



Executive Committee

MEETING AGENDA

Meeting Details

Date: Friday, May 17, 2024

Time: 8:00 a.m.

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

MS Teams Virtual Meeting Access:

Access Code: 101 416 875#

Phone: 772-800-5467

URL: [Join the meeting now](#)

Opening Remarks

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

Voting Items

3. Review and Approve March Financial Reports - PY 2023-2024
4. Review and Approve Board/Committee Schedule - PY 2024-2025
5. Review and Approve CSRC Paid Holidays/Compressed Work Schedule - PY 2024-2025
6. Review and Approve Board Member Contract/COI Exemption Requests - PY 2024-2025
7. Review and Approve Slate of Officers - PY 2024-2025

Information/Discussion

8. Taylor, Hall, Miller, and Parker (THMP) Monitoring Report - March 28, 2024
9. Ad Hoc Search Committee - Board Membership
10. Planning Allocation Draft PY 2024-2025
11. Regional Planning Area (RPA) Update
 - a. RPA Project Update and Feedback Request
12. Hope Florida Initiative - Outreach
13. CareerSource Florida Board/Council Meetings June 16-18, 2024
14. WIOA Four-Year Plan Development - Planning Sessions
15. Adjournment - Next Executive Committee Meeting June 14, 2024

AGENDA ITEM SUMMARY

Title	Declarations of Conflict of Interest
Strategic	N/A
Plans/Goals	Public Law 105-220
Policy/Plan/Law	Information Only
Background/Action Requested	In the event that a conflict of interest arises due to business or employment interests of associates or close family members, a Regional Workforce Development Board member would be required to reveal that conflict, to refrain from voting on the issue and to file a memorandum of voting conflict Commission Form 8B
Staff Recommendations	Conflict of Interest Statement Form
Supporting Material	8B Memorandum of Voting Conflict
Board Staff	Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418

collaborate.

innovate.

lead.

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, _____, hereby disclose that on _____, 20: ____

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 _____, 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	Review and Approve Financial Report
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 March Financial Report - PY 2023-2024
Background	The Board approved the budget for PY 2023-2024. The Executive Committee regularly reviews budgets, all amendments to the budget, and monthly expenditures.
Staff Recommendations	Review and Approve March Financial Report
Supporting Material	Monthly Financial Report
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, 2024

PY 23-24 TOTAL AVAILABLE FUNDING	INDIRECT	10 ADULT	12 DW	11 YOUTH	20 WP	22 SNAP	24 LVER	25 DVOP	271 RESEA	40 WTP	470 Apprent Navigator
PY 23-24 Allocations		\$ 1,020,696	\$ 768,878	\$ 890,940	\$ 812,239	\$ 405,841	\$ 126,167	\$ 166,108	\$ 398,384	\$ 995,764	\$ 62,499
PY 23-24Supplemental		\$ -	\$ 164,384	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrestricted Funds Earned this year		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Funds		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retained by DEO for Merit Salaries		\$ -	\$ -	\$ -	\$ (354,062)	\$ -	\$ (78,699)	\$ (91,213)	\$ -	\$ -	\$ -
Carryforward to PY 24-25		\$ -	\$ (919,443)	\$ (482,276)	\$ (114,544)	\$ (188,152)	\$ (37,396)	\$ (58,704)	\$ (51,322)	\$ (163,614)	\$ -
Carryforward from PY 22-23		\$ 286,364	\$ 869,768	\$ 568,110	\$ 81,565	\$ 130,534	\$ 20,463	\$ 24,529	\$ 134,912	\$ 146,600	\$ -
TOTAL	\$ -	\$ 1,307,060	\$ 883,587	\$ 976,774	\$ 425,197	\$ 348,223	\$ 30,535	\$ 40,720	\$ 481,974	\$ 978,750	\$ 62,499
FUNDING DRAWN DOWN YTD											
FUNDING DRAWN DOWN YTD	INDIRECT	10 ADULT	12 DW	11 YOUTH	20 WP	22 SNAP	24 LVER	25 DVOP	271 RESEA	40 WTP	470 Apprent Navigator
PY 23-24 Allocations		\$ 470,000	\$ 87,000	\$ 21,967	\$ 245,977	\$ 138,873	\$ 12,484	\$ 8,118	\$ 200,700	\$ 370,011	\$ 62,499
PY 23-24Supplemental		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrestricted Funds Earned this year		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Funds		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retained by DEO for Merit Salaries		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward to PY 24-25		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward from PY 22-23		\$ 286,364	\$ 869,768	\$ 568,110	\$ 81,565	\$ 54,168	\$ 20,463	\$ 24,529	\$ 134,912	\$ 146,600	\$ -
TOTAL		\$ 756,364	\$ 956,768	\$ 590,077	\$ 327,542	\$ 193,041	\$ 32,947	\$ 32,647	\$ 335,612	\$ 516,611	\$ 62,499
% of Total Budgeted Funding Received		57.87%	108.28%	60.41%	77.03%	55.44%	107.90%	80.18%	69.63%	52.78%	0.00%
EXPENDITURES											
Administrative	\$ 0	\$ 75,435	\$ 116,924	\$ 14,176	\$ 79,023	\$ 26,372	\$ 3,295	\$ 2,849	\$ 45,531	\$ 70,111	\$ 8,494
Salaries and Benefits	\$ 347,498	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
General and Administrative	\$ 161,031	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allocated Indirect Costs	\$ (508,529)	\$ 235,722	\$ 27,613	\$ 14,176	\$ 8,047	\$ 26,372	\$ 3,295	\$ 2,849	\$ 45,531	\$ 70,111	\$ 8,494
Reclassification	\$ -	\$ (160,287)	\$ 89,310	\$ -	\$ 70,977	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Training	\$ 0	\$ 664,218	\$ 823,332	\$ 623,135	\$ 244,232	\$ 171,557	\$ 30,217	\$ 28,580	\$ 292,343	\$ 451,429	\$ 54,005
WIOA Youth Contracts	\$ -	\$ -	\$ -	\$ 512,588	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries and Benefits	\$ 190,947	\$ 764,231	\$ 92,138	\$ 16,316	\$ 18,459	\$ 101,670	\$ 4,613	\$ 4,862	\$ 195,544	\$ 285,528	\$ 41,545
Contract Labor	\$ -	\$ 18,575	\$ 10,781	\$ -	\$ 26	\$ 24,242	\$ 12	\$ 9	\$ 22,180	\$ 24,551	\$ 421
Internship	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Incentives/Stipends	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,725	\$ -
Support Services Non-ITA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,971	\$ -
Support Services ITA	\$ -	\$ 5,620	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-ITA/OST/TAA	\$ -	\$ 175,343	\$ 25,128	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 75	\$ -
Training-OJT	\$ -	\$ 182,792	\$ 7,558	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-Cust./Employed Worker	\$ -	\$ 17,097	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
WEX/ Internships/ Participant Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 1,171	\$ 5,884	\$ 827	\$ 731	\$ 1,955	\$ 1,098	\$ 5,350	\$ 2,494	\$ 1,393	\$ 2,467	\$ 557
One Stop Shared Costs	\$ -	\$ 102,327	\$ 13,169	\$ 513	\$ 30,734	\$ 17,878	\$ 16,415	\$ 17,753	\$ 34,165	\$ 41,578	\$ 6,259
Other Operating Expenses	\$ 38,698	\$ 98,885	\$ 12,159	\$ 86,553	\$ 25,170	\$ 14,698	\$ 2,331	\$ 2,168	\$ 18,396	\$ 60,711	\$ 1,112
Allocated Program Indirect	\$ (230,817)	\$ 106,992	\$ 12,533	\$ 6,434	\$ 3,652	\$ 11,970	\$ 1,496	\$ 1,293	\$ 20,666	\$ 31,823	\$ 3,855
Reclassification	\$ -	\$ (813,528)	\$ 649,039	\$ -	\$ 164,234	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 255
Total Expenditures	\$ 0	\$ 739,653	\$ 940,256	\$ 637,311	\$ 323,255	\$ 197,929	\$ 33,512	\$ 31,430	\$ 337,874	\$ 521,540	\$ 62,499
Funding Over/(under) expenditures	\$ 0	\$ 16,711	\$ 16,512	\$ (47,234)	\$ 4,287	\$ (4,888)	\$ (565)	\$ 1,218	\$ (2,262)	\$ (4,929)	\$ -
YTD % of Budgeted Funds Expended		56.59%	106.41%	65.25%	76.02%	56.84%	109.75%	77.19%	70.10%	53.29%	0.00%

