Contact Phone Number: 772-462-4701

Contract Number or Other Identifying Information, if any: n/a

Contract Term: PY23-24

Value of the Contract with **no** extensions or renewals exercised: Under \$150,000

Value of the Contract with **all** extensions and renewals exercised: n/a

Description of goods and/or services to be procured: Occupational Skills Training from Eligible Provider

Method of procurement for the goods and/or services to be procured: n/a

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: William Solomon

The nature of the conflicting interest in the contract: Financial gain to parent organization

The board member or employee with the conflict of interest did _____ did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
- Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
- A draft copy of the related party contract and amendments, as applicable.
- Documentation supporting the method of procurement of the related party contract.
- A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the above is true and correct.

Signature of Board Chair / Vice Chair*

Leslie Kristof
Print Name

**Must be certified and attested to by the Board Chair*

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, William Solomon, a board member, hereby disclose that My employer

Or "Other"(describe): _____ could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource Research Coast/LWDB 20

Contractor Name & Address: William Solomon, Indian River State College, 3209 Virginia Avenue, Fort Pierce, FL 34981

Contractor Contact Phone Number: 772-462-4701

Description or Nature of Contract: Occupational skills training from Eligible Training Provider

Description of Financial Benefit*: Financial gain to parent organization

For purposes of the above contract the following disclosures are made: The contractor's principals**/owners***: (check one)

have no relative who is a member of the board or an employee of the board; OR
 have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals**/owners*** is is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____

Signature of Board Member/Employee Print Name

William Solomon
Print Name

Date

*"Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.

*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S DISCUSSION OR VOTING TO APPROVE THE CONTRACT. BOARD MEMBERS WHO BENEFIT FINANCIALLY OR BOARD MEMBERS OR EMPLOYEES OF THE BOARD WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM VOTING DURING THE PERIOD OF TIME THE VOTES ARE CAST, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERSEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC

LAST NAME – FIRST NAME – MIDDLE NAME Solomon, William	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Research Coast/LWDB 20
MAILING ADDRESS 3209 Virginia Avenue	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input checked="" type="checkbox"/> OTHER LOCAL AGENCY
CITY COUNTY Fort Pierce St. Lucie	NAME OF POLITICAL SUBDIVISION:
DATE ON WHICH VOTE OCCURRED June 28, 2023	MY POSITION IS <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office MUST ABSTAIN from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venture, co-owner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

* * * * *

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; and

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

* * * * *

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
 - The form must be read publicly at the next meeting after the form is filed.
- IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:
- You must disclose orally the nature of your conflict in the measure before participating.
 - You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, William Solomon, hereby disclose that on June 28, 2023

A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____;
- inured to the special gain or loss of my relative, _____;
- inured to the special gain or loss of Indian River State College, by whom I am retained; or
- inured to the special gain or loss of _____, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows

Date Filed

Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.



CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Leslie Kristof, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.

Identification of all parties to the contract: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Lorna Landherr, Cleveland Clinic Martin Health Systems, 10000 SW Innovation Way, Port St. Lucie FL 34987

Contractor Contact Phone Number: 772-223-5945

Contract Number or Other Identifying Information, if any: n/a

Contract Term: PY23-24

Value of the Contract with **no** extensions or renewals exercised: Under \$150,000

Value of the Contract with **all** extensions and renewals exercised: n/a

Description of goods and/or services to be procured: On the Job Training Contract

Method of procurement for the goods and/or services to be procured: n/a

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Lorna Landherr

The nature of the conflicting interest in the contract: Financial gain to parent organization

The board member or employee with the conflict of interest did _____ did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
- Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
- A draft copy of the related party contract and amendments, as applicable.
- Documentation supporting the method of procurement of the related party contract.
- A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the above is true and correct.

Signature of Board Chair / Vice Chair*

Leslie Kristof
Print Name

**Must be certified and attested to by the Board Chair*

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Lorna Landherr, a board member, hereby disclose that My employer

Or "Other"(describe): _____ could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource research Coast/LWDB 20

Contractor Name & Address: Lorna Landherr, Cleveland Clinic Martin Health Systems, 10000 SW Innovation Way, Port St. Lucie FL 34987

Contractor Contact Phone Number: 772-223-5945

Description or Nature of Contract: On the Job Training Contract

Description of Financial Benefit*: Financial gain to parent organization

For purposes of the above contract the following disclosures are made: The contractor's principals**/owners***: (check one)

have no relative who is a member of the board or an employee of the board; OR
 have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals**/owners*** is is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____

Signature of Board Member/Employee Print Name

Lorna Landherr
Print Name

Date

*"Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.

*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S DISCUSSION OR VOTING TO APPROVE THE CONTRACT. BOARD MEMBERS WHO BENEFIT FINANCIALLY OR BOARD MEMBERS OR EMPLOYEES OF THE BOARD WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM VOTING DURING THE PERIOD OF TIME THE VOTES ARE CAST, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERSEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC

LAST NAME – FIRST NAME – MIDDLE NAME Perez, Debbie	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Research Coast/LWDB 20
MAILING ADDRESS PO Box 9010	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input checked="" type="checkbox"/> OTHER LOCAL AGENCY
CITY COUNTY Stuart Martin	NAME OF POLITICAL SUBDIVISION:
DATE ON WHICH VOTE OCCURRED June 28, 2023	MY POSITION IS <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venture, co-owner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

* * * * *

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; and

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

* * * * *

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
 - The form must be read publicly at the next meeting after the form is filed.
- IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:
- You must disclose orally the nature of your conflict in the measure before participating.
 - You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Debbie Perez, hereby disclose that on June 28, 2023

A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____;
- inured to the special gain or loss of my relative, _____;
- inured to the special gain or loss of Cleveland Clinic Martin Health Systems, by whom I am retained; or
- inured to the special gain or loss of _____, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows

Date Filed

Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.



CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Jim Brann, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.

Identification of all parties to the contract: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Leslie Kristof, Keiser University, 9400 SW Discovery Way, Port St. Lucie, FL 34987

Contractor Contact Phone Number: 772-398-9990

Contract Number or Other Identifying Information, if any: n/a

Contract Term: PY23-24

Value of the Contract with **no** extensions or renewals exercised: Under \$150,000

Value of the Contract with **all** extensions and renewals exercised: n/a

Description of goods and/or services to be procured: Occupational Skills Training from Eligible Training Provider

Method of procurement for the goods and/or services to be procured: n/a

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Leslie Kristof

The nature of the conflicting interest in the contract: Financial gain to parent organization

The board member or employee with the conflict of interest did _____ did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
- Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
- A draft copy of the related party contract and amendments, as applicable.
- Documentation supporting the method of procurement of the related party contract.
- A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the above is true and correct.

Signature of Board Chair / Vice Chair*

Jim Brann
Print Name

**Must be certified and attested to by the Board Chair*

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Leslie Kristof, a board member, hereby disclose that My employer

Or "Other"(describe): _____ could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource research Coast/LWDB 20

Contractor Name & Address: Leslie Kristof, Keiser University, 9400 SW Discovery Way, Port St. Lucie, FL 34987

Contractor Contact Phone Number: 772-398-9990

Description or Nature of Contract: Occupational skills training from Eligible Training Provider

Description of Financial Benefit*: Financial gain to parent organization

For purposes of the above contract the following disclosures are made: The contractor's principals**/owners***: (check one)

have no relative who is a member of the board or an employee of the board; OR
 have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals**/owners*** is is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____

Signature of Board Member/Employee Print Name

Leslie Kristof
Print Name

Date

*"Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.

