

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

- 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

collaborate.
innovate.
lead.



Agenda Item 2

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



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

LAST NAME - FIRST NAME - MIDDLE NAME		NAME OF BOARD, COUNCIL, COMMISSION, AUHORITY, OR COMMITTEE						
MAILING ADDRESS		THE BOARD, COU WHICH I SERVE I		ORITY OR COMMITTEE ON				
		☐ CITY	☐ COUNTY	☐ OTHER LOCAL AGENCY				
CITY	COUNTY	NAME OF POLITI	CAL SUBDIVISION:					
DATE ON WHICH VOTE OCCURRED		MY POSITION IS						
			□ ELECTIVE	☐ APPOINTIVE				

WHO MUST FILE FORM 8B

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

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

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

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

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

ELECTED OFFICERS:

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

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

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

APPOINTED OFFICERS:

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

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

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

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

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

DISCLOSURE OF LOCA	AL OFFICER'S INTEREST	
I,, hereby di	sclose 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 ofwhom I am retained; or		, by
inured to the special gain or loss of is the parent organization or subsidiary of a principal which ha	as retained me.	, which
(b) The measure before my agency and the nature of my conflicting	ng interest in the measure is as follows	
Date Filed	Signature	
Dato i nod	digitatore	

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 3

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 Review and Approve March Financial Report

Recommendations

Supporting Material Monthly Financial Report

Board Staff Lisa Delligatti

Chief Financial Officer

Idelligatti@careersourcerc.com

(866) 482-4473 ext. 430

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

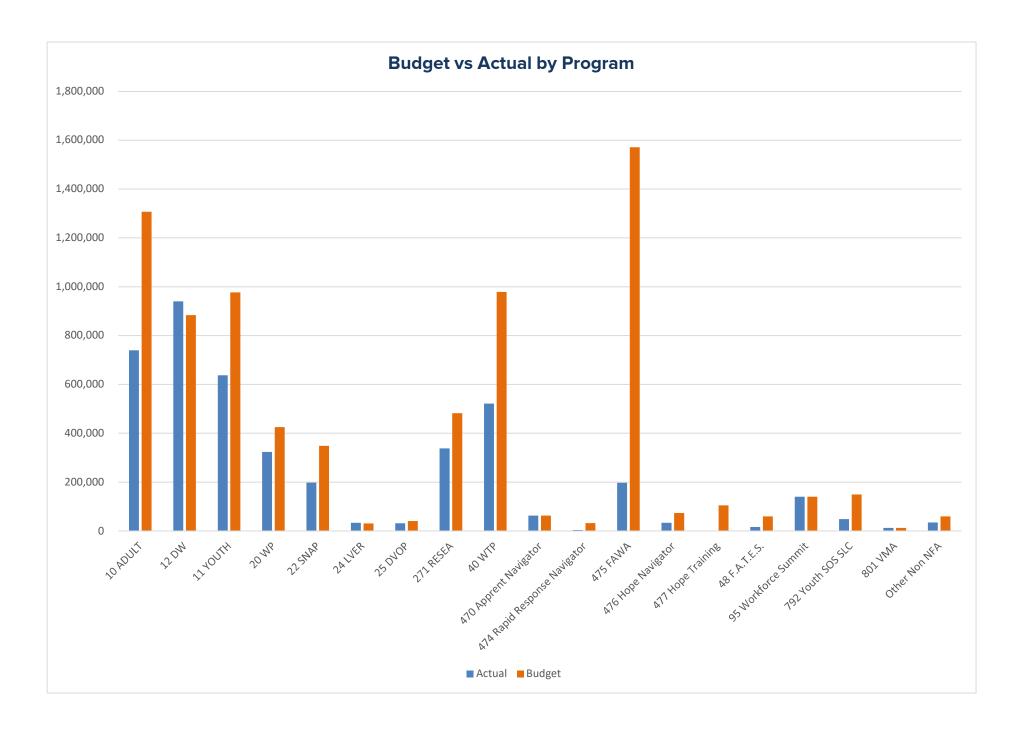
PY 23-24 TOTAL AVAILABLE FUNDING	IN	IDIRECT	10 ADULT		12 DW	11 ҮОИТН		20 WP		22 SNAP	24 LVER	2	25 DVOP	2	71 RESEA		40 WTP		70 Apprent Navigator
PY 23-24 Allocations			\$ 1,020,6	96 \$	768,878	\$ 890,940	\$	812,239	\$	405,841	\$ 126,167	\$	166,108	\$	398,384	\$	995,764	\$	62,499
PY 23-24Supplemental			\$	4	164,384	\$ _	\$	-	\$	-	\$ -	\$	-	\$	-	\$	_	\$	-
Unrestricted Funds Earned this year			\$.	9		\$ _	\$	_	\$	_	\$ _	\$	_	\$	_	\$	_	\$	_
Additional Funds			\$.	9		\$ _	\$	_	\$	_	\$ _	\$	_	\$	_	\$	_	\$	
Retained by DEO for Merit Salaries			\$.	9		\$ _	\$	(354,062)	\$	_	\$ (78,699)	\$	(91,213)	_	_	\$	_	\$	_
Carryforward to PY 24-25			\$.	4	(919,443)	\$ (482,276)	\$	(114,544)	\$	(188,152)	\$ (37,396)	\$	(58,704)	\$	(51,322)	\$	(163,614)	\$	_
Carryforward from PY 22-23			\$ 286,3	64		\$ 568,110	\$	81,565	\$	130,534	\$ 20,463	\$	24,529	\$	134,912	\$	146,600	\$	_
TOTAL	\$	-	\$ 1,307,0	_		\$ 976,774	_	425,197	\$		\$ 30,535	\$	40,720	\$	481,974	\$	978,750	\$	62,499
FUNDING DRAWN DOWN YTD	IN	IDIRECT	10 ADULT		12 DW	11 YOUTH		20 WP		22 SNAP	24 LVER	:	25 DVOP	2	71 RESEA		40 WTP		70 Apprent Navigator
PY 23-24 Allocations			\$ 470,0	00 \$	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			\$ 286,3	64 \$	869,768	\$ 568,110	\$	81,565	\$	54,168	\$ 20,463	\$	24,529	\$	134,912	\$	146,600	\$	-
TOTAL			\$ 756,3	64 \$	956,768	\$ 590,077	\$	327,542	\$	193,041	\$ 32,947	\$	32,647	\$	335,612	\$	516,611	\$	62,499
% of Total Budgeted Funding Received			57.8	7 %	108.28%	60.41%		77.03%		55.44%	107.90%		80.18%		69.63%		52.78%		0.00%
EXPENDITURES																			
Administrative	\$	0	\$ 75,4	35 \$	116,924	\$ 14,176	\$	79,023	\$	26,372	\$ 3,295	\$	2,849	\$	45,531	\$	70,111	\$	8,494
Salaries and Benefits	\$	347,498	\$.	4	-	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-
General and Administrative	\$	161,031	\$	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-
Allocated Indirect Costs	\$	(508,529)	\$ 235,7	22 \$	27,613	\$ 14,176	\$	8,047	\$	26,372	\$ 3,295	\$	2,849	\$	45,531	\$	70,111	\$	8,494
Reclassification	\$	-	\$ (160,2	87) \$	89,310	\$ -	\$	70,977	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-
Travel	\$	-	\$	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-
Program Training	\$	0	\$ 664,2	18	823,332	\$ 623,135	\$	244,232	\$	171,557	\$ 30,217	\$	28,580	\$	292,343	\$	451,429	\$	54,005
WIOA Youth Contracts	\$	-	\$.	4	-	\$ 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	\$	-	\$ 18,5	75 \$	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	\$	-	\$ 5,6	20 \$	-	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-
Training-ITA/OST/TAA	\$	-	\$ 175,3	43 \$	25,128	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$	75	\$	-
Training-OJT	\$	-	\$ 182,7		7,558	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-
Training-Cust./Employed Worker	\$	-	\$ 17,0	97 \$	-	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-
WEX/ Internships/ Participant Wages	\$	l l	\$	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-
Travel	\$,	\$ 5,8			\$ 731	\$	1,955	\$	1,098	\$ 5,350	\$	2,494	\$	1,393	\$	2,467	\$	557
One Stop Shared Costs	\$		\$ 102,3			\$ 513	\$	30,734	\$	17,878	\$ 16,415	\$	17,753	\$	34,165	\$	41,578	\$	6,259
Other Operating Expenses	\$	38,698				\$ 86,553	\$	25,170	\$		\$ 2,331	\$	2,168		18,396	\$	-	\$	1,112
Allocated Program Indirect	\$		\$ 106,9			\$ 6,434	\$	3,652	\$		\$ 1,496	\$	1,293		20,666	\$	31,823	\$	3,855
Reclassification	\$		\$ (813,5			\$ 627.244	\$	164,234	\$ \$		\$ 	\$ \$	24 420	\$ \$	227 074	\$ ¢	- E24 E40	\$ \$	255
Total Expenditures	Ť	0	· · · · ·		0.0,200	637,311	\$	323,255	Ė	·	\$ 33,512		31,430		•	\$	521,540	_	62,499
Funding Over/(under) expenditures	\$	0			,,,,,	\$ (47,234)	\$	4,287	\$		\$ (565)	\$	1,218	\$	(2,262)	\$	(4,929)	\$	-
YTD % of Budgeted Funds Expended			56.5	9%	106.41%	65.25%		76.02%		56.84%	109.75%		77.19%		70.10%		53.29%		0.00%