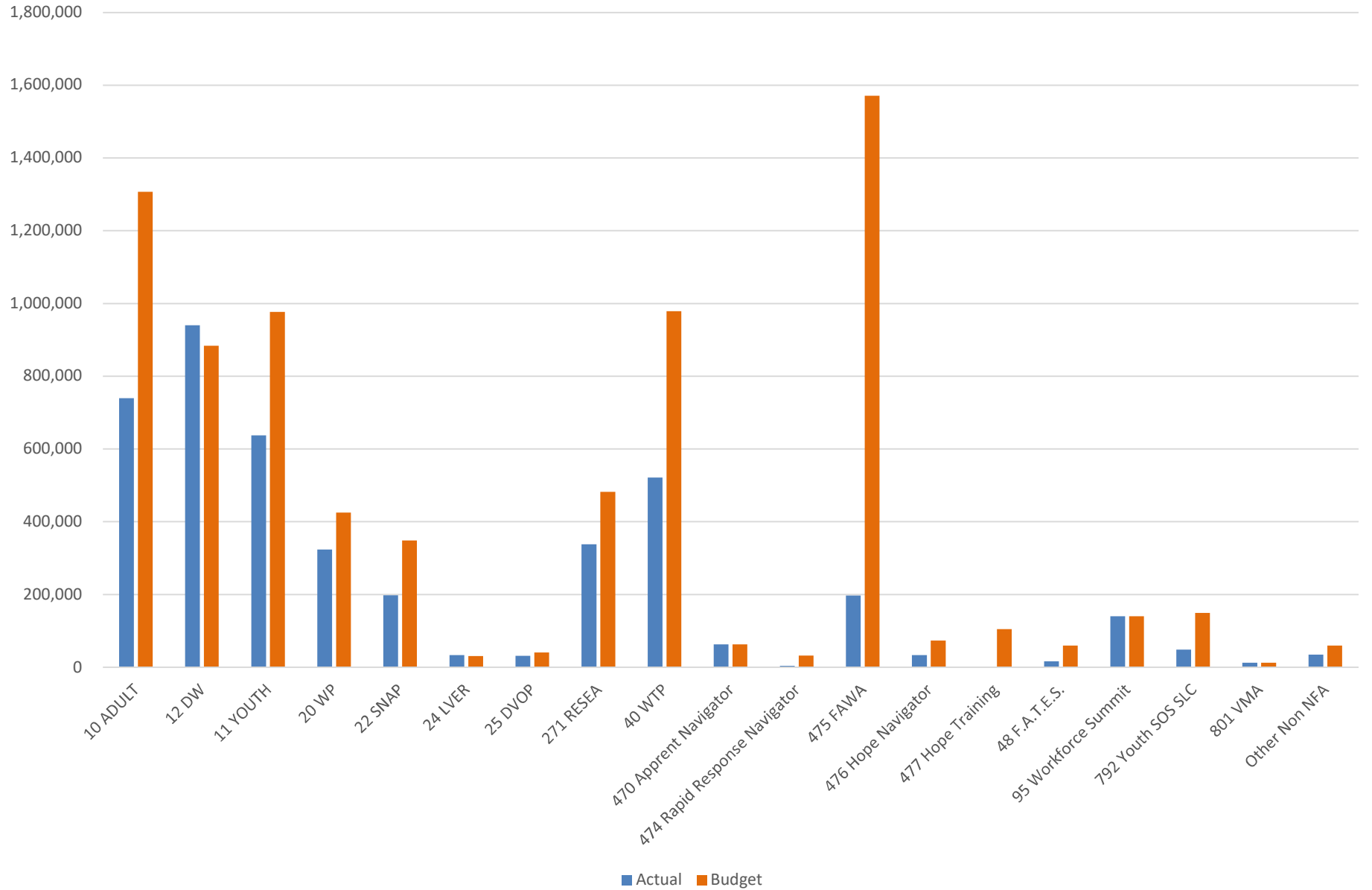
LWDB 20
Summary of Funding and Expenditures
As of March 31, 2024

PY 23-24 TOTAL AVAILABLE FUNDING	474 Rapid Response Navigator	475 FAWA	476 Hope Navigator	477 Hope Training	48 F.A.T.E.S.	95 Workforce Summit	792 Youth SOS SLC	801 VMA	Other Non NFA
PY 23-24 Allocations	\$ 75,000	\$ -	\$ 73,283	\$ 104,686	\$ -	\$ 140,000	\$ -	\$ 12,024	\$ -
PY 23-24 Supplemental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrestricted Funds Earned this year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 60,046
Additional Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 149,230	\$ -	\$ -
Retained by DEO for Merit Salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward to PY 24-25	\$ (42,940)	\$ (1,189,515)	\$ -	\$ -	\$ (97,043)	\$ -	\$ -	\$ -	\$ -
Carryforward from PY 22-23	\$ -	\$ 2,760,541	\$ -	\$ -	\$ 156,308	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 32,060	\$ 1,571,026	\$ 73,283	\$ 104,686	\$ 59,265	\$ 140,000	\$ 149,230	\$ 12,024	\$ 60,046
FUNDING DRAWN DOWN YTD									
FUNDING DRAWN DOWN YTD	474 Rapid Response Navigator	475 FAWA	476 Hope Navigator	477 Hope Training	48 F.A.T.E.S.	95 Workforce Summit	792 Youth SOS SLC	801 VMA	Other Non NFA
PY 23-24 Allocations	\$ 4,700	\$ -	\$ 26,600	\$ 204	\$ -	\$ 140,000	\$ -	\$ 12,024	\$ -
PY 23-24 Supplemental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrestricted Funds Earned this year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 36,850
Additional Funds	\$ -	\$ -	\$ -	\$ -	\$ 156,308	\$ -	\$ 39,944	\$ -	\$ -
Retained by DEO for Merit Salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward to PY 24-25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward from PY 22-23	\$ -	\$ 189,741	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 4,700	\$ 189,741	\$ 26,600	\$ 204	\$ 156,308	\$ 140,000	\$ 39,944	\$ 12,024	\$ 36,850
% of Total Budgeted Funding Received	14.66%	12.08%	36.30%	0.20%	263.74%	0.00%	26.77%	100.00%	61.37%
EXPENDITURES									
Administrative	\$ 502	\$ 27,248	\$ 4,530	\$ 27	\$ 2,306	\$ 20,412	\$ 6,887	\$ -	\$ 4,408
Salaries and Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
General and Administrative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allocated Indirect Costs	\$ 502	\$ 27,248	\$ 4,530	\$ 27	\$ 2,306	\$ 20,412	\$ 6,887	\$ -	\$ 4,408
Reclassification	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Training	\$ 3,236	\$ 169,870	\$ 28,722	\$ 178	\$ 14,248	\$ 119,807	\$ 41,549	\$ 12,024	\$ 30,052
WIOA Youth Contracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries and Benefits	\$ 2,585	\$ 96,846	\$ 22,591	\$ 132	\$ 3,387	\$ -	\$ 3,598	\$ -	\$ 11,655
Contract Labor	\$ 9	\$ 1,490	\$ 194	\$ -	\$ 47	\$ -	\$ -	\$ -	\$ -
Internship	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Incentives/Stipends	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Support Services Non-ITA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Support Services ITA	\$ -	\$ -	\$ -	\$ -	\$ 1,017	\$ -	\$ -	\$ -	\$ -
Training-ITA/OST/TAA	\$ -	\$ -	\$ -	\$ -	\$ 6,946	\$ -	\$ -	\$ -	\$ -
Training-OJT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-Cust./Employed Worker	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,274
WEX/ Internships/ Participant Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 31,733	\$ -	\$ -
Travel	\$ 4	\$ 1,031	\$ 86	\$ 1	\$ 12	\$ -	\$ -	\$ -	\$ 795
One Stop Shared Costs	\$ 51	\$ 16,078	\$ 2,831	\$ 30	\$ 795	\$ -	\$ 1,689	\$ -	\$ 5,799
Other Operating Expenses	\$ 359	\$ 42,058	\$ 963	\$ 2	\$ 998	\$ 110,542	\$ 1,404	\$ 12,024	\$ 5,528
Allocated Program Indirect	\$ 228	\$ 12,367	\$ 2,056	\$ 12	\$ 1,047	\$ 9,265	\$ 3,126	\$ -	\$ 2,001
Reclassification	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures	\$ 3,738	\$ 197,118	\$ 33,252	\$ 205	\$ 16,554	\$ 140,219	\$ 48,436	\$ 12,024	\$ 34,460
Funding Over/(under) expenditures	\$ 962	\$ (7,377)	\$ (6,652)	\$ (0)	\$ 139,754	\$ (219)	\$ (8,492)	\$ -	\$ 2,390
YTD % of Budgeted Funds Expended	11.66%	12.55%	45.38%	0.20%	27.93%	0.00%	32.46%	100.00%	57.39%