*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S DISCUSSION OR VOTING TO APPROVE THE CONTRACT. BOARD MEMBERS WHO BENEFIT FINANCIALLY OR BOARD MEMBERS OR EMPLOYEES OF THE BOARD WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM VOTING DURING THE PERIOD OF TIME THE VOTES ARE CAST, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERSEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC

LAST NAME – FIRST NAME – MIDDLE NAME Kristof, Leslie	NAME OF BOARD, COUNCIL, COMMISSION, AUHORITY, OR COMMITTEE CareerSource Research Coast/LWDB 20
MAILING ADDRESS 9400 SW Discovery Way	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input checked="checked" type="checkbox"/> OTHER LOCAL AGENCY
CITY COUNTY Port St. Lucie St. Lucie	NAME OF POLITICAL SUBDIVISION:
DATE ON WHICH VOTE OCCURRED June 28, 2023	MY POSITION IS <input type="checkbox"/> ELECTIVE <input checked="checked" type="checkbox"/> APPOINTEE

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a mea – sure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a “relative” includes only the officer’s father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A “business associate” means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venture, co-owner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; and

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
 - The form must be read publicly at the next meeting after the form is filed.
- IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:
- You must disclose orally the nature of your conflict in the measure before participating.
 - You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Leslie Kristof, hereby disclose that on June 28, 2023

A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____;
- inured to the special gain or loss of my relative, _____;
- inured to the special gain or loss of Keiser University, by whom I am retained; or
- inured to the special gain or loss of _____, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows

Date Filed

Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.



CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Leslie Kristof, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.

Identification of all parties to the contract: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Dr. David Moore, School District of Indian River County/Treasure Coast Technical College, 6500 57th Street, Vero Beach, FL 32967

Contractor Contact Phone Number: 772-564-3150

Contract Number or Other Identifying Information, if any: n/a

Contract Term: PY23-24

Value of the Contract with **no** extensions or renewals exercised: Under \$75,000

Value of the Contract with **all** extensions and renewals exercised: n/a

Description of goods and/or services to be procured: Occupational Skills Training from Eligible Training Provider

Method of procurement for the goods and/or services to be procured: n/a

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Dr. David Moore

The nature of the conflicting interest in the contract: Financial gain to parent organization

The board member or employee with the conflict of interest _____ did did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
- Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
- A draft copy of the related party contract and amendments, as applicable.
- Documentation supporting the method of procurement of the related party contract.
- A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the above is true and correct.

Signature of Board Chair / Vice Chair*

Leslie Kristof
Print Name

**Must be certified and attested to by the Board Chair*

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Dr. David Moore, a board member, hereby disclose that My employer

Or "Other"(describe): _____ could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource research Coast/LWDB 20

Contractor Name & Address: Dr. David Moore, School District of Indian River County/Treasure Coast Technical College, 6500 57th Street, Vero Beach, FL 32967

Contractor Contact Phone Number: 772-564-3150

Description or Nature of Contract: Occupational skills training from Eligible Training Provider

Description of Financial Benefit*: Financial gain to parent organization

For purposes of the above contract the following disclosures are made: The contractor's principals**/owners***: (check one)

have no relative who is a member of the board or an employee of the board; OR
 have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals**/owners*** is is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____

Signature of Board Member/Employee Print Name

Dr. David Moore
Print Name

Date

*"Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.

*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S DISCUSSION OR VOTING TO APPROVE THE CONTRACT. BOARD MEMBERS WHO BENEFIT FINANCIALLY OR BOARD MEMBERS OR EMPLOYEES OF THE BOARD WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM VOTING DURING THE PERIOD OF TIME THE VOTES ARE CAST, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERSEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.



CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Leslie Kristof, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.

Identification of all parties to the contract: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Christi Shields, School District of Indian River County/Treasure Coast Technical College, 6500 57th Street, Vero Beach, FL 32967

Contractor Contact Phone Number: 772-564-5006

Contract Number or Other Identifying Information, if any: n/a

Contract Term: PY23-24

Value of the Contract with **no** extensions or renewals exercised: Under \$75,000

Value of the Contract with **all** extensions and renewals exercised: n/a

Description of goods and/or services to be procured: Occupational Skills Training from Eligible Training Provider

Method of procurement for the goods and/or services to be procured: n/a

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Christi Shields

The nature of the conflicting interest in the contract: Financial gain to parent organization

The board member or employee with the conflict of interest did _____ did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
- Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
- A draft copy of the related party contract and amendments, as applicable.
- Documentation supporting the method of procurement of the related party contract.
- A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the above is true and correct.

Signature of Board Chair / Vice Chair*

Leslie Kristof
Print Name

**Must be certified and attested to by the Board Chair*

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Christi Shields, a board member, hereby disclose that My employer

Or "Other"(describe): _____ could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Christi Shields, School District of Indian River County/Treasure Coast Technical College, 6500 57th Street, Vero Beach, FL 32967

Contractor Contact Phone Number: 772-564-5006

Description or Nature of Contract: Occupational skills training from Eligible Training Provider

Description of Financial Benefit*: Financial gain to parent organization

For purposes of the above contract the following disclosures are made: The contractor's principals**/owners***: (check one)

have no relative who is a member of the board or an employee of the board; OR
 have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals**/owners*** is is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____

Signature of Board Member/Employee Print Name

Christi Shields
Print Name

Date

*"Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.

*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S DISCUSSION OR VOTING TO APPROVE THE CONTRACT. BOARD MEMBERS WHO BENEFIT FINANCIALLY OR BOARD MEMBERS OR EMPLOYEES OF THE BOARD WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM VOTING DURING THE PERIOD OF TIME THE VOTES ARE CAST, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERSEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
 - The form must be read publicly at the next meeting after the form is filed.
- IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:
- You must disclose orally the nature of your conflict in the measure before participating.
 - You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Christi Shields, hereby disclose that on June 28, 2023

A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____;
- inured to the special gain or loss of my relative, _____;
- inured to the special gain or loss of School District of Indian River County/Treasure Coast Technical College, by whom I am retained; or
- inured to the special gain or loss of _____, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows

Date Filed

Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.



CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Leslie Kristof, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.

Identification of all parties to the contract: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Jim Brann, The Porch Factory, 705 N 39th Street, Fort Pierce, FL 34947

Contractor Contact Phone Number: 772-465-6772

Contract Number or Other Identifying Information, if any: n/a

Contract Term: PY23-24

Value of the Contract with **no** extensions or renewals exercised: Under \$40,000

Value of the Contract with **all** extensions and renewals exercised: n/a

Description of goods and/or services to be procured: On the Job Training Contract

Method of procurement for the goods and/or services to be procured: n/a

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Jim Brann

The nature of the conflicting interest in the contract: Financial gain to parent organization

The board member or employee with the conflict of interest did _____ did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
- Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
- A draft copy of the related party contract and amendments, as applicable.
- Documentation supporting the method of procurement of the related party contract.
- A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the above is true and correct.

Signature of Board Chair / Vice Chair*

Leslie Kristof
Print Name

**Must be certified and attested to by the Board Chair*

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Jim Brann, a board member, hereby disclose that My business

Or "Other"(describe): _____ could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource research Coast/LWDB 20

Contractor Name & Address: Jim Brann, The Porch Factory, 705 N 39th Street, Fort Pierce, FL 34947

Contractor Contact Phone Number: 772-465-6772

Description or Nature of Contract: On the Job Training Contract

Description of Financial Benefit*: Financial gain to parent organization

For purposes of the above contract the following disclosures are made: The contractor's principals**/owners***: (check one)

have no relative who is a member of the board or an employee of the board; OR
 have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals**/owners*** is is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____

Signature of Board Member/Employee Print Name

Jim Brann
Print Name

Date

*"Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.