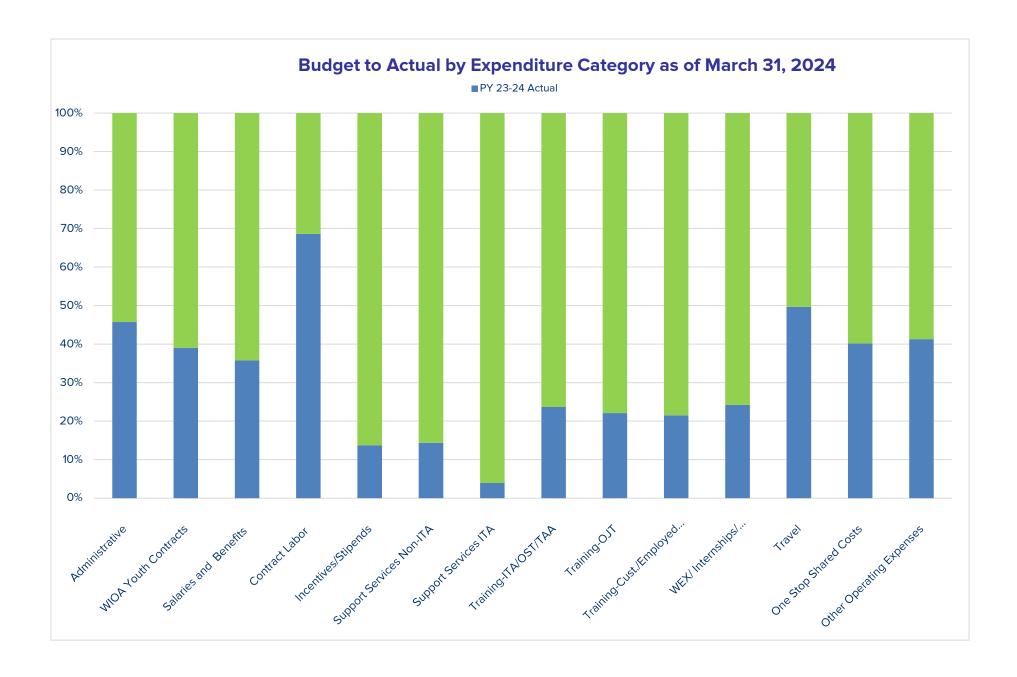
LWDB 20 Summary of Funding and Expenditures As of March 31, 2024

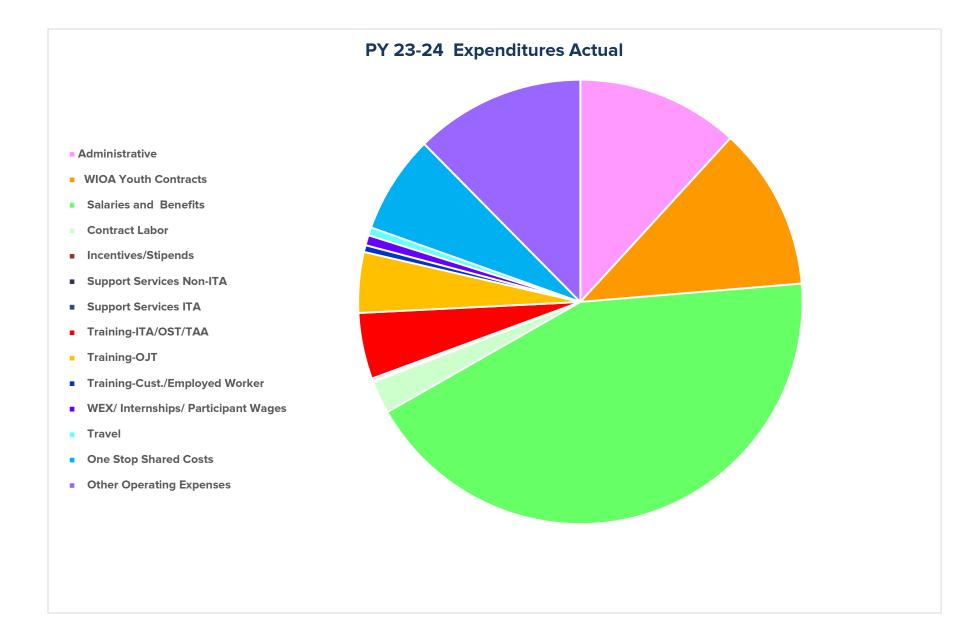
PY 23-24 TOTAL AVAILABLE FUNDING		474 Rapid Response Navigator	4	175 FAWA		476 Hope Navigator		477 Hope Training		48 F.A.T.E.S.	9!	5 Workforce Summit	79	2 Youth SOS SLC		801 VMA	Ot	ther Non NFA
PY 23-24 Allocations	\$	75,000	\$	-	\$	73,283	\$	104,686	\$	-	\$	140,000	\$	-	\$	12,024	\$	-
PY 23-24Supplemental	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Unrestricted Funds Earned this year	\$	_	\$	_	\$	_	\$		\$	_	\$	_	\$	_	\$	_	\$	60,046
Additional Funds	\$	_	\$	_	\$	_	\$		\$	_	\$	_	\$	149,230	\$	_	\$	-
Retained by DEO for Merit Salaries	\$		\$	_	\$		\$		\$		\$	_	\$	143,230	\$		\$	
Carryforward to PY 24-25	\$	(42,940)	\$	(1,189,515)	\$		\$		\$	(97,043)	\$	_	\$		\$		\$	
Carryforward from PY 22-23	\$	(42,540)	\$	2,760,541	\$	_	\$		\$	156,308	\$	_	\$	_	\$	_	\$	_
TOTAL	\$	32,060	\$	1,571,026	\$	73,283	\$		\$		\$	140,000	\$	149,230	\$	12,024	\$	60,046
TOTAL	4	32,000	–	1,371,020	Ψ	73,203	Ψ	104,000	Ψ	33,203	Ψ	140,000	Ψ	143,230	Ψ	12,024	Ψ	00,040
FUNDING DRAWN DOWN YTD		474 Rapid Response Navigator	4	175 FAWA		476 Hope Navigator		477 Hope Training		48 F.A.T.E.S.	9!	5 Workforce Summit	79	92 Youth SOS SLC		801 VMA	O	ther Non NFA
PY 23-24 Allocations	\$	4,700	\$	-	\$	26,600	\$	204	\$	-	\$	140,000	\$	-	\$	12,024	\$	-
PY 23-24Supplemental	\$	-	\$	-	\$	-	\$	- '	\$	-	\$	-	\$	-	\$	-	\$	-
Unrestricted Funds Earned this year	\$	_	\$	-	\$	-	\$. <u>-</u>	\$	_	\$	-	\$	-	\$	_	\$	36,850
Additional Funds	\$	_	\$	_	\$	_	\$		\$	156,308	\$	_	\$	39,944	1	_	\$	_
Retained by DEO for Merit Salaries	\$	_	\$	_	\$	_	\$		Ť	.55,555	\$	_	\$	-	\$	_	\$	_
	'	-	\$	-	\$	_	\$		\$	_		-	\$	_	\$	_		-
Carryforward to PY 24-25	\$	-		-	ı .	-			1	-	\$	-		-	Ι.	-	\$	-
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	\$		\$	-	\$	3,598	\$	-	\$	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	\$		\$	998	\$	110,542	\$	1,404	\$	12,024	\$	5,52
Allocated Program Indirect	\$	228	\$	12,367	\$	2,056	\$		\$	1,047	\$	9,265	\$	3,126		-	\$	2,00
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%	П	27.93%		0.00%		32.46%		100.00%		57.399