LWDB 20
Summary of Funding and Expenditures
As of March 31, 2024

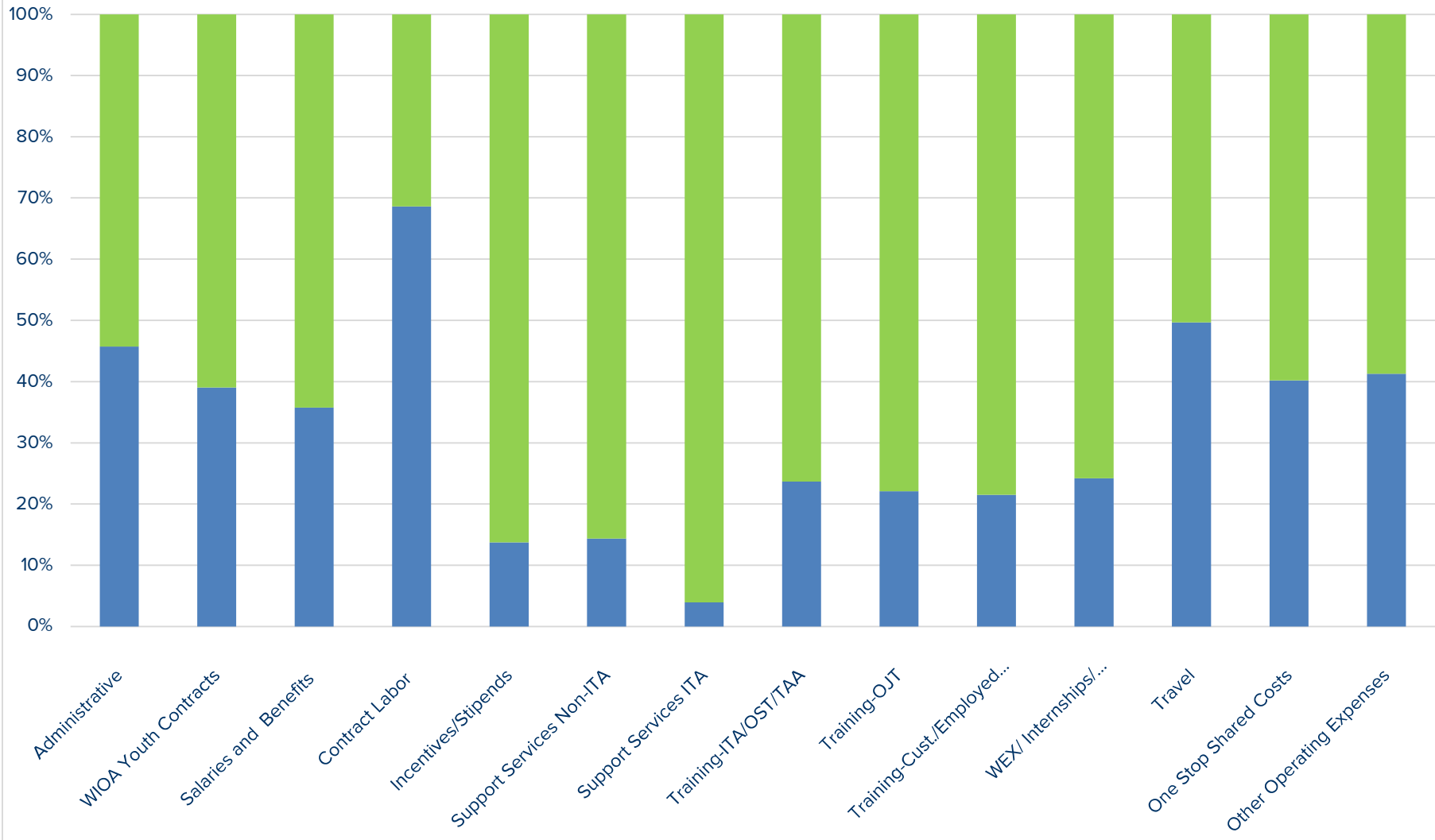
PY 23-24 TOTAL AVAILABLE FUNDING	YEAR TO DATE TOTALS			
PY 23-24 Allocations		\$	6,052,509	
PY 23-24 Supplemental		\$	164,384	
Unrestricted Funds Earned this year		\$	60,046	
Additional Funds		\$	149,230	
Retained by DEO for Merit Salaries		\$	(523,974)	
Carryforward to PY 24-25		\$	(3,344,949)	
Carryforward from PY 22-23		\$	5,179,694	
TOTAL		\$	7,736,939	
FUNDING DRAWN DOWN YTD				
	PY 23-24 Actual	PY 23-24 Budget	VARIANCE	% Expended
PY 23-24 Allocations	\$ 1,801,158	\$ 6,052,509	\$ 4,251,351	29.759%
PY 23-24 Supplemental	\$ -	\$ 164,384	\$ 164,384	0.000%
Unrestricted Funds Earned this year	\$ 36,850	\$ 60,046	\$ 23,196	61.370%
Additional Funds	\$ 196,252	\$ 149,230	\$ (47,022)	131.510%
Retained by DEO for Merit Salaries	\$ -	\$ (523,974)	\$ (523,974)	
Carryforward to PY 24-25	\$ -	\$ (3,344,949)	\$ (3,344,949)	
Carryforward from PY 22-23	\$ 2,376,219	\$ 5,179,694	\$ 2,803,475	45.876%
TOTAL	\$ 4,410,479	\$ 7,736,939	\$ 3,326,460	57.005%
% of Total Budgeted Funding Received	57.01%			
EXPENDITURES				
	PY 23-24 Actual	PY 23-24 Budget	VARIANCE	% Expended
Administrative	\$ 508,529	\$ 603,121	\$ 94,592	84.32%
Salaries and Benefits	\$ 347,498	\$ 515,350	\$ 167,853	67.43%
General and Administrative	\$ 161,031	\$ 86,486	\$ (74,545)	186.19%
Allocated Indirect Costs	\$ -	\$ 1,284	\$ 1,284	
Reclassification	\$ (0)	\$ -	\$ (0)	
Travel	\$ -	\$ -	\$ -	
Program Training	\$ 3,802,735	\$ 7,133,188	\$ 3,330,453	53.3%
WIOA Youth Contracts	\$ 512,588	\$ 800,000	\$ 287,412	64.1%
Salaries and Benefits	\$ 1,856,649	\$ 3,334,621	\$ 1,477,972	55.7%
Contract Labor	\$ 102,536	\$ 46,903	\$ (55,633)	218.6%
Internship	\$ -	\$ -	\$ -	
Incentives/Stipends	\$ 2,725	\$ 17,126	\$ 14,401	15.9%
Support Services Non-ITA	\$ 1,971	\$ 11,759	\$ 9,788	16.8%
Support Services ITA	\$ 6,637	\$ 161,500	\$ 154,863	4.1%
Training-ITA/OST/TAA	\$ 207,492	\$ 668,415	\$ 460,922	31.0%
Training-OJT	\$ 190,350	\$ 670,424	\$ 480,074	28.4%
Training-Cust./Employed Worker	\$ 21,371	\$ 78,000	\$ 56,629	27.4%
WEX/ Internships/ Participant Wages	\$ 31,733	\$ 99,226	\$ 67,493	32.0%
Travel	\$ 25,856	\$ 26,215	\$ 359	98.6%
One Stop Shared Costs	\$ 308,066	\$ 458,387	\$ 150,322	67.2%
Other Operating Expenses	\$ 534,762	\$ 760,611	\$ 225,849	70.3%
Allocated Program Indirect	\$ (0)	\$ 0	\$ -	
Reclassification	\$ 0	\$ -	\$ 0	
Total Expenditures	\$ 4,311,264	\$ 7,736,309	\$ 3,425,045	55.7%
Funding Over/(under) expenditures	\$ 99,215			
YTD % of Budgeted Funds Expended	55.72%			