*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S DISCUSSION OR VOTING TO APPROVE THE CONTRACT. BOARD MEMBERS WHO BENEFIT FINANCIALLY OR BOARD MEMBERS OR EMPLOYEES OF THE BOARD WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM VOTING DURING THE PERIOD OF TIME THE VOTES ARE CAST, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERSEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC

LAST NAME – FIRST NAME – MIDDLE NAME Brann, Jim	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Research Coast/LWDB 20
MAILING ADDRESS 705 N. 39th Street	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input checked="checked" type="checkbox"/> OTHER LOCAL AGENCY
CITY COUNTY Fort Pierce St. Lucie	NAME OF POLITICAL SUBDIVISION:
DATE ON WHICH VOTE OCCURRED June 28, 2023	MY POSITION IS <input type="checkbox"/> ELECTIVE <input checked="checked" type="checkbox"/> APPOINTIVE

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office MUST ABSTAIN from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venture, co-owner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

* * * * *

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; and

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

* * * * *

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
 - The form must be read publicly at the next meeting after the form is filed.
- IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:
- You must disclose orally the nature of your conflict in the measure before participating.
 - You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Jim Brann, hereby disclose that on June 28, 2023

A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____;
- inured to the special gain or loss of my relative, _____;
- inured to the special gain or loss of The Porch Factory, by whom I am retained; or
- inured to the special gain or loss of _____, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows

Date Filed

Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.



CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Leslie Kristof, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.

Identification of all parties to the contract: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Maddie Williams, Treasure Coast Builders Association, 6560 S Federal Highway, Port St. Lucie, FL 34952

Contractor Contact Phone Number: 772-336-8222

Contract Number or Other Identifying Information, if any: n/a

Contract Term: PY23-24

Value of the Contract with no extensions or renewals exercised: Under \$10,000

Value of the Contract with all extensions and renewals exercised: n/a

Description of goods and/or services to be procured: On-the-Job Training Contract

Method of procurement for the goods and/or services to be procured: n/a

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Maddie Williams

The nature of the conflicting interest in the contract: Financial gain to parent organization

The board member or employee with the conflict of interest X did did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
A draft copy of the related party contract and amendments, as applicable.
Documentation supporting the method of procurement of the related party contract.
A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the above is true and correct.

Signature of Board Chair / Vice Chair*

Leslie Kristof
Print Name

*Must be certified and attested to by the Board Chair

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Maddie Williams, a board member, hereby disclose that My employer

Or "Other"(describe): _____ could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource research Coast/LWDB 20

Contractor Name & Address: Maddie Williams, Treasure Coast Builders Association, 6560 S Federal Highway, Port St. Lucie, FL 34952

Contractor Contact Phone Number: 772-336-8222

Description or Nature of Contract: On the Job Training Contract

Description of Financial Benefit*: Financial gain to parent organization

For purposes of the above contract the following disclosures are made: The contractor's principals**/owners***: (check one)

have no relative who is a member of the board or an employee of the board; OR
 have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals**/owners*** is is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____

Signature of Board Member/Employee Print Name

Maddie Williams
Print Name

Date

*"Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.

*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S DISCUSSION OR VOTING TO APPROVE THE CONTRACT. BOARD MEMBERS WHO BENEFIT FINANCIALLY OR BOARD MEMBERS OR EMPLOYEES OF THE BOARD WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM VOTING DURING THE PERIOD OF TIME THE VOTES ARE CAST, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERSEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC

LAST NAME – FIRST NAME – MIDDLE NAME Williams, Maddie	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Research Coast/LWDB 20
MAILING ADDRESS 6560 S Federal Hwy	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input checked="" type="checkbox"/> OTHER LOCAL AGENCY
CITY Port St. Lucie	COUNTY St. Lucie
DATE ON WHICH VOTE OCCURRED June 28, 2023	NAME OF POLITICAL SUBDIVISION: MY POSITION IS <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venture, co-owner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

* * * * *

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; and

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

* * * * *

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
 - The form must be read publicly at the next meeting after the form is filed.
- IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:
- You must disclose orally the nature of your conflict in the measure before participating.
 - You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Maddie Williams, hereby disclose that on June 28, 2023

A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____;
- inured to the special gain or loss of my relative, _____;
- inured to the special gain or loss of Treasure Coast Builders Association, by whom I am retained; or
- inured to the special gain or loss of _____, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows

Date Filed

Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.



CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Leslie Kristof, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.

Identification of all parties to the contract: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Dr. Jonathan Prince, St. Lucie Public Schools, 501 NW University Blvd., Port St. Lucie, FL 34986

Contractor Contact Phone Number: 772-429-3925

Contract Number or Other Identifying Information, if any: n/a

Contract Term: PY23-24

Value of the Contract with no extensions or renewals exercised: Under \$20,000

Value of the Contract with all extensions and renewals exercised: n/a

Description of goods and/or services to be procured: Facility Use Agreement of the Garden City Career Center

Method of procurement for the goods and/or services to be procured: n/a

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Dr. Jonathan Prince

The nature of the conflicting interest in the contract: Financial gain to parent organization

The board member or employee with the conflict of interest did X did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
A draft copy of the related party contract and amendments, as applicable.
Documentation supporting the method of procurement of the related party contract.
A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the above is true and correct.

Signature of Board Chair / Vice Chair*

Leslie Kristof
Print Name

*Must be certified and attested to by the Board Chair

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Dr. Jonathan Prince, a board member, hereby disclose that My employer

Or "Other"(describe): _____ could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource research Coast/LWDB 20

Contractor Name & Address: Dr. Jonathan Prince, St. Lucie Public Schools, 501 NW University Blvd., Port St. Lucie, FL 34986

Contractor Contact Phone Number: 772-398-9990

Description or Nature of Contract: Facility Use Agreement for the Garden City Career Center

Description of Financial Benefit*: Financial gain to parent organization

For purposes of the above contract the following disclosures are made: The contractor's principals**/owners***: (check one)

have no relative who is a member of the board or an employee of the board; OR
 have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals**/owners*** is is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____

Signature of Board Member/Employee Print Name

Dr. Jonathan Prince
Print Name

Date

*"Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.

*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S DISCUSSION OR VOTING TO APPROVE THE CONTRACT. BOARD MEMBERS WHO BENEFIT FINANCIALLY OR BOARD MEMBERS OR EMPLOYEES OF THE BOARD WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM VOTING DURING THE PERIOD OF TIME THE VOTES ARE CAST, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERSEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.



CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Leslie Kristof, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.

Identification of all parties to the contract: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Aliesha Seitz, St. Lucie Public Schools, 501 NW University Blvd., Port St. Lucie, FL 34986

Contractor Contact Phone Number: 772-429-5559

Contract Number or Other Identifying Information, if any: n/a

Contract Term: PY23-24

Value of the Contract with **no** extensions or renewals exercised: Under \$20,000

Value of the Contract with **all** extensions and renewals exercised: n/a

Description of goods and/or services to be procured: Facility Use Agreement of the Garden City Career Center

Method of procurement for the goods and/or services to be procured: n/a

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Aliesha Seitz

The nature of the conflicting interest in the contract: Financial gain to parent organization

The board member or employee with the conflict of interest did _____ did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
- Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
- A draft copy of the related party contract and amendments, as applicable.
- Documentation supporting the method of procurement of the related party contract.
- A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the above is true and correct.

Signature of Board Chair / Vice Chair*

Leslie Kristof
Print Name

**Must be certified and attested to by the Board Chair*

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Aliesha Seitz, a board member, hereby disclose that My employer

Or "Other"(describe): _____ could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Aliesha Seitz, St. Lucie Public Schools, 501 NW University Blvd., Port St. Lucie, FL 34986

Contractor Contact Phone Number: 772-429-5559

Description or Nature of Contract: Facility Use Agreement of the Garden City Career Center

Description of Financial Benefit*: Financial gain to parent organization

For purposes of the above contract the following disclosures are made: The contractor's principals**/owners***: (check one)

have no relative who is a member of the board or an employee of the board; OR
 have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals**/owners*** is is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____

Signature of Board Member/Employee Print Name

Aliesha Seitz
Print Name

Date

*"Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.