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

PY 23-24 TOTAL AVAILABLE FUNDING		YE	AR T	O DATE TOTALS			
PY 23-24 Allocations			\$	6,052,509			
PY 23-24Supplemental			\$	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							%
	_	Y 23-24 Actual		/ 23-24 Budget		VARIANCE	Expended
PY 23-24 Allocations	\$	1,801,158	\$	6,052,509	\$	4,251,351	29.759%
PY 23-24Supplemental	\$	-	\$	164,384	\$	164,384	0.000%
Unrestricted Funds Earned this year	\$	36.850	\$	60.046	\$	23,196	61.370%
	1					.,	
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	1	57.01%					
							%
EXPENDITURES	Р	Y 23-24 Actual	PY	/ 23-24 Budget		VARIANCE	Expended
				-	\$		<u> </u>
EXPENDITURES Administrative Salaries and Benefits	\$	508,529 347,498	\$	7 23-24 Budget 603,121 515,350	\$	94,592 167,853	84.32% 67.43%
Administrative	\$	508,529	\$	603,121	_	94,592	84.32%
Administrative Salaries and Benefits	\$	508,529 347,498	\$	603,121 515,350	\$	94,592 167,853	84.32% 67.43%
Administrative Salaries and Benefits General and Administrative	\$ \$ \$ \$ \$	508,529 347,498	\$ \$ \$ \$ \$	603,121 515,350 86,486	\$ \$ \$	94,592 167,853 (74,545)	84.32% 67.43%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs	\$ \$ \$ \$	508,529 347,498 161,031	\$ \$ \$ \$	603,121 515,350 86,486	\$	94,592 167,853 (74,545) 1,284	84.32% 67.43%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training	\$ \$ \$ \$ \$	508,529 347,498 161,031	\$ \$ \$ \$ \$	603,121 515,350 86,486 1,284 - - - 7,133,188	\$ \$ \$ \$ \$ \$	94,592 167,853 (74,545) 1,284	84.32% 67.43% 186.19%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts	\$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588	\$ \$ \$ \$ \$	603,121 515,350 86,486 1,284 - - - 7,133,188 800,000	\$ \$ \$ \$ \$ \$	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412	84.32% 67.43% 186.19% 53.3% 64.1%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits	\$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588 1,856,649	\$ \$ \$ \$ \$ \$	603,121 515,350 86,486 1,284 - - 7,133,188 800,000 3,334,621	\$ \$ \$ \$ \$ \$ \$ \$	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412 1,477,972	84.32% 67.43% 186.19% 53.3% 64.1% 55.7%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits Contract Labor	\$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588	\$ \$ \$ \$ \$ \$ \$	603,121 515,350 86,486 1,284 - - - 7,133,188 800,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412	84.32% 67.43% 186.19% 53.3% 64.1%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits Contract Labor Internship	\$ \$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588 1,856,649 102,536	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	603,121 515,350 86,486 1,284 - - 7,133,188 800,000 3,334,621 46,903	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412 1,477,972 (55,633)	84.32% 67.43% 186.19% 53.3% 64.1% 55.7% 218.6%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits Contract Labor Internship Incentives/Stipends	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588 1,856,649 102,536 - 2,725	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7,133,188 800,000 3,334,621 46,903 7,126	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412 1,477,972 (55,633) - 14,401	84.32% 67.43% 186.19% 53.3% 64.1% 55.7% 218.6%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits Contract Labor Internship Incentives/Stipends Support Services Non-ITA	\$ \$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588 1,856,649 102,536 - 2,725 1,971	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7,133,188 80,000 3,334,621 46,903 17,126 11,759	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412 1,477,972 (55,633) - 14,401 9,788	84.32% 67.43% 186.19% 53.3% 64.1% 55.7% 218.6%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits Contract Labor Internship Incentives/Stipends	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588 1,856,649 102,536 - 2,725	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7,133,188 800,000 3,334,621 46,903 7,126	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412 1,477,972 (55,633) - 14,401	84.32% 67.43% 186.19% 53.3% 64.1% 55.7% 218.6% 15.9% 16.8%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits Contract Labor Internship Incentives/Stipends Support Services Non-ITA Support Services ITA	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588 1,856,649 102,536 - 2,725 1,971 6,637	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7,133,188 80,000 3,334,621 46,903 17,126 11,759 161,500	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412 1,477,972 (55,633) - 14,401 9,788 154,863	84.32% 67.43% 186.19% 53.3% 64.1% 55.7% 218.6% 15.9% 16.8% 4.1%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits Contract Labor Internship Incentives/Stipends Support Services Non-ITA Support Services ITA Training-ITA/OST/TAA	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588 1,856,649 102,536 - 2,725 1,971 6,637 207,492	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7,133,188 80,000 3,334,621 46,903 -17,126 11,759 161,500 668,415	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412 (55,633) - 14,401 9,788 154,863 460,922 480,074 56,629	84.32% 67.43% 186.19% 53.3% 64.1% 55.7% 218.6% 15.9% 16.8% 4.1% 31.0%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits Contract Labor Internship Incentives/Stipends Support Services Non-ITA Support Services ITA Training-ITA/OST/TAA Training-OJT	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588 1,856,649 102,536 - 2,725 1,971 6,637 207,492 190,350 21,371 31,733	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7,133,188 800,000 3,334,621 46,903 -17,126 11,759 161,500 668,415 670,424 78,000 99,226	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412 1,477,972 (55,633) - 14,401 9,788 154,863 460,922 480,074 56,629 67,493	84.32% 67.43% 186.19% 53.3% 64.1% 55.7% 218.6% 15.9% 16.8% 4.1% 31.0% 28.4% 27.4% 32.0%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits Contract Labor Internship Incentives/Stipends Support Services Non-ITA Support Services ITA Training-ITA/OST/TAA Training-Cust./Employed Worker WEX/ Internships/ Participant Wages Travel	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588 1,856,649 102,536 - 2,725 1,971 6,637 207,492 190,350 21,371 31,733 25,856	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7,133,188 80,000 3,334,621 46,903 17,126 11,759 161,500 668,415 670,424 78,000 99,226 26,215	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412 1,477,972 (55,633) - 14,401 9,788 154,863 460,922 480,074 56,629 67,493 359	53.3% 64.1% 55.7% 218.6% 15.9% 16.8% 4.1% 31.0% 28.4% 27.4% 32.0% 98.6%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits Contract Labor Internship Incentives/Stipends Support Services Non-ITA Support Services ITA Training-UTA/OST/TAA Training-OJT Training-Cust./Employed Worker WEX/ Internships/ Participant Wages Travel One Stop Shared Costs	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588 1,856,649 102,536 - 2,725 1,971 6,637 207,492 190,350 21,371 31,733 25,856 308,066	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7,133,188 80,000 3,334,621 46,903 - 17,126 11,759 161,500 668,415 670,424 78,000 99,226 26,215 458,387	***************	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412 1,477,972 (55,633) - 14,401 9,788 154,863 460,922 480,074 56,629 67,493 359 150,322	84.32% 67.43% 186.19% 53.3% 64.1% 55.7% 218.6% 15.9% 16.8% 4.1% 31.0% 28.4% 27.4% 32.0% 98.6% 67.2%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits Contract Labor Internship 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	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588 1,856,649 102,536 - 2,725 1,971 6,637 207,492 190,350 21,371 31,733 25,856 308,066 534,762	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7,133,188 80,000 3,334,621 46,903 - 17,126 11,759 161,500 668,415 670,424 78,000 99,226 26,215 458,387 760,611	***************	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412 1,477,972 (55,633) - 14,401 9,788 154,863 460,922 480,074 56,629 67,493 359	53.3% 64.1% 55.7% 218.6% 15.9% 16.8% 4.1% 31.0% 28.4% 27.4% 32.0% 98.6%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits Contract Labor Internship Incentives/Stipends Support Services Non-ITA Support Services ITA Training-ITA/OST/TAA Training-UJT Training-Cust./Employed Worker WEX/ Internships/ Participant Wages Travel One Stop Shared Costs Other Operating Expenses Allocated Program Indirect	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588 1,856,649 102,536 - 2,725 1,971 6,637 207,492 190,350 21,371 31,733 25,856 308,066 534,762 (0)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7,133,188 80,000 3,334,621 46,903 - 17,126 11,759 161,500 668,415 670,424 78,000 99,226 26,215 458,387	****************	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412 (55,633) - 14,401 9,788 154,863 460,922 480,074 56,629 67,493 359 150,322 225,849	84.32% 67.43% 186.19% 53.3% 64.1% 55.7% 218.6% 15.9% 16.8% 4.1% 31.0% 28.4% 27.4% 32.0% 98.6% 67.2%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits Contract Labor Internship 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 Allocated Program Indirect Reclassification	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588 1,856,649 102,536 - 2,725 1,971 6,637 207,492 190,350 21,371 31,733 31,733 25,856 308,066 534,762 (0) 0	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7,133,188 80,000 3,334,621 46,903 - 17,126 11,759 161,500 668,415 670,424 78,000 99,226 26,215 458,387 760,611 0	****************	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412 1,477,972 (55,633) - 14,401 9,788 154,863 460,922 480,074 56,629 67,493 359 150,322 225,849 - 0	84.32% 67.43% 186.19% 53.3% 64.1% 55.7% 218.6% 15.9% 16.8% 4.1% 31.0% 28.4% 27.4% 32.0% 98.6% 67.2% 70.3%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits Contract Labor Internship Incentives/Stipends Support Services Non-ITA Support Services ITA Training-OJT Training-OJT Training-OJT Training-Cust./Employed Worker WEX/ Internships/ Participant Wages Travel One Stop Shared Costs Other Operating Expenses Allocated Program Indirect Reclassification Total Expenditures	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588 1,856,649 102,536 - 2,725 1,971 6,637 207,492 190,350 21,371 31,733 25,856 308,066 534,762 (0) 0	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7,133,188 80,000 3,334,621 46,903 - 17,126 11,759 161,500 668,415 670,424 78,000 99,226 26,215 458,387 760,611	****************	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412 (55,633) - 14,401 9,788 154,863 460,922 480,074 56,629 67,493 359 150,322 225,849	84.32% 67.43% 186.19% 53.3% 64.1% 55.7% 218.6% 15.9% 16.8% 4.1% 31.0% 28.4% 27.4% 32.0% 98.6% 67.2%
Administrative Salaries and Benefits General and Administrative Allocated Indirect Costs Reclassification Travel Program Training WIOA Youth Contracts Salaries and Benefits Contract Labor Internship 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 Allocated Program Indirect Reclassification	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	508,529 347,498 161,031 - (0) - 3,802,735 512,588 1,856,649 102,536 - 2,725 1,971 6,637 207,492 190,350 21,371 31,733 31,733 25,856 308,066 534,762 (0) 0	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7,133,188 80,000 3,334,621 46,903 - 17,126 11,759 161,500 668,415 670,424 78,000 99,226 26,215 458,387 760,611 0	****************	94,592 167,853 (74,545) 1,284 (0) - 3,330,453 287,412 1,477,972 (55,633) - 14,401 9,788 154,863 460,922 480,074 56,629 67,493 359 150,322 225,849 - 0	84.32% 67.43% 186.19% 53.3% 64.1% 55.7% 218.6% 15.9% 16.8% 4.1% 31.0% 28.4% 27.4% 32.0% 98.6% 67.2% 70.3%