Budget vs Actual by Program



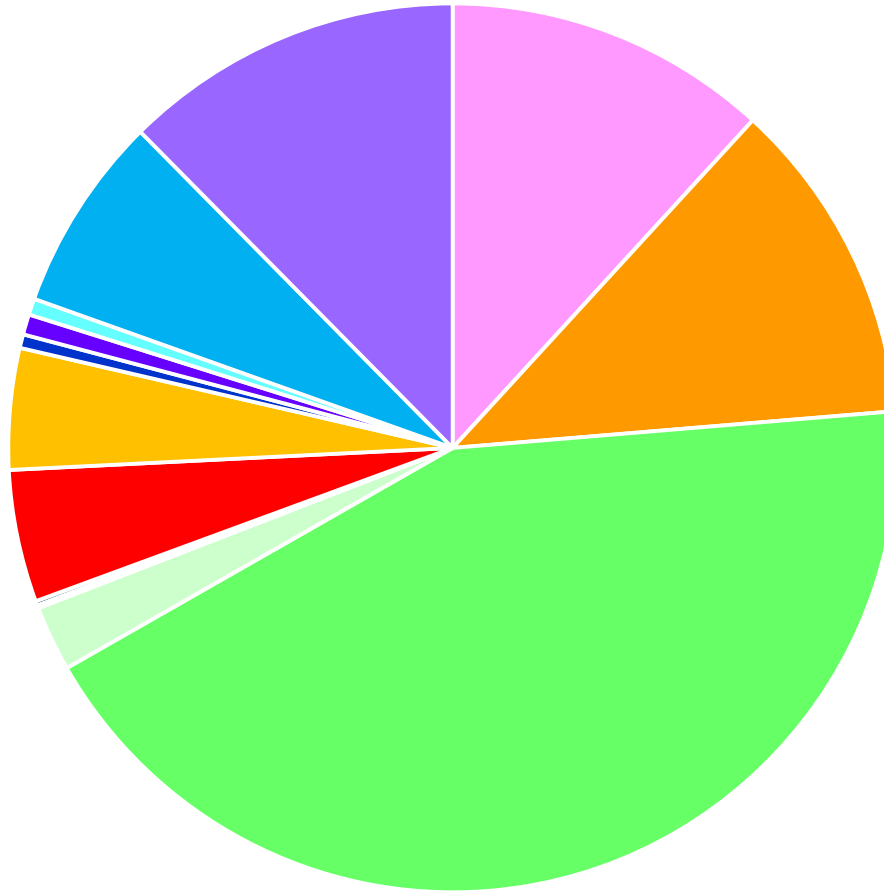
Budget to Actual by Expenditure Category as of March 31, 2024

■ PY 23-24 Actual



PY 23-24 Expenditures Actual

- Administrative
- WIOA Youth Contracts
- Salaries and Benefits
- Contract Labor
- Incentives/Stipends
- Support Services Non-ITA
- Support Services ITA
- Training-ITA/OST/TAA
- Training-OJT
- Training-Cust./Employed Worker
- WEX/ Internships/ Participant Wages
- Travel
- One Stop Shared Costs
- Other Operating Expenses



AGENDA ITEM SUMMARY

Title	Board/Committee Schedule - PY 2024 - 2025
Strategic Plans/Goals	N/A
Policy/Plan/Law	By-Laws of The Workforce Board of the Treasure Coast, LWDB 20
Action Requested	Review and Approve Board/Committee Schedule - PY 2024 - 2025
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 2024 - 2025.
Staff Recommendations	Review and Approve Board/Committee Schedule
Supporting Material	Board/Committee Schedule - PY 2024-2025
Board Staff	Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418

Committee/Board Schedule

July '24						
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 '24						
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

September '24						
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					

October '24						
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		

November '24						
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

December '24						
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				

January '25						
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	

February '25						
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	

March '25						
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					

April '25						
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			

May '25						
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

June '25						
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					

- Youth Council meets quarterly at 8:00am on the third Tuesday
- Programs & Services Committee meets quarterly at 8:00am on the last Wednesday (except November)
- Executive Committee meets monthly at 8:00am on the second Friday after the first Tuesday
- Board of Directors meets quarterly at 8:00am on the last Wednesday
- Workforce Readiness Taskforce meets quarterly on the first Thursday

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, special needs, or special accommodations, please contact Jennifer Eimann at (866) 482-4473 x. 418 or via email at jeimann@careersourcerc.com.

AGENDA ITEM SUMMARY

Title	CSRC Paid Holidays & Compressed Work Schedule - PY 2024-2025
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 2024-2025
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 - PY 2024-2025
Supporting Material	Paid Holiday Schedule Memo & Compressed Work ScheduleLink: https://careersourcerc.com/wp-content/uploads/2024/05/Compressed-Work-Schedule-PY24-25-DRAFT2.pdf
Board Staff	Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418

Memorandum

To: Brian K. Bauer

From: Jennifer Eimann

Re: PY24-25 Paid Holiday Schedule

Date: June 26, 2024

APPROVED

By Brian Bauer at 2:11 pm, May 09, 2024

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, Thursday, July 04, 2024
- o Labor Day, Monday, September 02, 2024
- o Veterans Day, Monday, November 11, 2024
- o Thanksgiving, Thursday, November 28, 2024
- o Thanksgiving (Obs.), Friday, November 29, 2024
- o Christmas Day (Obs.), Tuesday, December 24, 2024
- o Christmas Day, Wednesday, December 25, 2024
- o New Year's Day (Obs.), Tuesday, December 31, 2024
- o New Years Day, Wednesday, January 1, 2025
- o Martin Luther King Day, Monday, January 20, 2025
- o President's Day, Monday, February 17, 2025
- o Memorial Day, Monday, May 26, 2025

Accepted by Board Chair: _____

Date: _____

AGENDA ITEM SUMMARY

Title	Review and Approve Board Member CSF Contract/COI Exemption Requests - PY 2024-2025
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 2024-2025
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 2024-2025
Supporting Materials	Board Member CSF Contract/COI Exemption Request/Form 8B - PY2024-20245
Board Staff	<p>Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418</p>

Board Member Contract-COI Exemption Form - 2024-2025

Date	Vendor	Party	Description	Purpose	Expense	State of Florida Approved Vendor	Low Bid	Comments
PY 24-25	Cleveland Clinic Indian River Hospital	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 24-25	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 24-25	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 24-25	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 \$50,000	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 24-25	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 \$25,000	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 24-25	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 24-25	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
PY 24-25	Boys & Girls Club of St. Lucie County	William Armstead	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 TANF Summer Youth Teen Pregnancy Prevention Program	Under \$50,000	n/a	n/a	A contract with a board member receiving a grant for workforce services under federal, state, or other governmental workforce programs.



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 Kristoff, 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 Indian River Hospital, 1000 36th Street, Vero Beach, FL 32960

Contractor Contact Phone Number: 772-789-8536

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

Contract Term: PY 24-25

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 Indian River Hospital, 1000 36th Street, Vero Beach, FL 32960

Contractor Contact Phone Number: 772-789-8536

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.

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, Lorna Landherr, hereby disclose that on June 26, 20: 24

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, Ft. Pierce, FL 34981

Contractor Contact Phone Number: 772-462-4701

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

Contract Term: PY 24-25

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 Provider 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, Ft. Pierce, FL 34981

Contractor Contact Phone Number: n/a

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, Ft. Pierce, FL 34981

Contractor Contact Phone Number: 772-462-4701

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

Contract Term: PY 24-25

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 Provider 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: 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, Ft. 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.

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 26, 2024

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, James 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: PY 24-25

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*

James 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.

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 26, 2024

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: PY 24-25

Value of the Contract with no extensions or renewals exercised: Under \$50,000

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: PY 24-25

Value of the Contract with no extensions or renewals exercised: Under \$50,000

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: Christ 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, Christie Shields, hereby disclose that on June 26, 2024

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 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: James Brann, The Porch Factory, 705 N 39th Street, Ft. Pierce, FL 34947

Contractor Contact Phone Number: 772-465-6772

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

Contract Term: PY 24-25

Value of the Contract with no extensions or renewals exercised: Under \$25,000

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: James 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, James 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: James Brann, The Porch Factory, 705 N 39th Street, Ft. 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

James 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.

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, James Brann, hereby disclose that on June 26, 20: 24

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: Terrance Moore, Moore Solutions, Inc., 1680 SE Lyngate Dr., 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: PY 24-25

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 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, Terrance Moore, 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: CareerSource Research Coast/LWDB 20

Contractor Contact Phone Number: Terrance Moore, Moore Solutions, Inc., 1680 SE Lyngate Dr., Ste. 202, Port St. Lucie, FL 34952

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.