*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S DISCUSSION OR VOTING TO APPROVE THE CONTRACT. BOARD MEMBERS WHO BENEFIT FINANCIALLY OR BOARD MEMBERS OR EMPLOYEES OF THE BOARD WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM VOTING DURING THE PERIOD OF TIME THE VOTES ARE CAST, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERSEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC

LAST NAME – FIRST NAME – MIDDLE NAME Seitz, Aliesha	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Research Coast/L WDB20
MAILING ADDRESS 501 NW University Blvd.	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input checked="" type="checkbox"/> OTHER LOCAL AGENCY
CITY COUNTY Port St. Lucie St. Lucie	NAME OF POLITICAL SUBDIVISION:
DATE ON WHICH VOTE OCCURRED June 28, 2023	MY POSITION IS <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venture, co-owner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; and

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
 - The form must be read publicly at the next meeting after the form is filed.
- IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:
- You must disclose orally the nature of your conflict in the measure before participating.
 - You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Aliesha Seitz, hereby disclose that on June 28, 2023

A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____;
- inured to the special gain or loss of my relative, _____;
- inured to the special gain or loss of St. Lucie Public Schools, by whom I am retained; or
- inured to the special gain or loss of _____, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows

Date Filed

Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.



CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Leslie Kristof, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.

Identification of all parties to the contract: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Terrance Moore, Moore Solutions, Inc., 1680 SE Lyngate Drive, Ste. 202, Port St. Lucie, FL 34952

Contractor Contact Phone Number: 772-337-4005

Contract Number or Other Identifying Information, if any: n/a

Contract Term: PY23-24

Value of the Contract with no extensions or renewals exercised: Under \$10,000

Value of the Contract with all extensions and renewals exercised: n/a

Description of goods and/or services to be procured: Worksite Agreement for WIOA Youth Work Experience

Method of procurement for the goods and/or services to be procured: n/a

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Terrance Moore

The nature of the conflicting interest in the contract: Financial gain to parent organization

The board member or employee with the conflict of interest X did did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
A draft copy of the related party contract and amendments, as applicable.
Documentation supporting the method of procurement of the related party contract.
A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the above is true and correct.

Signature of Board Chair / Vice Chair*

Leslie Kristof
Print Name

*Must be certified and attested to by the Board Chair

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Leslie Kristof, a board member, hereby disclose that My business

Or "Other"(describe): _____ could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource research Coast/LWDB 20

Contractor Name & Address: Terrance Moore, Moore Solutions, Inc., 1680 SE Lyngate Drive, Ste. 202, Port St. Lucie, FL 34952

Contractor Contact Phone Number: 772-337-4005

Description or Nature of Contract: Worksite Agreement for WIOA Youth Work Experience

Description of Financial Benefit*: Financial gain to parent organization

For purposes of the above contract the following disclosures are made: The contractor's principals**/owners***: (check one)

have no relative who is a member of the board or an employee of the board; OR
 have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals**/owners*** is is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____

Signature of Board Member/Employee Print Name

Terrance Moore
Print Name

Date

*"Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.

*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S DISCUSSION OR VOTING TO APPROVE THE CONTRACT. BOARD MEMBERS WHO BENEFIT FINANCIALLY OR BOARD MEMBERS OR EMPLOYEES OF THE BOARD WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM VOTING DURING THE PERIOD OF TIME THE VOTES ARE CAST, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERSEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC

LAST NAME – FIRST NAME – MIDDLE NAME Moore, Terrance	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Research Coast/LWDB20
MAILING ADDRESS 1680 SE Lyngate Drive, Ste 202	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input checked="" type="checkbox"/> OTHER LOCAL AGENCY
CITY COUNTY Port St. Lucie St. Lucie	NAME OF POLITICAL SUBDIVISION:
DATE ON WHICH VOTE OCCURRED June 28, 2023	MY POSITION IS <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venture, co-owner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

* * * * *

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; and

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

* * * * *

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
 - The form must be read publicly at the next meeting after the form is filed.
- IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:
- You must disclose orally the nature of your conflict in the measure before participating.
 - You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Terrance Moore, hereby disclose that on June 28, 2023

A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____;
- inured to the special gain or loss of my relative, _____;
- inured to the special gain or loss of Moore Solutions, Inc., by whom I am retained; or
- inured to the special gain or loss of _____, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows

Date Filed

Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.



CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Leslie Kristof, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.

Identification of all parties to the contract: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Dr. David Moore, School District of Indian River County/Treasure Coast Technical College, 6500 57th Street, Vero Beach, FL 32967

Contractor Contact Phone Number: 772-564-3150

Contract Number or Other Identifying Information, if any: n/a

Contract Term: PY23-24

Value of the Contract with **no** extensions or renewals exercised: Under \$10,000

Value of the Contract with **all** extensions and renewals exercised: n/a

Description of goods and/or services to be procured: Facility Use Agreement for the Eckerd Connects Career Center

Method of procurement for the goods and/or services to be procured: n/a

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Dr. David Moore

The nature of the conflicting interest in the contract: Financial gain to parent organization

The board member or employee with the conflict of interest _____ did did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
- Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
- A draft copy of the related party contract and amendments, as applicable.
- Documentation supporting the method of procurement of the related party contract.
- A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the above is true and correct.

Signature of Board Chair / Vice Chair*

Leslie Kristof
Print Name

**Must be certified and attested to by the Board Chair*

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Dr. David Moore, a board member, hereby disclose that My employer

Or "Other"(describe): _____ could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource research Coast/LWDB 20

Contractor Name & Address: Dr. David Moore, School District of Indian River County/Treasure Coast Technical College, 6500 57th Street, Vero Beach, FL 32967

Contractor Contact Phone Number: 772-564-3150

Description or Nature of Contract: Facility Use Agreement for Eckerd Connects Career Center

Description of Financial Benefit*: Financial gain to parent organization

For purposes of the above contract the following disclosures are made: The contractor's principals**/owners***: (check one)

have no relative who is a member of the board or an employee of the board; OR
 have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals**/owners*** is is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____

Signature of Board Member/Employee Print Name

Dr. David Moore
Print Name

Date

*"Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.

*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S DISCUSSION OR VOTING TO APPROVE THE CONTRACT. BOARD MEMBERS WHO BENEFIT FINANCIALLY OR BOARD MEMBERS OR EMPLOYEES OF THE BOARD WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM VOTING DURING THE PERIOD OF TIME THE VOTES ARE CAST, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERSEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.



CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Leslie Kristof, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.

Identification of all parties to the contract: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Christi Shields, School District of Indian River County/Treasure Coast Technical College, 6500 57th Street, Vero Beach, FL 32967

Contractor Contact Phone Number: 772-564-5006

Contract Number or Other Identifying Information, if any: n/a

Contract Term: PY23-24

Value of the Contract with no extensions or renewals exercised: Under \$10,000.

Value of the Contract with all extensions and renewals exercised: n/a

Description of goods and/or services to be procured: Facility Use Agreement for the Eckerd Connects Career Center

Method of procurement for the goods and/or services to be procured: n/a

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Christi Shields

The nature of the conflicting interest in the contract: Financial gain to parent organization

The board member or employee with the conflict of interest X did did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
A draft copy of the related party contract and amendments, as applicable.
Documentation supporting the method of procurement of the related party contract.
A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the above is true and correct.

Signature of Board Chair / Vice Chair*

Leslie Kristof
Print Name

*Must be certified and attested to by the Board Chair

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Christi Shields, a board member, hereby disclose that My employer

Or "Other"(describe): _____ could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource Research Coast/LWDB 20

Contractor Name & Address: Christi Shields, School District of Indian River County/Treasure Coast Technical College, 6500 57th Street, Vero Beach, FL 32967

Contractor Contact Phone Number: 772-564-5006

Description or Nature of Contract: Facility Use Agreement for the Eckerd Connects Career Center

Description of Financial Benefit*: Financial gain to parent organization

For purposes of the above contract the following disclosures are made: The contractor's principals**/owners***: (check one)

have no relative who is a member of the board or an employee of the board; OR
 have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals**/owners*** is is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____

Signature of Board Member/Employee Print Name

Christi Shields
Print Name

Date

*"Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.