Agenda Item 4

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/BoardSchedule

		Jı	uly '	24						Au	gus	t '2	4				S	epte	emb	er '	24	
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5 12 19	6 13 20	7 14 21 28	W 1 8 15 22	7 2 9 16 23 30	F 3 10 17 24 31	4 11 18		2 9 16	3 10 17	11 18 25	W 5 12 19	6 13 20 27	7 14 21	1 8 15		2 9 16 23	3 10 17 24	11 18 25	W 5 12 19	6 13 20 27	7 14 21 28	1 8 15 22
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Youth Council meets quarterly at 8:00am on the third Tuesday

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 atjeimann@careersourcerc.com.

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



Agenda Item 5

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

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	APPROVED	
From:	Jennifer Eimann	By Brian Bauer a	t 2:11 pm, May 09, 2024
Re:	PY24-25 Paid Holiday Sche	dule	
Date:	June 26, 2024		
and ar Emplo o Inde	e scheduled to occur as liste yee Handbook: pendence Day, Thursday, Ju	d below per the Car ly 04, 2024	ose days will be paid holidays eerSource Research Coast
o Vete	or Day, Monday, September (erans Day, Monday, Novembe	er 11, 2024	
	nksgiving, Thursday, Novemb nksgiving (Obs.), Friday, Nove	•	
	stmas Day (Obs.), Tuesday, D stmas Day, Wednesday, Dec	•	
o New	y Year's Day (Obs.), Tuesday, y Years Day, Wednesday, Jan	December 31, 2024	
o Mart	in Luther King Day, Monday,	January 20, 2025	
	sident's Day, Monday, Februa norial Day, Monday, May 26, I		
Accep	ited by Board Chair:		Date:



Agenda Item 6

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 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.

At a board's discretion, the following may be exempt from the

policy described above:

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.

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 Brian Bauer

President/CEO

bbauer@careersourcerc.com (866) 482-4473 ext. 418

Board Member Contract-COI Exemption Form - 2024-2025

Date	Vendor		Description	Purpose	Expense	State of Florida	Low Bid	Comments
Date	Vendor	Party	Description	ruipose	Expense	Approved Vendor	LOW BIU	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

of interest of board members or employees. All requested information may result in disapproval of the contract.	· · · · · · · · · · · · · · · · · · ·
, Leslie Kristoff , hereby certify the following information (2/3) vote of a quorum of CareerSource and will be executed and approval in compliance with section 445.007(11), Florida Statutes.	
Identification of all parties to the contract: CareerSource Research C	Coast/LWDB 20
Contractor Name & Address: Lorna Landherr, Cleveland Clinic Indian F	River Hospital, 1000 36th Street, Vero Beach, FL 32960
Contractor Contact Phone Number: 772-789-8536	
Contract Number or Other Identifying Information, if any: <u>n/a</u> Contract Term: <u>PY 24-25</u>	
Value of the Contract with no extensions or renewals exercised: <u>Und</u>	er \$150,000
Value of the Contract with all extensions and renewals exercised: <u>n/a</u>	
Description of goods and/or services to be procured: On the Job Tra	
Method of procurement for the goods and/or services to be procured:	
Name of board member or employee whose conflict of interest requi	
(2/3) vote: Lorna Landherr	a parent argenization
The nature of the conflicting interest in the contract: Financial gain t	o 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 ap	prove the contract.
If the board member or employee with the conflict of interest attendate the board discussed or voted on the contract, the board m	
I further attest that the following is being provided with this form:	
 A certified board membership roster listing all members on the contract with a vote tally indicating attendance or absence at for those in attendance, the affirmative and negative votes an Consistent with the procedures outlined in section 112.3143, interest form that was submitted at or before the board meeting for board member/employee who has any relationship with the A draft copy of the related party contract and amendments, as Documentation supporting the method of procurement of the A copy of the board meeting and committee meeting minute related party contract. 	the meeting(s), including subcommittee meetings, and d abstentions for each member. Florida Statutes, the dated and executed conflict ong(s) in which a vote related to the contract took place the contracting vendor. Substituting a specificable of the contract took place applicable. The related party contract.
I certify that the above is true and correct.	
	Leslie Kristof
Signature of Board Chair / Vice Chair*	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 disc	lose that	mployer
Or "Other'(describe):				e contract described below:
Local Workforce Development I	Board: CareerSource R	esearch Coas	t/LWDB 20	
Contractor Name & Address: Lo	rna Landherr, Cleveland Clini	c Indian River Hos	pital, 1000 36th S	treet, Vero Beach, FL 32960
Contractor Contact Phone Num	_{ber:} 772-789-8536			
Description or Nature of Contra		g Contract		
Description of Financial Benefit			ion	
For purposes of the above principals**/owners***: (check or		ng disclosures	are made:	The contractor's
have no relative who is a me				name is:
The contractor's principals**/ow	vners*** 🖊 is is not	: (check one) a	member of the	e board. If applicable, the
principal's/owner's name is:				
			Lorna Lan	dherr
Signature of Board Member/Em	ployee Print Name		Print Name	
			Date	

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.

^{*&}quot;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.

^{** &}quot;Principal" means an owner or high-level management employee with decision-making authority.

^{*** &}quot;Owner" means a person having any ownership interest in the contractor.

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

LAST NAME - FIRST NAME - MIDDLE NAME Landherr, Lorna		NAME OF BOARD, COUNCIL, COMMISSION, AUHORITY, OR COMMITTEE CareerSource Research Coast/LWDB 20						
MAILING ADDRESS 1000 36th Street		THE BOARD, COUNG WHICH I SERVE IS A		ORITY OR COMMITTEE ON OTHER LOCAL AGENCY				
Vero Beach	COUNTY Indian River	NAME OF POLITICAL		THE COORL AGENCY				
DATE ON WHICH VOTE OCCURRED June 26, 2024		MY POSITION IS] ELECTIVE	■ APPOINTIVE				

WHO MUST FILE FORM 8B

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

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

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

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

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

ELECTED OFFICERS:

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

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

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

APPOINTED OFFICERS:

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

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

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

APPOINTED OFFICERS (continued)