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 26, 2024

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: PY 24-25

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: n/a

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

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: PY 24-25

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 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.

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, Christie Shields, hereby disclose that on June 26, 2024

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 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: William Armstead, Boys and Girls Club of St. Lucie County, 3104 Avenue J, Ft. Pierce, FL 34947

Contractor Contact Phone Number: 772-460-9918

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

Contract Term: PY 24-25

Value of the Contract with no extensions or renewals exercised: Under \$ 50,000

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

Description of goods and/or services to be procured: Approved training provider TANF Summer Youth Teen Pregnancy Prevention Program

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 Armstead

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 Armstead, 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 Armstead, Boys and Girls Club of St. Lucie County, 3104 Avenue J, Ft. Pierce, FL 34947

Contractor Contact Phone Number: 772-460-9918

Description or Nature of Contract: Approved training provider TANF Summer Youth Teen Pregnancy Prevention Program

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 Armstead
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, William Armstead, hereby disclose that on June 26, 2024

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 Boys and Girls Club of St. Lucie County, 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	Slate of Officers for PY 2024-2025
Strategic Plans/Goals	Effective Utilization of Current and Timely Operational Intelligence for all Stakeholders
Policy/Plan/Law	Workforce Innovation and Opportunity Act (WIOA)/Role of LWDB's/Board By-Laws
Action Requested	Review and Approve Slate of Officers
Background	<p>The Board's By-Laws state that the Chairperson, Vice Chairperson, and Treasurer shall be appointed annually by the Board and shall serve a one (1) year term commencing July 1. The Chairperson's and the Vice Chairperson's terms shall be limited to two (2) consecutive one (1) year terms, and the Treasurer shall be limited to four (4) consecutive one (1) year terms. There are no limitations on the number of terms not in sequence or in different offices.</p> <p style="padding-left: 40px;">Slate of Officers:</p> <ul style="list-style-type: none"> • Jim Brann - Chair • William Armstead - Vice Chair • Open - Treasurer
Staff Recommendations	Review and Approve Slate of Officers for PY 2024-2025
Supporting Material	By-Laws of the Workforce Board of the Treasure Coast, LWDB20
Board Staff	<p>Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418</p>

AGENDA ITEM SUMMARY

Title	Taylor, Hall, Miller and Parker (THMP) Monitoring Report
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
Action Requested	None - Information only
Background	<p>CSRC is responsible for monitoring all 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 promptly, resulting in the prevention and/or elimination of any misuse of funds.</p> <p>Per State requirements, CSRC conducts internal monitoring on a scheduled basis. Various staff members with programmatic experience are utilized to ensure that programs comply with federal/state/local regulations and policies. Internal monitoring is also completed to track performance, reach goals, and provide for continuous improvement. Through a competitive procurement process, CSRC also contracts with an independent monitoring firm to review any potential programmatic or fiscal issues.</p> <p>Staff will provide the Executive Committee with the results of the monitoring completed by CSRC’s independent monitoring firm, THMP.</p>
Staff	
Recommendations	None - Information Only
Supporting Material	<p>Link to the THMP Monitoring Report - March 28, 2024: https://careersourcerc.com/wp-content/uploads/2024/05/CS-Research-Coast-THMP-Report-March-2024.pdf</p>
Board Staff	<p>Brian Bauer President/CEO bbauer@careersource.com (866) 482-4473 ext 418</p>



Agenda Item 9

AGENDA ITEM SUMMARY

Title	Local Workforce Development Board Membership
Strategic Plans/Goals	Effective Utilization of Current and Timely Operational Intelligence for all Stakeholders
Policy/Plan/Law	Workforce Innovation and Opportunity Act (WIOA)/By-Laws-Role of LWDB's
Action Requested	None - Information Only
Background	<p>The Governor, in partnership with CareerSource Florida (CSFL) Board of Directors, establish criteria for use by the Chief Local Elected Officials (CLEO) for appointment of members to the LWDB's in accordance with WIOA sec. 107(b)(2). In following the guidance set forth in the TC Workforce Consortium's Interlocal Agreement, the CLEO shall be the appointing authority for the members of the LWDB's.</p> <p>Application's for board membership have been received from the following individuals:</p> <ul style="list-style-type: none"> • David Bean, Operations Manager, Walmart Distribution Center, Ft. Pierce, Business (BU) • Keith Fletcher, President/CEO, Boys & Girls Club of Martin County, Stuart, Business (BU) • Chris Hambleton, General Manager, APP Jet Center, Ft. Pierce, Business (BU) • Kelly Johnson, Producer/Commercial Lines Manager, RV Johnson Insurance, Business (BU) • Amanda Commander, HR Business Partner, HCA Florida St. Lucie Hospital (BU) • Deb Frazier, Executive Officer, Treasure Coast Builders Association (TCBA), Port St. Lucie, Business (BU) - Maddie Williams Replacement at TCBA
Staff	
Recommendations	None - Information Only
Supporting Material	None - Information Only
Board Staff	Brian Bauer President/CEO bbaueri@careersourcerc.com (866) 482-4473 ext. 418

AGENDA ITEM SUMMARY

Title	Workforce Innovation Opportunity Act (WIOA) Planning Allocation Draft - PY 2024
Strategic Plans/Goals	Optimal Use of Resources
Policy/Plan/Law	Workforce Innovation and Opportunity Act (WIOA) • TEGL No. 15-22
Action Requested	None - Information Only
Background	To provide states with estimated PY 2024 funding levels to use for planning purposes, ETA: 1) used the data that ETA will use to calculate the actual PY 2024 allotments, and 2) estimated funding for the WIOA Adult, Dislocated Worker, and Youth programs based on the full-year funding levels for these programs in PY 2023 as indicated in Training and Employment Guidance Letter (TEGL) 15-22. See TEGL No. 15-22 for further descriptions of the funding levels used, as well as descriptions of the WIOA Youth, Adult, and Dislocated Worker formulas and data factors.
Staff Recommendations	None - Information Only
Supporting Material	Program Year 2024 WIOA Planning Allocations Draft
Board Staff	Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418

Program Year 2024 WIOA Formula Allocations

LOCAL WORKFORCE DEVELOPMENT BOARDS		WIOA ADULT	WIOA YOUTH	WIOA DISLOCATED WORKER	PY 2024 FINAL ALLOCATION	PY 2023 FINAL ALLOCATION	DIFFERENCE	%
1	CareerSource Escarosa	\$661,658	\$772,258	\$455,389	\$1,889,305	\$2,216,980	(\$327,675)	-14.78%
2	CareerSource Okaloosa Walton	\$243,929	\$231,501	\$201,872	\$677,302	\$720,202	(\$42,900)	-5.96%
3	CareerSource Chipola	\$213,534	\$172,907	\$88,338	\$474,779	\$562,347	(\$87,568)	-15.57%
4	CareerSource Gulf Coast	\$308,573	\$266,771	\$293,403	\$868,747	\$996,501	(\$127,754)	-12.82%
5	CareerSource Capital Region	\$813,329	\$1,664,940	\$391,234	\$2,869,503	\$2,711,770	\$157,733	5.82%
6	CareerSource North Florida	\$278,944	\$215,708	\$100,101	\$594,753	\$734,865	(\$140,112)	-19.07%
8	CareerSource Northeast Florida	\$2,098,648	\$2,119,267	\$2,049,772	\$6,267,687	\$6,561,406	(\$293,719)	-4.48%
10	CareerSource Citrus Levy Marion	\$1,248,161	\$1,132,587	\$578,398	\$2,959,146	\$2,858,111	\$101,035	3.54%
12	CareerSource Central Florida	\$3,850,311	\$3,920,722	\$3,430,078	\$11,201,111	\$13,527,131	(\$2,326,020)	-17.20%
16	CareerSource Pasco Hernando	\$1,175,953	\$899,042	\$853,617	\$2,928,612	\$2,740,674	\$187,938	6.86%
17	CareerSource Polk	\$1,240,610	\$1,235,856	\$1,010,511	\$3,486,977	\$4,233,448	(\$746,471)	-17.63%
18	CareerSource Suncoast	\$891,703	\$641,150	\$723,397	\$2,256,250	\$2,142,570	\$113,680	5.31%
19	CareerSource Heartland	\$440,363	\$528,955	\$193,365	\$1,162,683	\$1,276,992	(\$114,309)	-8.95%
20	CareerSource Research Coast	\$826,927	\$684,294	\$747,469	\$2,258,690	\$2,680,514	(\$421,824)	-15.74%
21	CareerSource Palm Beach County	\$1,599,279	\$1,501,578	\$1,677,966	\$4,778,823	\$5,499,129	(\$720,306)	-13.10%
22	CareerSource Broward	\$2,316,296	\$2,020,287	\$2,384,671	\$6,721,254	\$7,525,935	(\$804,681)	-10.69%
23	CareerSource South Florida	\$4,922,302	\$4,448,767	\$3,387,560	\$12,758,629	\$14,478,273	(\$1,719,644)	-11.88%
24	CareerSource Southwest Florida	\$2,617,792	\$2,350,527	\$1,533,103	\$6,501,422	\$5,638,039	\$863,383	15.31%
26	Crown/North Central Florida	\$642,210	\$1,313,836	\$414,209	\$2,370,255	\$2,417,516	(\$47,261)	-1.95%
27	Flagler Volusia/Brevard	\$1,454,855	\$1,208,458	\$1,432,042	\$4,095,355	\$4,275,851	(\$180,496)	-4.22%
28	Pinellas/Tampa Bay	\$2,851,467	\$2,677,661	\$2,907,521	\$8,436,649	\$9,356,694	(\$920,045)	-9.83%
STATEWIDE TOTALS		\$30,696,844	\$30,007,072	\$24,854,016	\$85,557,932	\$93,154,948	(\$7,597,016)	-8.16%