*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S DISCUSSION OR VOTING TO APPROVE THE CONTRACT. BOARD MEMBERS WHO BENEFIT FINANCIALLY OR BOARD MEMBERS OR EMPLOYEES OF THE BOARD WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM VOTING DURING THE PERIOD OF TIME THE VOTES ARE CAST, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERSEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC

LAST NAME – FIRST NAME – MIDDLE NAME Shields, Christi	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Research Coast/LWDB 20
MAILING ADDRESS 6500 57th Street	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input checked="" type="checkbox"/> OTHER LOCAL AGENCY
CITY Vero Beach	COUNTY Indian River
NAME OF POLITICAL SUBDIVISION:	
DATE ON WHICH VOTE OCCURRED June 28, 2023	MY POSITION IS <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venture, co-owner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; and

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
 - The form must be read publicly at the next meeting after the form is filed.
- IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:
- You must disclose orally the nature of your conflict in the measure before participating.
 - You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Christi Shields, hereby disclose that on June 28, 20: 23

A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____;
- inured to the special gain or loss of my relative, _____;
- inured to the special gain or loss of School District of Indian River County/Treasure Coast Technical College, by whom I am retained; or
- inured to the special gain or loss of _____, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows

Date Filed

Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.

AGENDA ITEM SUMMARY

Title	Designee for Micheal Maine, Superintendent, Martin County Public Schools
Strategic Plans/Goals	Operational Intelligence
Policy/Plan/Law	Workforce Innovation and Opportunity Act (WIOA): Role of Local Workforce Boards
Action Requested	Review and Approve Declarations of Authority
Background	<p>The By-Laws of the Workforce Development Board permits mandatory board members to designate a single, high-ranking designee with decision-making authority from his/her organization to represent him/her at Board and/or at standing or Ad-Hoc committee meetings. Per the Boards By-Laws, Micheal Maine has requested that Tracey Miller represent him at the Board of Directors and Youth Council meeting when Mr. Maine is not available to attend. The Board must approve all designees.</p> <p>Review and Approve Declaration of Authority, as presented.</p>
Staff Recommendations	Declarations of Authority
Supporting Material	Brian Bauer President/CEO
Board Staff	bbauer@careersourcerc.com (866) 482-4473 ext. 418



DECLARATION OF AUTHORITY
THE WORKFORCE DEVELOPMENT
BOARD OF THE TREASURE COAST, INC.

Board Member's Name: Michael Maine

Board Member's Title: Superintendent

Board Member's Organization: Martin County School District

Board Seat (select all that apply):

- Local Educational Entity
- Postsecondary educational institution/community college
- Labor or employee representative
- Community based organization
- Economic development agency
- One-Stop partner
- Private education provider (non-profit)
- Private education provider (for-profit)

I hereby designate the following individual to represent me at Board and Board committee meetings for the duration of my appointment to the Workforce Development Board, as necessary. I have instructed this designee as to the roles and responsibilities of a Board member, as well as the policies and procedures of the Board and have given this designee the authority to act on my behalf and attest that this individual has authority to make decisions and commitments for our organization.

Name of Designee: Tracey Miller

Title of Designee: Assistant Superintendent of Academics

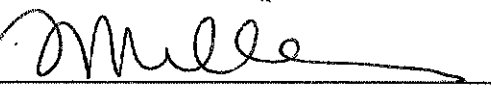
Mailing Address of Designee: 1939 SE Federal Highway, Stuart FL 34994

Designee Telephone Number: 772-219-1200 x30141 Fax Number: _____

Designee Email: millert@martinschools.org

By our signatures below, we agree that the above designee will represent the above named Board member at Board and Board committee meetings until further notice:

Board Member Signature:  Date: 5-3-23

Designee Signature:  Date: 5-3-23

AGENDA ITEM SUMMARY

Title	Taylor Hall Miller Parker (THMP) Monitoring Review - Spring 2023
Strategic Plans/Goals	Effective Utilization of Current and Timely Operational Intelligence for all Stakeholders
Policy/Plan/Law	DEO Grantee/Sub-Grantee Agreement, CSRC Administrative Plan None -
Action Requested	Information Only
Background	<p>CSRC is responsible for monitoring all functions of administration and program operations to ensure maximum effectiveness and efficiency of all management, programmatic and fiscal systems. Monitoring should ensure that abuses in program operations are identified in a timely manner, resulting in the prevention and/or elimination of any misuse of funds.</p> <p>Per State requirements, CSRC conducts self or internal monitoring on a scheduled basis. Various staff members with programmatic experience are utilized to ensure that programs follow federal/state/local regulations and policies. Internal monitoring is also completed to track performance, reach goals, and provide for continuous improvement.</p> <p>THMP conducts a biannual review of CareerSource Research Coast programs and special projects, including career center operations.</p> <p>CSRC staff will provide the Committee with the results of the monitoring completed by THMP during the week of March 27, 2023.</p>
Staff	
Recommendations	None - Informational Only
Supporting Materials	Spring 2023 Taylor Hall Miller Parker (THMP) Monitoring Report
Board Staff	<p>Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418</p>

DRAFT OF APRIL 10, 2023
FOR MANAGEMENT DISCUSSION PURPOSES ONLY

CAREERSOURCE RESEARCH COAST

PROGRAM YEAR 2022-2023

FINANCIAL & PROGRAMMATIC MONITORING
AS OF MARCH 30, 2023

REPORT #2

DRAFT

Independent Accountants' Report
On Applying Agreed-Upon Procedures

To the Board of Directors and Management of CareerSource Research Coast:

We have performed the procedures enumerated below in the attached sections on the fiscal and programmatic records of CareerSource Research Coast (CareerSource) as of March 30, 2023, for the program year ending June 30, 2023. CareerSource's management is responsible for the fiscal and programmatic records.

CareerSource has agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of conducting fiscal and programmatic monitoring. This report may not be suitable for any other purpose. The procedures performed may not address all the items of interest to a user of this report and may not meet the needs of all users of this report and, as such, users are responsible for determining whether the procedures performed are appropriate for their purposes.

For reporting purposes, findings and observations are as follows:

Findings—These items reflect non-compliance with governing regulations, internal policies, or contractual requirements and may illustrate questionable costs and/or problematic deficiencies in internal controls. These items can also indicate ineffective or improper procedures, systems, and/or records maintenance.

Observations—These items may be proactive in nature and highlight specific situations where particular changes may enhance customer service and program outcomes, strengthen internal controls, or improve financial information and documentation.

The procedures and associated findings and observations are detailed in the following sections:

- I. CareerSource
- II. Subrecipient Financial
- III. WIOA Adult/DW and NDWG
- IV. WIOA Youth
- V. Wagner-Peyser
- VI. Reemployment Services and Eligibility Assessment (RESEA)
- VII. Welfare Transition Program (WTP)

DRAFT OF APRIL 10, 2023
FOR MANAGEMENT DISCUSSION PURPOSES ONLY

We were engaged by CareerSource to perform this agreed-upon procedures engagement and conducted our engagement in accordance with attestation standards established by the American Institute of Certified Public Accountants. We were not engaged to and did not conduct an examination or review engagement, the objective of which would be the expression of an opinion or conclusion, respectively, on the fiscal and programmatic records of CareerSource. Accordingly, we do not express such an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

We are required to be independent of CareerSource and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our agreed-upon procedures engagement.

April 10, 2023

DRAFT

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I. CareerSource

One-Stop Operator

1. We inquired of CareerSource staff and randomly selected the latest quarterly report prepared by CareerSource (December 2022) to substantiate and report the status of the following primary One-Stop Operator responsibilities/roles:

- Coordinate the service delivery of participating One-Stop Partners
- MOUs/IFAs
- Disclose conflicts of interest
- Establish firewalls
- Provide recommendations to improve coordination of services among Partners and continuous improvement strategies

There were no findings or observations identified as a result of applying the procedures above to the reports selected.