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

DISC	LOSURE OF LOCAL OFFICER'S INTEREST	
լ _, Lorna Landherr	, hereby disclose that on June 26	_{,20:} 24
A measure came or will come before my agenc	y which (check one)	
inured to my special private gain or loss;		
inured to the special gain or loss of my bu	isiness associate,	;
inured to the special gain or loss of my rel		;
✓ inured to the special gain or loss of Cle	veland Clinic Indian River Hospital	, by
whom I am retained; or		•
inured to the special gain or loss of	a principal which has retained me.	, which
(b) The measure before my agency and the na	ature 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 of interest of board members or employees. All requested info may result in disapproval of the contract.	
	nation regarding a contract that was approved by a two-thirds and implemented immediately after receiving the State's
approval in compliance with section 445.007(11), Florida Statute	es.
Identification of all parties to the contract: CareerSource Rese	
Contractor Name & Address: Dr. Timothy Moore, Indian River	State College, 3209 Virgina Avenue, Ft. Pierce, FL 34981
Contractor Contact Phone Number: 772-462-4701	
Contract Number or Other Identifying Information, if any: <u>n/a</u>	
Contract Term: PY 24-25	
Value of the Contract with no extensions or renewals exercised	l: Under \$150,000
Value of the Contract with all extensions and renewals exercise	
Description of goods and/or services to be procured: Occupat	ional Skills Provider from Eligible Training Provider
Method of procurement for the goods and/or services to be pro	
Name of board member or employee whose conflict of interes	
(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	d to approve the contract.
If the board member or employee with the conflict of interest at which the board discussed or voted on the contract, the bo	- · · · · · · · · · · · · · · · · · · ·
I further attest that the following is being provided with this form	n:
 contract with a vote tally indicating attendance or abse for those in attendance, the affirmative and negative vol. Consistent with the procedures outlined in section 11 interest form that was submitted at or before the board for board member/employee who has any relationship A draft copy of the related party contract and amendment Documentation supporting the method of procurement 	2.3143, Florida Statutes, the dated and executed conflict of meeting(s) in which a vote related to the contract took place with the contracting vendor. ents, as applicable.
I certify that the above is true and correct.	
	Leslie Kristof
Signature of Board Chair / Vice Chair*	Print Name
*Must be certified and attested to by the Board Chair	

Date

22 of 69



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Dr. Timothy Moore	a board member	hereby disc	lose that	npioyer ———————
Or "Other'(describe):		_ could benefit fina	ancially from the	contract described below:
Local Workforce Development Boar				
Contractor Name & Address: Dr. Tim	othy Moore, Indian Ri	ver State College,	3209 Virgina Ave	enue, Ft. Pierce, FL 34981
Contractor Contact Phone Number:	n/a			
Description or Nature of Contract:	Occupational skill	s training from	n Eligible Tra	ining Provider
Description of Financial Benefit*: Fi	nancial gain to pa	rent organizati	on	
For purposes of the above coprincipals**/owners***: (check one)	ontract the followi	ng disclosures	are made:	The contractor's
have no relative who is a member have a relative who is a member				name is:
The contractor's principals**/owners principal's/owner's name is:				board. If applicable, the
principal 3/0wher 3 hame is.				
			Dr. Timothy	y Moore
Signature of Board Member/Employ	ee Print Name		Print Name	
			Date	

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.

^{*&}quot;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.

^{** &}quot;Principal" means an owner or high-level management employee with decision-making authority.

^{*** &}quot;Owner" means a person having any ownership interest in the contractor.



CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek of interest of board members or employees. All requested informay result in disapproval of the contract.	· ·
(2/3) vote of a quorum of CareerSource and will be executed approval in compliance with section 445.007(11), Florida Statutes	5.
Identification of all parties to the contract: CareerSource Resea	rch Coast/LWDB 20
Contractor Name & Address: William Solomon, Indian River S	tate College, 3209 Virgina Avenue, Ft. Pierce, FL 34981
Contractor Contact Phone Number: 772-462-4701	
Contract Number or Other Identifying Information, if any: <u>n/a</u>	
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	_{d:_} n/a
Description of goods and/or services to be procured: Occupation	onal Skills Provider from Eligible Training Provider
Method of procurement for the goods and/or services to be proc	_{ured:} <u>n/a</u>
Name of board member or employee whose conflict of interest (2/3) vote: William Solomon	
The nature of the conflicting interest in the contract: Financial c	gain to parent organization
The board member or employee with the conflict of interest	
subcommittee meetings, at which the board discussed or voted	
If the board member or employee with the conflict of interest a at which the board discussed or voted on the contract, the board	- · · · · · · · · · · · · · · · · · · ·
I further attest that the following is being provided with this form	:
 contract with a vote tally indicating attendance or absert for those in attendance, the affirmative and negative vote. Consistent with the procedures outlined in section 112 interest form that was submitted at or before the board of for board member/employee who has any relationship vote. A draft copy of the related party contract and amendme. Documentation supporting the method of procurement. 	3143, Florida Statutes, the dated and executed conflict o meeting(s) in which a vote related to the contract took place with the contracting vendor. nts, as applicable.
I certify that the above is true and correct.	
	Leslie Kristof
Signature of Board Chair / Vice Chair*	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 disc	lose that
Or "Other'(describe):		could benefit fina	ancially from the contract described below:
Local Workforce Development Boa	rd: CareerSource I	Research Coast	/LWDB 20
Contractor Name & Address: William	n Solomon, Indian Riv	er State College, 3	209 Virgina Avenue, Ft. Pierce, FL 34981
Contractor Contact Phone Number:	772-462-4701		
Description or Nature of Contract:	Occupational skil	ls training from	Eligible Training Provider
Description of Financial Benefit*: <u>F</u>	inancial gain to pa	rent organizati	on
For purposes of the above oprincipals**/owners***: (check one)	ontract the follow	ing disclosures	are made: The contractor's
✓ have no relative who is a member— have a relative who is a member			
The contractor's principals**/owner	s*** <u> </u>	ot (check one) a r	member of the board. If applicable, the
principal's/owner's name is:			
			William Solomon
Signature of Board Member/Employ	vee Print Name		Print Name
			Date

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.

^{*&}quot;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.

^{** &}quot;Principal" means an owner or high-level management employee with decision-making authority.

^{*** &}quot;Owner" means a person having any ownership interest in the contractor.

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

LAST NAME - FIRST NAME - MIDDLE Solomon, William	NAME		, council, commissio ce Research Coa	n, auhority, or committee ast/LWDB 20
MAILING ADDRESS 3209 Virgina Avenue		THE BOARD, COU WHICH I SERVE IS		THORITY OR COMMITTEE ON OTHER LOCAL AGENCY
CITY Ft. Pierce	COUNTY St ,Lucie	NAME OF POLITIC	CAL SUBDIVISION:	
DATE ON WHICH VOTE OCCURRED June 26, 2024		MY POSITION IS	□ ELECTIVE	■ APPOINTIVE

WHO MUST FILE FORM 8B

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

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

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

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

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

ELECTED OFFICERS:

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

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

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

APPOINTED OFFICERS:

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

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

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

APPOINTED OFFICERS (continued)

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

l l	DISCLOSURE OF LOCAL OFFICER'S INTEREST	
_{I,} William Solomon	, hereby disclose that on June 26	
A measure came or will come before my a	gency which (check one)	
inured to my special private gain or lo	oss;	
inured to the special gain or loss of n	my business associate,	;
inured to the special gain or loss of n	ny relative,	;
✓ inured to the special gain or loss of whom I am retained; or	ndian River State College	, by
inured to the special gain or loss of _ is the parent organization or subsidia	ary of a principal which has retained me.	, which
(b) The measure before my agency and t	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

Signature of Board Chair / Vice Chair*	Print Name
	James Brann
I certify that the above is true and correct.	
 A certified board membership roster listing all member contract with a vote tally indicating attendance or abserved for those in attendance, the affirmative and negative version of the consistent with the procedures outlined in section of the interest form that was submitted at or before the board for board member/employee who has any relationship. A draft copy of the related party contract and amendment of the procurement of the procurement. 	ers on the board at the time of the vote on the approval of the ence at the meeting(s), including subcommittee meetings, and otes and abstentions for each member. 12.3143, Florida Statutes, the dated and executed conflict of meeting(s) in which a vote related to the contract took place with the contracting vendor. 12.3143, Florida Statutes, the dated and executed conflict of meeting(s) in which a vote related to the contract took place with the contracting vendor.
at which the board discussed or voted on the contract, the b I further attest that the following is being provided with this for	
subcommittee meetings, at which the board discussed or vote	attended the meeting(s), including subcommittee meetings
The board member or employee with the conflict of interest	
The nature of the conflicting interest in the contract: Financial	gain to parent organization
Name of board member or employee whose conflict of intere (2/3) vote: Leslie Kristof	st required the board's approval of the contract by two-thirds
Method of procurement for the goods and/or services to be pro	
Description of goods and/or services to be procured: Occupa	tional Skills Training from Eligible Training Provider
Value of the Contract with all extensions and renewals exercise	_{ed:} <mark>n/a</mark>
Value of the Contract with no extensions or renewals exercised	d: Under \$150,000
Contract Number or Other Identifying Information, if any: <u>n/a</u> Contract Term: <u>PY 24-25</u>	
Contractor Contact Phone Number: 772-398-9990	
Contractor Name & Address: Leslie Kristof, Keiser Univers	ity, 9400 SW Discovery Way, Port St. Lucie, FL 34987
Identification of all parties to the contract: CareerSource Rese	earch Coast/LWDB 20
(2/3) vote of a quorum of CareerSource and will be execute approval in compliance with section 445.007(11), Florida Statut	es.
of interest of board members or employees. All requested inf may result in disapproval of the contract.	ormation is required. Failure to provide complete information