Note: Jefferson and Monroe county shifts not reflected in PY 2023 allocations

Program Year 2024 WIOA Adult Formula Allocations

LOCAL WORKFORCE DEVELOPMENT BOARDS	AREA OF SUBSTANTIAL UNEMPLOYMENT			ECONOMICALLY DISADVANTAGED		LWDB SHARE	HH *	PY2024 FINAL ALLOCATION	PY2023 FINAL ALLOCATION	DIFFERENCE	%
	LABOR FORCE	Unemployed		Total	Excess						
		Total	Rate								
1	CareerSource Escarosa	22,760	1,470	6.5%	42,710	39,713	0.021554604	\$661,658	\$796,339	(\$134,681)	-16.91%
2	CareerSource Okaloosa Walton	4,864	328	6.7%	20,560	18,807	0.007946381	\$243,929	\$288,513	(\$44,584)	-15.45%
3	CareerSource Chipola	0	0	0.0%	24,120	23,604	0.006956214	\$213,534	\$260,172	(\$46,638)	-17.93%
4	CareerSource Gulf Coast	0	0	0.0%	19,985	18,737	0.010052260	\$308,573	\$354,995	(\$46,422)	-13.08%
5	CareerSource Capital Region	35,219	2,293	6.5%	40,530	37,990	0.026495520	\$813,329	\$780,419	\$32,910	4.22%
6	CareerSource North Florida	6,379	449	7.0%	20,450	19,939	0.009087066	\$278,944	\$336,690	(\$57,746)	-17.15%
8	CareerSource Northeast Florida	79,751	5,206	6.5%	122,830	111,848	0.068366911	\$2,098,648	\$2,262,027	(\$163,379)	-7.22%
10	CareerSource Citrus Levy Marion	57,444	3,727	6.5%	57,140	54,420	0.040660884	\$1,248,161	\$1,162,150	\$86,011	7.40%
12	CareerSource Central Florida	112,961	7,411	6.6%	204,655	186,027	0.125430179	\$3,850,311	\$4,966,604	(\$1,116,293)	-22.48%
16	CareerSource Pasco Hernando	50,731	3,300	6.6%	59,365	55,093	0.038308596	\$1,175,953	\$1,038,140	\$137,813	13.27%
17	CareerSource Polk	53,128	3,445	6.5%	63,600	59,312	0.040414917	\$1,240,610	\$1,632,935	(\$392,325)	-24.03%
18	CareerSource Suncoast	36,303	2,353	6.5%	49,540	44,687	0.029048691	\$891,703	\$790,880	\$100,823	12.75%
19	CareerSource Heartland	15,822	1,021	6.5%	26,900	25,936	0.014345538	\$440,363	\$519,271	(\$78,908)	-15.20%
20	CareerSource Research Coast	31,514	2,075	6.6%	47,100	43,307	0.026938518	\$826,927	\$1,020,696	(\$193,769)	-18.98%
21	CareerSource Palm Beach County	47,216	3,338	7.1%	102,190	92,558	0.052099132	\$1,599,279	\$1,959,406	(\$360,127)	-18.38%
22	CareerSource Broward	52,157	3,389	6.5%	142,220	128,772	0.075457122	\$2,316,296	\$2,666,135	(\$349,839)	-13.12%
23	CareerSource South Florida	72,915	4,767	6.5%	257,190	239,923	0.160352070	\$4,922,302	\$5,710,976	(\$788,674)	-13.81%
24	CareerSource Southwest Florida	129,842	8,527	6.6%	103,255	94,227	0.085278858	\$2,617,792	\$2,073,280	\$544,512	26.26%
26	Crown/North Central Florida	16,559	1,105	6.7%	47,530	44,998	0.020921051	\$642,210	\$680,801	(\$38,591)	-5.67%
27	Flagler Volusia/Brevard	50,399	3,305	6.6%	91,745	83,956	0.047394274	\$1,454,855	\$1,484,756	(\$29,901)	-20.02%
28	Pinellas/Tampa Bay	92,960	6,098	6.6%	189,255	172,492	0.092891211	\$2,851,467	\$3,322,419	(\$470,952)	-14.17%
STATEWIDE TOTALS		968,924	63,607		1,732,870	1,596,346	1.000000000	\$30,696,844	\$34,107,604	(\$3,410,760)	-10.00%

PY2024 WIOA Youth Formula Allocations

LOCAL WORKFORCE DEVELOPMENT BOARDS	AREA OF SUBSTANTIAL UNEMPLOYMENT			ECONOMICALLY DISADVANTAGED		LWDB SHARE	HH *	PY2024 FINAL ALLOCATION	PY2023 FINAL ALLOCATION	DIFFERENCE	%
	LABOR FORCE	Unemployed		Total	Excess						
		Total	Rate	Total	Excess						
1 CareerSource Escarosa	22,760	1,470	6.5%	7,330	4,333	0.025735877		\$772,258	\$943,321	(\$171,063)	-18.13%
2 CareerSource Okaloosa Walton	4,864	328	6.7%	3,025	1,272	0.007714895		\$231,501	\$229,793	\$1,708	0.74%
3 CareerSource Chipola	0	0	0.0%	2,035	1,519	0.005762205	*	\$172,907	\$206,140	(\$33,233)	-16.12%
4 CareerSource Gulf Coast	0	0	0.0%	2,480	1,232	0.008890273	*	\$266,771	\$308,381	(\$41,610)	-13.49%
5 CareerSource Capital Region	35,219	2,293	6.5%	14,630	12,090	0.055484906		\$1,664,940	\$1,480,408	\$184,532	12.46%
6 CareerSource North Florida	6,379	449	7.0%	1,645	1,134	0.007188580		\$215,708	\$289,318	(\$73,610)	-25.44%
8 CareerSource Northeast Florida	79,751	5,206	6.5%	19,670	8,688	0.070625582		\$2,119,267	\$2,239,702	(\$120,435)	-5.38%
10 CareerSource Citrus Levy Marion	57,444	3,727	6.5%	6,310	3,590	0.037744014		\$1,132,587	\$1,121,786	\$10,801	0.96%
12 CareerSource Central Florida	112,961	7,411	6.6%	31,445	12,817	0.130659936	*	\$3,920,722	\$5,016,757	(\$1,096,035)	-21.85%
16 CareerSource Pasco Hernando	50,731	3,300	6.5%	5,860	1,588	0.029961020		\$899,042	\$918,176	(\$19,134)	-2.08%
17 CareerSource Polk	53,128	3,445	6.5%	9,125	4,837	0.041185486		\$1,235,856	\$1,588,430	(\$352,574)	-22.20%
18 CareerSource Suncoast	36,303	2,353	6.5%	5,535	682	0.021366625		\$641,150	\$644,356	(\$3,206)	-0.50%
19 CareerSource Heartland	15,822	1,021	6.5%	4,190	3,226	0.017627681		\$528,955	\$551,563	(\$22,608)	-4.10%
20 CareerSource Research Coast	31,514	2,075	6.6%	5,690	1,897	0.022804411		\$684,294	\$890,940	(\$206,646)	-23.19%
21 CareerSource Palm Beach County	47,216	3,338	7.1%	15,445	5,813	0.050040800		\$1,501,578	\$1,799,009	(\$297,431)	-16.53%
22 CareerSource Broward	52,157	3,389	6.5%	18,510	5,062	0.067327034	*	\$2,020,287	\$2,324,084	(\$303,797)	-13.07%
23 CareerSource South Florida	72,915	4,767	6.5%	30,670	13,403	0.148257293	*	\$4,448,767	\$5,110,943	(\$662,176)	-12.96%
24 CareerSource Southwest Florida	129,842	8,527	6.6%	13,760	4,732	0.078332427		\$2,350,527	\$1,842,401	\$508,126	27.58%
26 Crown/North Central Florida	16,559	1,105	6.7%	13,305	10,773	0.043784204		\$1,313,836	\$1,245,204	\$68,632	5.51%
27 Flager Volusia/Brevard	50,399	3,305	6.6%	11,625	3,836	0.040272437		\$1,208,458	\$1,352,886	(\$144,428)	-10.68%
28 Pinellas/Tampa Bay	92,960	6,098	6.6%	27,705	10,942	0.089234315	*	\$2,677,661	\$3,237,593	(\$559,932)	-17.29%
STATEWIDE TOTALS	968,924	63,607		249,990	113,466	1.000000000		30,007,072	33,341,191	(3,334,119)	-10.00%