Financial Review

1. We randomly selected the accounts payable account bank statement and reconciliation for the month ended February 28, 2023, and performed the following:

- a. Confirmed whether the bank account was reconciled and reviewed in a timely manner.
- b. Traced the reconciled bank balance to the general ledger.
- c. Mathematically checked the clerical accuracy of the reconciliation.
- d. Compared the bank balance listed on the reconciliation to the bank statement.
- e. Traced deposits listed on the bank statement to the bank transfer from the Business Checking Account.
- f. For a random sample of cleared checks per the bank statement:
 - 1) agreed the payee, check date, and amount per the cancelled check image to the check register;
 - 2) determined whether the endorsement agreed to payee or the bank guaranteed lack of endorsement; and
 - 3) agreed the payee and amount to the supporting documentation (invoice).

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- g. For the list of outstanding checks, traced the check number and amount to the check register.
- h. Accounted for the sequence of checks listed in the check register for February by tracing the check number to the bank statement or the list of outstanding checks, or by examining the voided check.
- i. Inquired about any large or unusual outstanding checks that were outstanding for a period of time.
- j. Completed the section of the DEO monitoring tool related to cash management.

There were no findings or observations identified as a result of applying the procedures above to the sample selected.

- 2. We selected a random sample of 11 small purchases (\$250,000 or less), including five American Express credit card charges (statement closing date 1/29/2023), and five expense reimbursements from the period ended March 7, 2023, reviewed current policies and procedures, and determined whether:
 - a. check data agreed to invoice(s);
 - b. the check contained an authorized signature and endorsement agreed to payee, or bank guaranteed lack of endorsement, if applicable;
 - c. the disbursement was supported by proper documentation and approval;
 - d. purchasing and travel procedures were followed and a cost or price analysis was performed, if applicable;
 - e. the cost was allowable, reasonable, and necessary;
 - f. the cost was properly charged (i.e., benefiting program or cost pool) and classified;
 - g. payment traced to general ledger posting;
 - h. prior approval procedures were followed in accordance with DEO guidance, when applicable;
 - i. the cost was properly capitalized or tracked for inventory purposes in accordance with local policy, as applicable; and
 - j. contracts in excess of \$35,000 were posted on CareerSource's website in accordance with the DEO agreement.

Findings:

As a result of applying the procedures to the sample selected, we confirmed that purchases were performed in compliance with policies and procedures, except for:

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FOR MANAGEMENT DISCUSSION PURPOSES ONLY

1. For the payment to CW Willis Family Farms LLC (ck #82126), the landscaping cost for the Garden City location was charged to the Career Center Cost Pool; however, this treatment was not consistent with other costs for the location (e.g., rent, painting) that were allocated between WIOA Youth and the Career Center cost pool based on space utilized. During fieldwork, a correcting journal entry was prepared and posted.

Recommendation:

CareerSource finance should ensure that, in the future, costs are allocated based on the benefit received and treated in a consistent manner.

3. We obtained and inspected CareerSource's Negotiated Indirect Cost Agreement (NICA) and Indirect Cost Plan (ICP), randomly selected the February 2023 indirect cost recovery, and determined the following for a sample of funds:
 - a. Modified total direct costs (MTDC) traced to the general ledger and supporting schedules and were correctly calculated by fund.
 - b. The indirect cost recovery method agreed with the approved NICA.
 - c. Indirect cost recovery was correctly calculated by fund and between admin and program.
 - d. Indirect costs were properly posted in the general ledger by fund.

There were no findings or observations identified as a result of applying the procedures above to the month selected.

Payroll Review

1. We randomly selected the payroll register for the pay period ended March 10, 2023 (pay date 3/17/2023), selected a random sample of eight employees, and determined whether:
 - a. ACH/direct deposit data agreed to payroll register,
 - b. gross pay recalculated and deductions appeared reasonable,
 - c. leave was properly approved and tracked and agreed to the Personnel Activity Report (PAR),
 - d. the timesheet (PAR) was properly signed and approved,
 - e. the pay rate for the employee was authorized and in compliance with the requirements of the DEO Grantee-Subgrantee Agreement,
 - f. payroll allocation percentages recalculated and traced to the supporting PAR,

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- g. costs were properly allocated and classified,
 - h. a sample of costs traced to general ledger postings, and
 - i. payroll taxes per the payroll register agreed to the payroll tax deposit.
2. We obtained the John Hancock USA retirement contribution payment and, for the sample of employees, traced employee deferrals and employer contributions to the payroll register.
3. We determined whether current employee positions, salary information for each position (including performance bonuses), and Exhibit E were posted on CareerSource's website in accordance with the DEO agreement and F.S. 445.007(13).

There were no findings or observations identified as a result of applying the procedures above to the sample selected.

Customer-Related Expenditures

1. We selected a random sample of 11 occupational skills training, contracted apprenticeship training, and training-related payments from the period ended February 28, 2023, obtained the supporting documentation for each disbursement, and determined whether:
- a. check data agreed to supporting documentation;
 - b. the check contained authorized signatures and endorsement agreed to payee, or bank guaranteed lack of endorsement, if applicable;
 - c. the disbursement was supported by proper documentation and approval;
 - d. the cost was allowable, reasonable, and necessary;
 - e. the cost was properly allocated and classified;
 - f. the payment traced to the general ledger and Gazelle (if applicable);
 - g. the customer was registered in the appropriate State system, and the system reflected the appropriate activity;
 - h. the training vendor appeared on the approved training vendor list (if applicable), and the cost was incurred for a demand occupation; and
 - i. the total training budget does not exceed program caps, and the budget is correctly reflected in Gazelle (if applicable).

There were no findings or observations identified as a result of applying the procedures above to the sample selected.

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2. We randomly selected a payment to Spherion (ck# 82359) for NDWG – Hurricane Ian temporary labor payroll for the weeks ended 2/11/23, 2/18/23, and 2/25/23 and performed the following:
- a. Confirmed the mathematical accuracy.
 - b. Determined whether the check contained authorized signatures and endorsement agreed to payee or bank guaranteed lack of endorsement.
 - c. For the seven customers listed on the invoices selected, determined whether:
 - 1. the amount billed recalculated, and the rate billed was properly substantiated;
 - 2. the customer's pay rate agreed to the job description/job order, and the billing rate recalculated based on the Spherion contract rates;
 - 3. hours paid/billed traced to supporting timesheet;
 - 4. the timesheet was properly approved;
 - 5. a properly signed worksite agreement existed; and
 - 6. the customer was registered in EF with a corresponding activity reflecting the correct funding source.
 - d. Determined whether costs were properly classified and traced to general ledger postings.

There were no findings or observations identified as a result of applying the procedures above to the sample selected.

3. We selected a random sample of four WIOA On-the-Job Training (OJT) payments from the period ended February 28, 2023, and performed the following for a random sample of employer invoices included with the payment:
- a. Confirmed the mathematical accuracy.
 - b. Determined whether the amount invoiced/reimbursed agreed with the OJT agreement/training plan.
 - c. Determined whether appropriate documentation as required by the contract/agreement was submitted to support payment.
 - d. For a sample of customers identified on the invoice, we determined whether:
 - 1. the customer was properly registered in Employ Florida (EF);
 - 2. an OJT activity was recorded; and

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3. the employment wage rate at case closure agreed with the information provided by the employer, if applicable.
- e. Traced the payment to the general ledger.
- f. Determined whether the check contained authorized signatures and endorsement agreed to payee, or bank guaranteed lack of endorsement, if applicable.

The Porch Factory LLC (ck# 82250, \$900.00)
Containing Luxury, LLC (ck# 82370, \$914.80)
Martin Health Systems (ck# 82374, \$3,307.50)
OX of South Florida, Inc. (ck# 82375, \$1,653.00)

There were no findings or observations identified as a result of applying the procedures above to the sample selected.

Support Service Cards

1. Through inquiry of CareerSource staff, we obtained an understanding of the current support service cards purchasing, issuance, tracking, and reconciliation processes utilized.
2. We selected a random sample of WTP customers receiving support service cards during this program year (January 2023) to determine whether the service and amounts were properly documented in OSST and Gazelle, supported by appropriate documentation, and agreed to the issuance per the Master Tracking Log Spreadsheet.

There were no findings or observations identified as a result of applying the procedures above to the sample selected.