*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 discl	lose that	oyer ————————
Or "Other'(describe):		_ could benefit fina	ancially from the cor	
Local Workforce Development Boa	_{rd:} <u>CareerSource F</u>	Research Coast	/LWDB 20	
Contractor Name & Address: Leslie	e Kristof, Keiser Unive	ersity, 9400 SW D	iscovery Way, Por	t St. Lucie, FL 34987
Contractor Contact Phone Number	772-398-9990			
Description or Nature of Contract: _	Occupational skil	s training from	n Eligible Trainii	ng Provider
Description of Financial Benefit*: F	inancial gain to pa	rent organizati	on	
For purposes of the above of principals**/owners***: (check one)	contract the follow	ing disclosures	are made: The	e contractor's
✓ have no relative who is a mem_ have a relative who is a memb				ne is:
The contractor's principals**/owner				ard. If applicable, the
			Leslie Kristof	
Signature of Board Member/Emplo	yee Print Name		Print Name	
			 Date	

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

- ** "Principal" means an owner or high-level management employee with decision-making authority.
- *** "Owner" means a person having any ownership interest in the contractor.

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

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

LAST NAME - FIRST NAME - MIDDLE NAME Kristof, Leslie			NAME OF BOARD, COUNCIL, COMMISSION, AUHORITY, OR COMMITTEE CareerSource Research Coast/LWDB 20		
MAILING ADDRESS 9400 SW Discovery Wa	V	WHICH I SERVE IS	A UNIT OF:	HORITY OR COMMITTEE ON	
3400 OVV DISCOVERY VVA	у	☐ CITY	☐ COUNTY	■ OTHER LOCAL AGENCY	
CITY	COUNTY	NAME OF POLITICA	AL SUBDIVISION:		
Port St. Lucie	St. Lucie				
DATE ON WHICH VOTE OCCURRED		MY POSITION IS			
June 26, 2024			□ ELECTIVE	■ APPOINTIVE	

WHO MUST FILE FORM 8B

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

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

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

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

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

ELECTED OFFICERS:

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

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

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

APPOINTED OFFICERS:

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

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

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

APPOINTED OFFICERS (continued)

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

DISC	CLOSURE OF LOCAL OFFICER'S INTEREST	
_{I.} Leslie Kristof	, hereby disclose that on June 26	, _{20:} 24
,		
A measure came or will come before my agenc	cy which (check one)	
inured to my special private gain or loss;		
inured to the special gain or loss of my bu	usiness associate,	;
inured to the special gain or loss of my re		;
inured to the special gain or loss of Keis whom I am retained; or	ser University	, by
inured to the special gain or loss ofis the parent organization or subsidiary of	a principal which has retained me.	, which
(b) The measure before my agency and the na	ature 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

	Leslie Kristof
I certify that the above is true and correct.	
 A certified board membership roster listing all member contract with a vote tally indicating attendance or abserved for those in attendance, the affirmative and negative vote. Consistent with the procedures outlined in section 11 interest form that was submitted at or before the board for board member/employee who has any relationship. A draft copy of the related party contract and amendm. Documentation supporting the method of procurement. 	rs on the board at the time of the vote on the approval of the ence at the meeting(s), including subcommittee meetings, and otes and abstentions for each member. 2.3143, Florida Statutes, the dated and executed conflict of meeting(s) in which a vote related to the contract took place with the contracting vendor. ents, as applicable.
I further attest that the following is being provided with this forr	
If the board member or employee with the conflict of interest at which the board discussed or voted on the contract, the bo	attended the meeting(s), including subcommittee meetings
subcommittee meetings, at which the board discussed or voted	
The nature of the conflicting interest in the contract: That is a substitution of the conflicting interest in the conflict of interest	
Name of board member or employee whose conflict of interest (2/3) vote: Dr. David Moore The nature of the conflicting interest in the contract: Financial	
Method of procurement for the goods and/or services to be pro	
Description of goods and/or services to be procured: Occupat	
Value of the Contract with all extensions and renewals exercise	ed: N/a
Value of the Contract with no extensions or renewals exercised	
Contract Number or Other Identifying Information, if any: <u>n/a</u> Contract Term: <u>PY 24-25</u>	
Contractor Contact Phone Number: 772-564-3150	
Contractor Name & Address: Dr. David Moore, School District of Indian Rive	T County/Treasure Coast Technical College, 6500 37th Sileet, Vero Beach, FL 52807
Identification of all parties to the contract: CareerSource Rese	arch Coast/LWDB ZU
(2/3) vote of a quorum of CareerSource and will be execute approval in compliance with section 445.007(11), Florida Statute	es.
of interest of board members or employees. All requested info may result in disapproval of the contract.	

*Must be certified and attested to by the Board Chair

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

_{I,} <u>Dr. David Moore</u>	a board member	hereby disclo	se that
Or "Other'(describe):		could benefit finar	ncially from the contract described below:
Local Workforce Development Boa			
Contractor Name & Address: Dr. Davi	d Moore, School District of Indian Ri	ver 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*: <u>F</u>	inancial gain to par	ent organizatio	n
For purposes of the above oprincipals**/owners***: (check one)	contract the followin	g disclosures	are made: The contractor's
✓ have no relative who is a member— have a relative who is a member			
The contractor's principals**/owne	rs*** <u> </u>	(check one) a m	ember of the board. If applicable, the
principal's/owner's name is:			
			Dr. David Moore
Signature of Board Member/Emplo	yee Print Name		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

*Must be certified and attested to by the Board Chair	
Signature of Board Chair / Vice Chair*	Print Name
	Leslie Kristof
I certify that the above is true and correct.	
 contract with a vote tally indicating attendance or abserfor those in attendance, the affirmative and negative vo Consistent with the procedures outlined in section 112 interest form that was submitted at or before the board for board member/employee who has any relationship vo A draft copy of the related party contract and amendments Documentation supporting the method of procurement 	is on the board at the time of the vote on the approval of the nce at the meeting(s), including subcommittee meetings, and otes and abstentions for each member. 2.3143, Florida Statutes, the dated and executed conflict of meeting(s) in which a vote related to the contract took place, with the contracting vendor. ents, as applicable.
If the board member or employee with the conflict of interest a at which the board discussed or voted on the contract, the bo	
subcommittee meetings, at which the board discussed or voted	
The board member or employee with the conflict of interest	
The nature of the conflicting interest in the contract: Financial of	
(2/3) vote: Christ Shields	gain to percent argenization
Name of board member or employee whose conflict of interest	t required the board's approval of the contract by two-thirds
Method of procurement for the goods and/or services to be proc	_{cured:} n/a
Description of goods and/or services to be procured: Occupati	onal Skills Training from Eligible Training Provider
Value of the Contract with all extensions and renewals exercised	
Value of the Contract with no extensions or renewals exercised:	Under \$50,000
Contract Number or Other Identifying Information, if any: n/a Contract Term: PY 24-25	
Contractor Contact Phone Number: 772-564-5006	
Contractor Name & Address: Christi Shields, School District of Indian River Contractor Name & Address:	County/Treasure Coast Technical College, 6500 57th Street, Vero Beach, FL 32967
Identification of all parties to the contract: CareerSource Resea	arch Coast/LWDB 20
(2/3) vote of a quorum of CareerSource and will be executed approval in compliance with section 445.007(11), Florida Statutes	
of interest of board members or employees. All requested info may result in disapproval of the contract.	

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Christi Shields	board member	hereby discl	ose that	mployer ——————
Or "Other'(describe):		could benefit fina	ancially from the	e contract described below:
Local Workforce Development Board				
Contractor Name & Address: Christi Shiel	ds, School District of Indian Rive	er County, /Treasure Coas	t Technical College, 6	500 57th Street, Vero Beach, FL 32967
Contractor Contact Phone Number: 7	72-564-5006			
Description or Nature of Contract: O	ccupational skills	training from	Eligible Tr	aining Provider
Description of Financial Benefit*: Fin				
For purposes of the above corprincipals**/owners***: (check one)	ntract the followir	g disclosures	are made:	The contractor's
have no relative who is a member have a relative who is a member				name is:
The contractor's principals**/owners* principal's/owner's name is:				e board. If applicable, the
principal s/owner's flame is				
			Christi Sh	ields
Signature of Board Member/Employe	e Print Name		Print Name	
			 Date	

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

- ** "Principal" means an owner or high-level management employee with decision-making authority.
- *** "Owner" means a person having any ownership interest in the contractor.