PY2024 WIOA Dislocated Worker Formula Allocations

		20%	25%	25%	30%		HH	PY2024	PY2023		
	LOCAL WORKFORCE DEVELOPMENT BOARDS	UC CLAIMANTS	UC CONCENTRATION	MASS LAYOFF	LONG-TERM UNEMPLOYED	LWDB SHARE	*	FINAL ALLOCATION	FINAL ALLOCATION	DIFFERENCE	%
1	CareerSource Escarosa	547	7,278	5,233	40	0.018322567		\$455,389	\$477,320	(\$21,931)	-4.59%
2	CareerSource Okaloosa Walton	233	3,723	2,357	15	0.008122313		\$201,872	\$201,896	(\$24)	-0.01%
3	CareerSource Chipola	99	1,407	887	9	0.003554289		\$88,338	\$96,035	(\$7,697)	-8.01%
4	CareerSource Gulf Coast	242	2,770	2,382	17	0.011805034	*	\$293,403	\$333,125	(\$39,722)	-11.92%
5	CareerSource Capital Region	449	6,184	4,445	33	0.015741272	*	\$391,234	\$450,943	(\$59,709)	-13.24%
6	CareerSource North Florida	137	1,443	1,437	7	0.004027557		\$100,101	\$108,857	(\$8,756)	-8.04%
8	CareerSource Northeast Florida	2,805	26,526	24,523	194	0.082472456		\$2,049,772	\$2,059,677	(\$9,905)	-0.48%
10	CareerSource Citrus Levy Marion	746	8,381	6,713	53	0.023271828		\$578,398	\$574,175	\$4,223	0.74%
12	CareerSource Central Florida	4,577	44,996	42,773	315	0.138009003		\$3,430,078	\$3,543,770	(\$113,692)	-3.21%
16	CareerSource Pasco Hernando	1,160	11,869	10,254	76	0.034345236		\$853,617	\$784,358	\$69,259	8.83%
17	CareerSource Polk	1,400	12,575	12,360	96	0.040657841		\$1,010,511	\$1,012,083	(\$1,572)	-0.16%
18	CareerSource Suncoast	826	11,980	7,440	69	0.029105849		\$723,397	\$707,334	\$16,063	2.27%
19	CareerSource Heartland	243	3,033	2,043	18	0.007780026		\$193,365	\$206,158	(\$12,793)	-6.21%
20	CareerSource Research Coast	1,020	10,311	8,362	71	0.030074384		\$747,469	\$768,878	(\$21,409)	-2.78%
21	CareerSource Palm Beach County	2,139	23,432	18,617	166	0.067512883		\$1,677,966	\$1,740,714	(\$62,748)	-3.60%
22	CareerSource Broward	3,258	31,274	29,493	217	0.095947088		\$2,384,671	\$2,535,716	(\$151,045)	-5.96%
23	CareerSource South Florida	3,923	25,072	34,525	250	0.136298318	*	\$3,387,560	\$3,656,354	(\$268,794)	-7.35%
24	CareerSource Southwest Florida	1,528	22,185	13,401	192	0.061684296		\$1,533,103	\$1,722,358	(\$189,255)	-10.99%
26	Crown/North Central Florida	447	6,393	4,564	33	0.016665678	*	\$414,209	\$491,511	(\$77,302)	-15.73%
27	Flagler Volusia/Brevard	1,811	19,906	16,320	140	0.057618140		\$1,432,042	\$1,438,209	(\$6,167)	-0.43%
28	Pinellas/Tampa Bay	3,822	38,758	35,087	274	0.116983942		\$2,907,521	\$2,796,682	\$110,839	3.96%
	STATEWIDE TOTALS	31,410	319,496	283,216	2,285	1.000000000		\$24,854,016	\$25,706,153	(\$852,137)	-3.31%

PY2024 Wagner-Peyser Formula Allocations

LOCAL WORKFORCE DEVELOPMENT BOARDS	2/3 CIVILIAN LABOR FORCE	1/3 UNEMPLOYED INDIVIDUALS	LWDB SHARE	PY 2024 FINAL ALLOCATION	PY2023 FINAL ALLOCATION	DIFFERENCE	%
1 CareerSource Escarosa	243,511	7,278	0.021858319	\$604,969	\$607,990	(\$3,021)	-0.50%
2 CareerSource Okaloosa Walton	140,266	3,723	0.012112290	\$335,230	\$337,700	(\$2,470)	-0.73%
3 CareerSource Chipola	42,435	1,407	0.003950530	\$109,338	\$108,620	\$718	0.66%
4 CareerSource Gulf Coast	99,641	2,770	0.009975674	\$276,095	\$246,150	\$29,945	12.17%
5 CareerSource Capital Region	202,140	6,184	0.018290005	\$506,210	\$507,509	(\$1,299)	-0.26%
6 CareerSource North Florida	41,749	1,443	0.003946562	\$109,228	\$124,407	(\$15,179)	-12.20%
8 CareerSource Northeast Florida	873,090	26,526	0.078811065	\$2,181,242	\$2,197,732	(\$16,490)	-0.75%
10 CareerSource Citrus Levy Marion	218,845	8,381	0.021520485	\$595,619	\$596,053	(\$434)	-0.07%
12 CareerSource Central Florida	1,515,052	44,996	0.135704753	\$3,755,881	\$3,779,110	(\$23,229)	-0.61%
16 CareerSource Pasco Hernando	344,104	11,869	0.032503407	\$899,592	\$887,248	\$12,344	1.39%
17 CareerSource Polk	344,774	12,575	0.033262963	\$920,614	\$926,799	(\$6,185)	-0.67%
18 CareerSource Suncoast	395,737	11,980	0.035677896	\$987,452	\$978,620	\$8,832	0.90%
19 CareerSource Heartland	78,608	3,033	0.007753078	\$214,581	\$214,951	(\$370)	-0.17%
20 CareerSource Research Coast	306,606	10,311	0.028691634	\$794,094	\$798,177	(\$4,083)	-0.51%
21 CareerSource Palm Beach County	778,704	23,432	0.070060316	\$1,939,049	\$1,960,695	(\$21,646)	-1.10%
22 CareerSource Broward	1,084,594	31,274	0.096192126	\$2,662,295	\$2,723,356	(\$61,061)	-2.24%
23 CareerSource South Florida	1,377,572	25,072	0.128729405	\$3,562,825	\$3,524,812	\$38,013	1.08%
24 CareerSource Southwest Florida	721,218	22,185	0.065380549	\$1,809,528	\$1,738,642	\$70,886	4.08%
26 Crown/North Central Florida	202,688	6,393	0.018535591	\$513,007	\$513,877	(\$870)	-0.17%
27 Flagler Volusia/Brevard	628,507	19,906	0.057560077	\$1,593,082	\$1,596,644	(\$3,562)	-0.22%
28 Pinellas/Tampa Bay	1,348,729	38,758	0.119483275	\$3,306,921	\$3,307,760	(\$839)	-0.03%
STATEWIDE TOTALS	10,988,570	319,496	1.000000000	\$27,676,852	\$27,676,852	\$0	0.00%