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II. Subrecipient Financial

Subrecipient Audit Review

1. We inspected the following audit reports submitted by CareerSource's subrecipients:

- Eckerd Youth Alternatives, Inc. – 6/30/2022

There were no findings or observations identified as a result of applying the procedures above to the sample selected.

Subrecipient Payment Request

1. We obtained a list of subrecipients for PY 2022-2023 and, based on this list, selected the most recent payment request submitted by Eckerd Youth Alternatives for the WIOA Youth grant (month of January 2023) and performed the following:

- a. Confirmed the mathematical accuracy.
- b. Traced line-item costs to the subrecipient's general ledger.
- c. For a random sample of payroll disbursements, obtained the supporting detail by employee salary and related benefits to determine whether the costs were allowable and properly allocated, and whether payroll allocation percentages recalculated and traced to supporting documentation and PARs (Personnel Activity Reports).
- d. For a random sample of operating and travel disbursements, determined whether the costs were supported by appropriate documentation and proof of payment and that they were allowable and properly allocated and classified.
- e. Determined whether costs were charged/allocated in accordance with the subrecipient's Cost Allocation Plan.
- f. Determined whether indirect costs were properly billed.
- g. Determined whether the subrecipient adhered to the line-item contract budget.
- h. Determined whether costs were properly reported between WIOA In-School and Out-of-School Youth.
- i. Traced the payment to the CareerSource's general ledger posting.
- j. Determined whether the contract was posted on CareerSource's website in accordance with the DEO agreement.

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There were no findings or observations identified as a result of applying the procedures above to the subrecipient payment request selected.

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III. WIOA Adult/DW and NDWG

File/System Review

1. We selected a random sample of 10 WIOA Adult and Dislocated Worker customers from new enrollments in Employ Florida (EF) during PY22-23 and inspected customer files and EF for evidence of eligibility and program documentation, using information on DEO's 2022-2023 WIOA Adult/DW Programmatic Review Tool.

There were no findings or observations identified as a result of applying the procedures above to the sample selected.

2. We selected a random sample of four NDWG Hurricane Ian customers from new enrollments in Employ Florida (EF) during PY22-23 and inspected customer files and EF for evidence of eligibility and program documentation, using information on DEO's 2022-2023 WIOA Special Project Programmatic Review Tool.

There were no findings or observations identified as a result of applying the procedures above to the sample selected.

3. We selected a random sample of four WIOA Adult and Dislocated Worker customers whose cases exited during PY21-22 and PY22-23 and inspected customer files and EF for evidence of proper case closure and follow-up, using information on DEO's 2022-2023 WIOA Adult/DW Programmatic Review Tool.

There were no findings or observations identified as a result of applying the procedures above to the sample selected.

IV. WIOA Youth

File/System Review

1. We selected a random sample of eight WIOA Youth customers served by Eckerd Connects from enrollments in Employ Florida (EF) during PY22-23 and inspected customer files and EF for evidence of eligibility and program documentation, using information on DEO's 2022-2023 WIOA Youth Programmatic Review Tool.

There were no findings or observations identified as a result of applying the procedures above to the sample selected.

2. We selected a random sample of three WIOA Youth customers served by Eckerd Connects whose cases exited during PY21-22 and PY22-23 and inspected customer files and EF for evidence of proper case closure and follow-up, using information on DEO's 2022-2023 WIOA Youth Programmatic Review Tool.

There were no findings or observations identified as a result of applying the procedures above to the sample selected.

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FOR MANAGEMENT DISCUSSION PURPOSES ONLY

V. Wagner-Peyser

Services Review

1. We selected a random sample of 20 Wagner-Peyser customers from Employ Florida (EF) and inspected documentation in EF for the period November 1, 2022, through March 27, 2023, to determine whether proper procedures were followed and the services provided were properly documented, using DEO's 2022-2023 Wagner-Peyser Programmatic Review Tool.

Findings:

There were no findings identified as a result of applying the procedures above to the sample selected, except for:

1. For the following Veteran customer, an EDP update was not recorded at a minimum of every 30 days after being created in EF:

Customer	EF ID#	Center
M.S	11617863	Port St. Lucie

Recommendation:

When an EDP is created for a customer, staff should ensure that it is updated within 30 days and at a minimum of every 30 days thereafter.

Observations:

As a result of applying the procedures to the sample selected, we observed the following that should be addressed to improve case management, case file documentation, and system information:

1. For the following customer for whom a job development service was recorded, information required to be documented in a case note was missing in EF:

Customer	EF ID#	Center
R.P.	14568285	Martin

Recommendation:

When job development services are provided to customers, the following information should be recorded by staff in EF:

- Employer's name, phone number and address
- Date of contact
- Position/title of job

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Job Order Review

1. We selected a random sample of 10 Wagner-Peyser job orders with open dates of January 1, 2023, or subsequent and inspected the job orders documented in EF, using information on DEO's 2022-2023 Wagner-Peyser Programmatic Review Tool to determine whether proper procedures were followed.

Findings:

There were no findings identified as a result of applying the procedures above to the sample selected, except for:

1. The following job order did not comply with EEO laws regarding restrictions that are not bona-fide occupational qualifications:

Job Order	Comments
12155603	Inappropriate requirement – must pass with a clean drug and background check

Recommendation:

Staff should ensure each job order is properly verified and reviewed for inappropriate requirements prior to posting the job order in EF. No further corrective action is needed as the job order language was corrected during fieldwork.

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FOR MANAGEMENT DISCUSSION PURPOSES ONLY

VI. Reemployment Services and Eligibility Assessment (RESEA)

File/System Review

1. For a random sample of five RESEA customers for the period November 1, 2022, through March 27, 2023, we inspected the services documented in Employ Florida, using information on DEO's 2022-2023 Wagner-Peyser Programmatic Review Tool for RESEA to determine whether proper procedures were followed.

There were no findings identified as a result of applying the procedures above to the sample selected,

Observations:

As a result of applying the procedures to the sample selected, we observed the following that should be addressed to improve case management, case file documentation, and system information:

1. For the following customer, the EDP listed an erroneous specific long-range occupational goal:

Customer	EF ID#	Center
C.M.	13300514	Port St. Lucie

Recommendation:

Staff should ensure that specific short- and long-term occupational goals are listed on the customer's EDP.

VII. Welfare Transition Program (WTP)

File/System Review

1. We selected a random sample of 15 cases that were active in the Welfare Transition Program (WTP) during the period January 1, 2023, through March 30, 2023, and utilized information on the 2022-2023 WTP Monitoring Tool developed by DEO to inspect the State system (OSST) and case files for evidence of compliance.

There were no findings identified as a result of applying the procedures above to the sample selected.

Observations:

1. As a result of applying the procedures to the sample selected, we observed the following issues that should be addressed to improve case management, case file documentation, and system information:

Orientation/Assessment

- The highest grade completed for participant N.C. (OSST ID# 4906305) was missing from OSST.

IRPs

- The steps to self-sufficiency on the IRPs for participant S.W. (OSST ID# 7489) did not clearly identify the assigned work activity or the number of hours assigned to complete weekly or monthly.

Employment

- An employment follow-up (30-day) was missing from the OSST Employment Follow-Up Record for participant T.S. (OSST ID# 4904354).

Case Management

- Case notes did not provide a clear picture of what was happening with the cases:

Participant	OSST ID#
S.W.	7489
A.K.	4912145

Pre-penalties and Sanctions

- A pre-penalty was not initiated in a timely manner for participant M.R. (OSST ID# 4795153).
- Incorrect pre-penalty termination dates were entered in OSST. Upon determining good cause, the pre-penalties should have been terminated with the date of the supposed failure:

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Participant	OSST ID#
N.C.	4906305
S.W.	7489
C.A.	4888167

Recommendation:

Specific details related to the observations are noted by case on the THMP monitoring work papers provided to CareerSource. In an effort to promote continuous improvement, case managers, supervisors, and management should review the above comments, as well as work papers provided to CareerSource, and take action to improve WTP case management, file documentation, and system information.