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

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

LAST NAME – FIRST NAME – MIDDLE NAME Shields, Christi			NAME OF BOARD, COUNCIL, COMMISSION, AUHORITY, OR COMMITTEE CareerSource Research Coast/LWDB 20			
MAILING ADDRESS 6500 57th Street		WHICH I SERVE IS	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:			
		☐ CITY	☐ COUNTY	■ OTHER LOCAL AGENCY		
CITY	COUNTY	NAME OF POLITIC	NAME OF POLITICAL SUBDIVISION:			
Vero Beach	Indian River					
DATE ON WHICH VOTE OCCURRED		MY POSITION IS				
June 26, 2024			□ ELECTIVE	■ APPOINTIVE		

WHO MUST FILE FORM 8B

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

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

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

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

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

ELECTED OFFICERS:

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

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

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

APPOINTED OFFICERS:

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

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

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

APPOINTED OFFICERS (continued)

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

DISCLOSURE OF LOCAL OFFICER'S INTEREST			
_{I.} Christie Shields	hereby disclose that on June 26	, _{20:} 24	
,		, , ,	
A measure came or will come before my agency w	hich (check one)		
inured to my special private gain or loss;			
inured to the special gain or loss of my busin	ness associate,	;	
inured to the special gain or loss of my relativ		;	
✓ inured to the special gain or loss of Treasu	ure Coast Technical College	, by	
whom I am retained; or			
inured to the special gain or loss of is the parent organization or subsidiary of a p	principal which has retained me.	, which	
(b) The measure before my agency and the natur	re 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

Signature of Board Chair / Vice Chair*	Print Name
	Leslie Kristof
I certify that the above is true and correct.	
 contract with a vote tally indicating attendance or abserved for those in attendance, the affirmative and negative vote. Consistent with the procedures outlined in section 11 interest form that was submitted at or before the board for board member/employee who has any relationship. A draft copy of the related party contract and amendm. Documentation supporting the method of procurements. 	rs on the board at the time of the vote on the approval of the ence at the meeting(s), including subcommittee meetings, and otes and abstentions for each member. 2.3143, Florida Statutes, the dated and executed conflict of meeting(s) in which a vote related to the contract took place with the contracting vendor. ents, as applicable.
If the board member or employee with the conflict of interest at which the board discussed or voted on the contract, the board discussed or voted on the contract, the board discussed or voted on the contract.	pard member or employee abstained from voting.
subcommittee meetings, at which the board discussed or voted	
The nature of the conflicting interest in the contract: Financial The board member or employee with the conflict of interest	
(2/3) vote: James Brann	
Method of procurement for the goods and/or services to be pro Name of board member or employee whose conflict of interes	
Description of goods and/or services to be procured: On the J	
Value of the Contract with all extensions and renewals exercise	
Value of the Contract with no extensions or renewals exercised	
Contract Number or Other Identifying Information, if any: <u>n/a</u> Contract Term: <u>PY 24-25</u>	
Contractor Contact Phone Number: 772-465-6772	
Contractor Name & Address: James Brann, The Porch Fa	ctory, 705 N 39th Street, Ft. Pierce, FL 34947
Identification of all parties to the contract: CareerSource Rese	arch Coast/LWDB 20
(2/3) vote of a quorum of CareerSource and will be execute approval in compliance with section 445.007(11), Florida Statute	es.
of interest of board members or employees. All requested info may result in disapproval of the contract.	officiation is required. Failure to provide complete information

*Must be certified and attested to by the Board Chair

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

_{I,} <u>James Brann</u>	a board mem	nber	_, hereby disc	lose that _	My business
Or "Other'(describe):		co	uld benefit fina	ancially fro	om the contract described below:
Local Workforce Development Boa	rd: <u>CareerS</u> oւ	ırce Rese	earch Coast	/LWDB	20
Contractor Name & Address: Jame	es Brann, The	Porch Fa	ctory, 705	N 39th S	treet, Ft. Pierce, FL 34947
Contractor Contact Phone Number	772-465-67	72			
Description or Nature of Contract: _	On the Job T	raining (Contract		
Description of Financial Benefit*: F	inancial gain	to paren	organizati	on	
For purposes of the above or principals**/owners***: (check one)	contract the f	following	disclosures	are ma	ade: The contractor's
✓ have no relative who is a mem— have a relative who is a memb					
The contractor's principals**/owner	rs***	_ is not (cl	neck one) a ı	member (of the board. If applicable, the
principal's/owner's name is:					
				James	s Brann
Signature of Board Member/Emplo	yee Print Name	-		Print N	ame
				 Date	

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

- ** "Principal" means an owner or high-level management employee with decision-making authority.
- *** "Owner" means a person having any ownership interest in the contractor.

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

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

LAST NAME - FIRST NAME - MIDDLE	NAME		NAME OF BOARD	, COUNCIL, COMMISSIO	N, AUHORITY, OR COMMITTEE
Brann, James		CareerSource Research Coast/LWDB 20			
MAILING ADDRESS			THE BOARD, COU		THORITY OR COMMITTEE ON
705 N 39th Street			☐ CITY	□ COUNTY	■ OTHER LOCAL AGENCY
CITY	COUNTY		NAME OF POLITIC	CAL SUBDIVISION:	
Fort Pierce	St. Lucie				
DATE ON WHICH VOTE OCCURRED			MY POSITION IS		
June 26, 2024				□ ELECTIVE	■ APPOINTIVE

WHO MUST FILE FORM 8B

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

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

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

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

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

ELECTED OFFICERS:

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

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

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

APPOINTED OFFICERS:

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

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

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

APPOINTED OFFICERS (continued)

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

DISCLOSURE OF LOCAL OFFICER'S INTEREST			
_{I,} James Brann	hereby disclose that on June 26	_{,20:} <u>24</u>	
A measure came or will come before my agen	cy which (check one)		
inured to my special private gain or loss;			
inured to the special gain or loss of my b	usiness associate,	;	
	elative,		
<u>✓</u> inured to the special gain or loss of The whom I am retained; or	e Porch Factory	, by	
inured to the special gain or loss of is the parent organization or subsidiary o	of a principal which has retained me.	, which	
(b) The measure before my agency and the r	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 of interest of board members or employees. All requested informay result in disapproval of the contract.	· ·
(2/3) vote of a quorum of CareerSource and will be executed approval in compliance with section 445.007(11), Florida Statutes	5.
Identification of all parties to the contract: CareerSource Resea	
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: <u>n/a</u> Contract Term: <u>PY 24-25</u>	
Value of the Contract with no extensions or renewals exercised:	<u>Under \$10,000</u>
Value of the Contract with all extensions and renewals exercised	_{d:_} 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 proc	_{ured:} n/a
Name of board member or employee whose conflict of interest (2/3) vote: Terrance Moore	
The nature of the conflicting interest in the contract: Financial c	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 a at which the board discussed or voted on the contract, the board	- · · · · · · · · · · · · · · · · · · ·
I further attest that the following is being provided with this form	:
 contract with a vote tally indicating attendance or absert for those in attendance, the affirmative and negative vote. Consistent with the procedures outlined in section 112 interest form that was submitted at or before the board of for board member/employee who has any relationship vote. A draft copy of the related party contract and amendme. Documentation supporting the method of procurement. 	3143, Florida Statutes, the dated and executed conflict o meeting(s) in which a vote related to the contract took place with the contracting vendor. nts, as applicable.
I certify that the above is true and correct.	
	Leslie Kristof
Signature of Board Chair / Vice Chair*	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 t	My business hat
Or "Other'(describe):		could benefit financia	lly from the contract described below:
Local Workforce Development Boar	d: CareerSource Re	esearch Coast/LW	DB 20
Contractor Name & Address: Care	erSource Research	Coast/LWDB 20	
Contractor Contact Phone Number:	Terrance Moore, Moore Sc	lutions, Inc., 1680 SE Lyn	gate Dr., Ste. 202, Port St. Lucie, FL 34952
Description or Nature of Contract: V	orksite agreement fo	r WIOA Youth Work I	Experience
Description of Financial Benefit*: Fi	nancial gain to par	ent organization	
For purposes of the above c principals**/owners***: (check one)	ontract the followin	g disclosures are	made: The contractor's
✓ have no relative who is a member— have a relative who is a member			
The contractor's principals**/owners			ber of the board. If applicable, the
		Te	errance Moore
Signature of Board Member/Employ	ee Print Name	Pri	nt Name
		 Da	te

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

- ** "Principal" means an owner or high-level management employee with decision-making authority.
- *** "Owner" means a person having any ownership interest in the contractor.