Note: Jefferson and Monroe county shifts not reflected in PY 2023 allocations

PY2024 Welfare Transition Formula Allocations

LOCAL WORKFORCE DEVELOPMENT BOARDS		50% SNAP	50% WELFARE CASELOAD	LWDB SHARE	HH*	FY 2024/25 FINAL ALLOCATION	FY 2023/24 FINAL ALLOCATION	DIFFERENCE	%
1	CareerSource Escarosa	161,690	2,050	0.022143502	*	\$1,162,864	\$1,211,056	(\$48,192)	-3.98%
2	CareerSource Okaloosa Walton	65,488	747	0.007794343	*	\$409,319	\$429,718	(\$20,399)	-4.75%
3	CareerSource Chipola	46,839	542	0.006019059	*	\$316,090	\$320,494	(\$4,404)	-1.37%
4	CareerSource Gulf Coast	73,267	1,457	0.008074875	*	\$424,051	\$439,078	(\$15,027)	-3.42%
5	CareerSource Capital Region	127,446	1,687	0.016742010	*	\$879,205	\$911,331	(\$32,126)	-3.53%
6	CareerSource North Florida	48,719	665	0.005972349	*	\$313,637	\$323,247	(\$9,610)	-2.97%
8	CareerSource Northeast Florida	558,191	11,875	0.075885364	*	\$3,985,113	\$4,180,146	(\$195,033)	-4.67%
10	CareerSource Citrus Levy Marion	211,216	4,201	0.028367778	*	\$1,489,731	\$1,547,640	(\$57,909)	-3.74%
12	CareerSource Central Florida	953,536	29,987	0.117829860	*	\$6,187,824	\$6,487,405	(\$299,581)	-4.62%
16	CareerSource Pasco Hernando	225,225	5,517	0.031964924	*	\$1,678,635	\$1,784,155	(\$105,520)	-5.91%
17	CareerSource Polk	370,198	8,171	0.041722354	*	\$2,191,046	\$2,272,395	(\$81,349)	-3.58%
18	CareerSource Suncoast	155,595	6,251	0.021554853	*	\$1,131,951	\$1,195,514	(\$63,563)	-5.32%
19	CareerSource Heartland	93,171	1,878	0.013359988	*	\$701,599	\$735,586	(\$33,987)	-4.62%
20	CareerSource Research Coast	186,430	4,359	0.018342014	*	\$963,229	\$995,764	(\$32,535)	-3.27%
21	CareerSource Palm Beach County	437,969	16,922	0.045870429	*	\$2,408,881	\$2,370,647	\$38,234	1.61%
22	CareerSource Broward	613,714	16,136	0.066320194	*	\$3,482,799	\$3,675,387	(\$192,588)	-5.24%
23	CareerSource South Florida - Dade	1,201,196	141,790	0.245067788	*	\$12,869,712	\$11,374,002	\$1,495,710	13.15%
24	CareerSource Southwest Florida	375,562	23,806	0.050956994	*	\$2,676,002	\$2,552,766	\$123,236	4.83%
26	CareerSource No Central Fla Crown	137,707	2,190	0.021912219	*	\$1,150,718	\$1,171,530	(\$20,812)	-1.78%
27	CareerSource Flagler Volusia Brevard	354,949	7,256	0.049418893	*	\$2,595,229	\$2,717,968	(\$122,739)	-4.52%
28	CareerSource Pinellas Tampa Bay	758,449	35,443	0.104680210	*	\$5,497,272	\$5,819,078	(\$321,806)	-5.53%
STATEWIDE TOTALS		7,156,557	322,930	1.000000000		\$52,514,907	\$52,514,907	\$0	0.00%

*Indicates 90% Hold Harmless in Effect

Note: Jefferson and Monroe county shifts not reflected in PY 2023 allocations

Note: The Social Services Estimating Conference (11/29/2023) noted, as expected, the caseloads for the Families with Adult and Unemployed Parent programs remain elevated due to the sharp increase in non-citizen applicant activity. This activity, while remaining historically high, has steadied in recent months. The Conference continues to expect both categories to decline throughout the forecast period; however, proposed policy changes at the federal level may further impact future projections.

AGENDA ITEM SUMMARY

Title	Regional Planning Area (RPA) Update
Strategic Plans/Goals	Optimal Use of Resources
Policy/Plan/Law	Workforce Innovation and Opportunity Act (WIOA)/Role of LWDB's
Action Requested	None - Information Only
Background	As per CareerSource Florida Strategic Policy 2023.09.19.A.1, the request to be identified as a regional planning area (planning region) requires that the local workforce development boards have relevant relationships as evidenced by labor markets, economic development areas, education and training resources, population centers, commuting patterns, industrial composition, location quotients, labor force conditions, and geographic boundaries. If the request for designation is approved, the local workforce development boards within the regional planning area will be required to engage in a regional planning process that will produce a Regional Plan to be added as an addendum to each local workforce development board plan per FloridaCommerce Regional Planning Instructions.
Staff Recommendation	None - Information Only
Supporting Material	RPA Project Update and Feedback Request
Board Staff	Tracey McMorris Vice President/COO mmcmorris@careersourcerc.com (866) 482-4473 ext. 528

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RPA Project Update and Feedback Request

First, the RPA project team met this past Friday and established the framework for realizing the shared vision set at our April 22nd kickoff meeting. We reviewed the Smartsheet planning document, created a Microsoft Teams channel for streamlined communication across the RPA planning process, and established a weekly meeting schedule for the project team. Looking forward, we determined a need to schedule four planning sessions, each focusing on specific RPA requirements as detailed below:

Planning Session 1

- Develop and implement sector strategies for in-demand sectors or occupations.
- Collect and analyze regional labor market data.
- Coordinate services with regional economic development services and providers.

Planning Session 2

- Establish regional service strategies using cooperative service delivery agreements.
- Coordinate transportation and other support services as appropriate.

Planning Session 3

- Coordinate administrative cost arrangements.
- Establish an agreement concerning how the planning region will collectively negotiate and reach an agreement with Florida Commerce on local levels of performance for and report on the performance accountability measures described in WIOA Sec. 116(c) for local areas or the planning region.

Planning Session 4

- Draft regional plan

We also discussed the idea of creating a new logo to represent our new planning area. The project team sees value in having a shared logo vs. utilizing the two separate CSRC and CSPBC logos; please let us know what you think about moving forward with its development.

Finally, please let us know who you are assigning to participate in each planning session, and we will proceed with scheduling them accordingly.

AGENDA ITEM SUMMARY

Title	Hope Florida Program Update
Strategic/Plans/Goals	Optimal Use of Resources
Policy/Plan/Law	Workforce Innovation and Opportunity Act (WIOA)/Role of LWDB's
Action Requested	None - Information Only
Background	<p>Hope Florida - A Pathway to Prosperity: Uniting communities through Hope Navigators to guide Floridians on an individualized path to prosperity, economic self-sufficiency, and hope.</p> <p>Spearheaded by First Lady Casey DeSantis and implemented by the Florida Department of Children and Families, Hope Florida utilizes Hope Navigators to guide Floridians on an individualized path to prosperity, economic self-sufficiency, and hope by focusing on community collaboration between the private sector, the faith-based community, nonprofits, and government entities to break down traditional community silos, to maximize resources and uncover opportunities.</p>
Staff Recommendations	None - Information Only
Supporting Material	Hope Florida Outreach Email Template
Board Staff	<p>Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418</p>

HOPE FLORIDA INITIATIVE

(Hope Florida Employer Outreach Sample Email)

Subject: Invitation to Join the Hope Florida Initiative

Email Body:

Dear [Board Member],

I hope this email finds you well. As you know, our organization is committed to supporting individuals in our community who are facing barriers to employment and helping them achieve their full potential. I am excited to share with you an opportunity to make a significant difference in the lives of these individuals through the First Lady's Hope Florida initiative.

This initiative aims to connect individuals facing barriers to employment with supportive employers, like you, who are willing to provide them with opportunities to thrive in the workforce.

I believe that our organization has the potential to be a leader in this initiative and set an example for others in our community. I encourage you to complete the interest form to become a Hope Employer and join us in this important effort.

You can find more information on the Hope Florida initiative [here](#), and submit an interest form to become a Hope Employer [here](#).

Thank you for your dedication to our community and your commitment to creating opportunities for all individuals to succeed in the workforce.

Best regards,

[Your Name]

[Your Title]

[Your Contact Information]