2. We selected a random sample of one case that was listed as Transitional in the Welfare Transition Program during the period January 1, 2023, through March 27, 2023, and utilized information on the 2022-2023 WTP Monitoring Tool developed by DEO to inspect case file and determine whether the participant was eligible for the transitional services provided and case was properly processed.

There were no findings identified as a result of applying the procedures above to the sample selected.

Observations:

1. As a result of applying the procedures to the case selected, J.W. (OSST ID# 1745049), we observed the following issues that should be addressed to improve case management, case file documentation, and system information:
 - The case status in OSST was erroneously changed from Applicant status to Transitional status.
 - Case notes did not provide a clear picture of what was happening with the case.

Recommendation:

In an effort to promote continuous improvement, case managers, supervisors, and management should review the above comments and take action to improve case management, file documentation, and system information.

AGENDA ITEM SUMMARY

Title	Board of Directors Membership Re-Certification
Strategic Plans/Goals	Administration & Strategic Planning
Policy/Plan/Law	Inter-local Agreement
Action Requested	Information Only - Review Membership Re-Certification
Background	<p>Board Members shall be appointed for fixed and staggered terms and may serve until their successors are appointed. After the initial staggered terms, the terms of Workforce Development Board Members shall be four (4) years. Any vacancy in the membership of the Workforce Development Board shall be filled in the same manner as the original appointment. Members may be reappointed for successive terms if the sponsoring organization agrees. Any member of the Workforce Development Board may be removed for cause in accordance with procedures established by the Workforce Development Board.</p>
Staff Recommendations	<p>Review of membership re-certification for Pamela Burchell (BU), Wayne Olson (GRVRD), Dr. Timothy Moore (WOY/ETPC), Lorna Landherr (BU), Jose Capellan (WOV/GRO), Pete Tesch (BU/GRED), Jim Brann (BU)</p> <ul style="list-style-type: none"> • BU - Business • GRVRD - Government Representative-Vocational Rehabilitation • WOY - Workforce Community-Based Organization Representing Youth • EPTC - Education and Training Provider-Institute of Higher Learning • WOY - Workforce Community-Based Organization Representing Veterans • GRO - Government Representative • GRED - Government Representative Economic Development
Supporting Material	LWDB Membership Roster PY23-24
Board Staff	<p>Brian Bauer President/CEO bbauer@careersourcerc.com (800) 482-4473 ext. 418</p>

LOCAL WORKFORCE DEVELOPMENT BOARD (LWDB) MEMBERSHIP PY 23-24

LOCAL WORKFORCE DEVELOPMENT BOARD NAME: CareerSource Research Coast - 20

NAME OF LWDB MEMBERS	AREA(S) OF REPRESENTATION	NOMINATING ORGANIZATION	ORIGINAL APPOINTMENT	PERIOD OF APPOINTMENT	RENEWAL DATE	TERM LIMIT
Werner Bols	BU - Business	Bols Construction	07/01/83	07/01/22 06/30/26	07/01/26	06/30/29
Pamela Burchell	BU - Business	Cleveland Clinic Indian River Medical Center	01/28/08	07/01/23 06/30/27	07/01/27	06/30/29
Helene Caseltine	BU - Business GRED - Government Rep-Economic Development	IRC Chamber of Commerce	07/01/12	07/01/21 06/30/24	07/01/24	06/30/29
Robert Cenk	BU - Business	Ce. Ce. Contracting	09/28/15	07/01/21 06/30/24	07/01/24	06/30/29
Wayne Olson	GRVRD - Government Representative-VR	DOE - Vocational Rehabilitation	09/01/11	07/01/23 06/30/27	07/01/27	06/30/29
Vacant (Pam H.)	BU - Business		07/01/23	07/01/23 06/30/27	07/01/27	06/30/31
Dr. Tim Moore	WOY - Workforce-Community Based Organization Representing Youth ETPC - Education and Training Provider - Higher Ed.	Indian River State College	08/01/20	07/01/23 06/30/27	07/01/27	N/A
Mike Kauffman	WOLO - Workforce-Labor Organization WOJ - Workforce-Joint Labor Mgmt.Apprenticeship Program	Local 402 Ironworkers	07/01/22	07/01/22 06/30/26	07/01/26	06/30/30
Terrance Moore	BU - Business	Moore Solutions Inc.	07/01/12	07/01/21 06/30/24	07/01/24	06/30/29
Lorna Landherr	BU - Business	Cleveland Clinic Martin Health Systems	07/01/23	07/01/23 06/30/27	07/01/27	06/30/31
Dr. Jon Prince	WOY - Workforce-Community-Based Organization Representing Youth WOJ - Workforce-Joint Labor Mgmt. Apprenticeship Program	St. Lucie Public Schools	07/01/22	07/01/22 06/30/26	07/01/26	N/A

NAME OF LWDB MEMBERS	AREA(S) OF REPRESENTATION	NOMINATING ORGANIZATION	ORIGINAL APPOINTMENT	PERIOD OF APPOINTMENT		RENEWAL DATE	TERM LIMIT
Vacant (Jeanne McCall)	BU - Business		07/01/23	07/01/23	06/30/27	07/01/27	06/30/31
David Freeland	WOLO - Workforce-Labor Organization	SLC Classroom Teachers' Organization	04/01/18	07/01/21	06/30/24	07/01/24	N/A
Jose Capellan	WOV - Workforce-Community Based Organization Representing Veterans GRO - Government Rep-Other	SLC Veteran Services	11/01/20	07/01/23	06/30/27	07/01/27	N/A
Peter Tesch	BU - Business GRED - Government Rep-Economic Development	SLC EDC	06/25/14	07/01/23	06/30/27	07/01/27	06/30/29
Larry Leet	GRO - Government Representative-Other	SLC BOCC	11/01/22	01/01/23	12/31/23	01/01/24	N/A
Maddie Williams	BU - Business	Treasure Coast Builders Association	09/28/15	07/01/21	06/30/24	07/01/24	06/30/29
Dr. David Moore	WOY - Workforce-Community Based Organizations Representing Youth ETPA - Education & Training Provider	Indian River County School District	07/01/16	07/01/21	06/30/24	07/01/24	N/A
Vacant (Angela Williams)	BU - Business		07/01/23	07/01/23	06/30/27	07/01/27	06/30/31
Leslie Kristof	BU - Business ETPC - Education and Training Provider - Higher Ed.	Keiser University	07/26/18	07/01/21	06/30/24	07/01/24	06/30/29
Vacant (Jill Hansen)	BU - Business		07/01/23	07/01/23	06/30/27	07/01/27	06/30/31
Vacant (Larry Hawes)	BU - Business		07/01/23	07/01/23	06/30/27	07/01/27	06/30/31
Jim Brann	BU - Business	The Porch Factory	03/11/20	07/01/23	06/30/27	07/01/27	06/30/29
Michael Maine	WOY - Workforce-Community-Based Organizations Representing Youth ETPA - Education and Training Provider - Adult Ed.	Martin County School District	07/01/23	07/01/23	06/30/27	07/01/27	N/A

AREA(S) OF REPRESENTATION CODES

BU – Business

WOLO – Workforce-Labor Organization

WOJ – Workforce-Joint labor-management Apprenticeship Program

WOD – Workforce-Community-based Organizations representing Individuals with Disabilities (optional)

WOV – Workforce-Community-based Organizations representing Veterans (optional)

WOY – Workforce-Community-based Organizations representing Youth (optional) ETPA – Education and Training Provider-Adult Education and Literacy

ETPC – Education and Training Provider-Institution of Higher Education ETPO – Education and Training Provider-Other Providers (optional) GRED – Government Representative-Economic Development

GRES – Government Representative-Employment Service GRVRD – Government Representative-Vocational Rehabilitation GRO – Government Representative-Other (optional)

OTHER – Other (please specific group/program being represented) (optional)

NOTE: No less than 20% of the members shall be representatives of the workforce within the LWDA be in Labor/Apprenticeships. (WOLO, WOJ, WOD, WOV, WOY