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

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

LAST NAME – FIRST NAME – MIDDLE NAME		NAME OF BOARD,	COUNCIL, COMMISSION, A	AUHORITY, OR COMMITTEE
Moore, Terrance		CareerSource Research Coast/LWDB 20		
MAILING ADDRESS 1680 SE Lyngate Dr., Ste. 202		THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:		
		☐ CITY	□ COUNTY	■ OTHER LOCAL AGENCY
CITY	COUNTY	NAME OF POLITICA	AL SUBDIVISION:	
Port St. Lucie	St. Lucie			
DATE ON WHICH VOTE OCCURRED		MY POSITION IS		
June 26, 2024			□ ELECTIVE	■ APPOINTIVE

WHO MUST FILE FORM 8B

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

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

ELECTED OFFICERS:

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

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

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

APPOINTED OFFICERS:

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

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

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

APPOINTED OFFICERS (continued)

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

Di	ISCLOSURE OF LOCAL OFFICER'S INTEREST	
_{I,} Terrance Moore	, hereby disclose that on June 26	_{,20:} 24
A measure came or will come before my age	ency which (check one)	
inured to my special private gain or los	SS;	
inured to the special gain or loss of my	y business associate,	;
	y relative,	
<u>✓</u> inured to the special gain or loss of <u>M</u> whom I am retained; or	oore Solutions, Inc.	, by
inured to the special gain or loss of is the parent organization or subsidiary	y of a principal which has retained me.	, which
(b) The measure before my agency and the	e 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

*Must be certified and attested to by the Board Chair	
Signature of Board Chair / Vice Chair*	Print Name
	Leslie Kristof
I certify that the above is true and correct.	
 A certified board membership roster listing all member contract with a vote tally indicating attendance or absert for those in attendance, the affirmative and negative vote. Consistent with the procedures outlined in section 112 interest form that was submitted at or before the board for board member/employee who has any relationship of A draft copy of the related party contract and amendment. Documentation supporting the method of procurement. 	rs on the board at the time of the vote on the approval of the nce at the meeting(s), including subcommittee meetings, and otes and abstentions for each member. 2.3143, Florida Statutes, the dated and executed conflict of meeting(s) in which a vote related to the contract took place, with the contracting vendor. ents, as applicable.
If the board member or employee with the conflict of interest at which the board discussed or voted on the contract, the board discussed or voted on the conflict of interest at which the board discussed or voted on the conflict of interest at which the board discussed or voted on the conflict of interest at which the board discussed or voted on the contract, the board discussed or voted on the contract.	
subcommittee meetings, at which the board discussed or voted	I to approve the contract.
The board member or employee with the conflict of interest	_ did did not (check one) attend the meeting(s), including
The nature of the conflicting interest in the contract: Financial	gain to parent organization
(2/3) vote: Dr. David Moore	
Method of procurement for the goods and/or services to be proc Name of board member or employee whose conflict of interes	
Value of the Contract with all extensions and renewals exercise Description of goods and/or services to be procured: Facility U	
Value of the Contract with no extensions or renewals exercised	
Contract Number or Other Identifying Information, if any: <u>n/a</u> Contract Term: <u>PY 24-25</u>	Under \$10,000
Contractor Contact Phone Number: 772-564-3150	
Contractor Name & Address: Dr. David Moore, School District of Indian River	County/Treasure Coast Technical College, 6500 57th Street, Vero Beach, FL 32967
Identification of all parties to the contract: CareerSource Research	arch Coast/LWDB 20
(2/3) vote of a quorum of CareerSource and will be executed approval in compliance with section 445.007(11), Florida Statute	d and implemented immediately after receiving the State's es.
This form is to disclose a conflict or potential conflict and to seek of interest of board members or employees. All requested info may result in disapproval of the contract. Leslie Kristof hereby certify the following inform	· · ·

Date



DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

_{I,} <u>Dr. David Moore</u>	a board member	hereby disclo	ose that	employer —————————
Or "Other'(describe):		could benefit fina	ncially from t	he contract described below:
Local Workforce Development Boa	_{rd:} <u>CareerSource R</u>	esearch Coast/	LWDB 20	
Contractor Name & Address: Dr. Davi	d Moore, School District of Indian Ri	ver County/Treasure Coast	t Technical College	, 6500 57th Street, Vero Beach, FL 32967
Contractor Contact Phone Number	. n/a			
Description or Nature of Contract:	Facility Use Agreemen	t for the Eckerd (Connects Ca	areer Center
Description of Financial Benefit*: F	inancial gain to par	ent organizatio	n	
For purposes of the above or principals**/owners***: (check one)	contract the followin	g disclosures	are made:	The contractor's
have no relative who is a mem have a relative who is a memb				e name is:
The contractor's principals**/owne	rs*** <u> </u>	(check one) a m	nember of tl	ne board. If applicable, the
principal's/owner's name is:				
			Dr. David	d Moore
Signature of Board Member/Emplo	yee Print Name		Print Name	
			 Date	
have a relative who is a memb The contractor's principals**/owne principal's/owner's name is:	er of the board or an e	mployee of the b	Dr. David	ne board. If applicable, the

*"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 a of interest of board members or employees. All requested informay result in disapproval of the contract.	
(2/3) vote of a quorum of CareerSource and will be executed approval in compliance with section 445.007(11), Florida Statutes.	
Identification of all parties to the contract: CareerSource Resear	ch Coast/LWDB 20
Contractor Name & Address: Christi Shields, School District of Indian River Co	unty/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: <u>n/a</u> Contract Term: <u>PY 24-25</u>	
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	e Agreement for the Eckerd Connects Career Center
Method of procurement for the goods and/or services to be procu	_{red:} n/a
Name of board member or employee whose conflict of interest r (2/3) vote: Christi Shields	
The nature of the conflicting interest in the contract: Financial ga	ain to parent organization
The board member or employee with the conflict of interest c	
subcommittee meetings, at which the board discussed or voted to	o approve the contract.
If the board member or employee with the conflict of interest att at which the board discussed or voted on the contract, the board	- · · · - · · - · · · · · · · · · · · ·
I further attest that the following is being provided with this form:	
 contract with a vote tally indicating attendance or absence for those in attendance, the affirmative and negative vote Consistent with the procedures outlined in section 112.3 interest form that was submitted at or before the board m for board member/employee who has any relationship wi A draft copy of the related party contract and amendmen Documentation supporting the method of procurement or 	B143, Florida Statutes, the dated and executed conflict on the contract took place ith the contracting vendor. Its, as applicable.
I certify that the above is true and correct.	
	Leslie Kristof
Signature of Board Chair / Vice Chair*	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 disc	lose that	y employer
Or "Other'(describe):		_ could benefit find	ancially from	1 the contract described below:
Local Workforce Development Boa				
Contractor Name & Address: Christi S	hields, School District of Indian Ri	ver County/Treasure Coas	t Technical Colle	ge, 6500 57th Street, Vero Beach, FL 32967
Contractor Contact Phone Number	772-564-5006			
Description or Nature of Contract:		nt for the Eckerd	Connects	Career Center
Description of Financial Benefit*:	inancial gain to pa	rent organizati	on	
For purposes of the above or principals**/owners***: (check one)	contract the followi	ng disclosures	are mad	le: The contractor's
have no relative who is a mem have a relative who is a memb				
The contractor's principals**/owne principal's/owner's name is:				the board. If applicable, the
			Christi	Shields
Signature of Board Member/Emplo	yee Print Name		Print Nar	ne
			 Date	

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

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

LAST NAME - FIRST NAME - MIDDLE NA Shields, Christi	ME		NAME OF BOARD, COUNCIL, COMMISSION, AUHORITY, OR COMMITTEE CareerSource Research Coast/LWDB 20					
MAILING ADDRESS 6500 57th Street		WHICH I SERVE IS	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:					
0000 07 111 011 001		☐ CITY	☐ COUNTY	■ OTHER LOCAL AGENCY				
CITY	COUNTY	NAME OF POLITIC	CAL SUBDIVISION:					
Vero Beach	Indian River							
DATE ON WHICH VOTE OCCURRED		MY POSITION IS						
June 26, 2024			□ ELECTIVE	■ APPOINTIVE				

WHO MUST FILE FORM 8B

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

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

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

ELECTED OFFICERS:

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

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

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

APPOINTED OFFICERS:

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

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

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

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed. IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:
- · You must disclose orally the nature of your conflict in the measure before participating.
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DISCLOSURE OF LOCAL OFFICER'S INTEREST								
_{I.} Christie Shields	hereby disclose that on June 26	, _{20:} 24						
,		, , ,						
A measure came or will come before my agency w	hich (check one)							
inured to my special private gain or loss;								
inured to the special gain or loss of my busin	ness associate,	;						
inured to the special gain or loss of my relativ		;						
✓ inured to the special gain or loss of Treasu	ure Coast Technical College	, by						
whom I am retained; or								
inured to the special gain or loss of is the parent organization or subsidiary of a p	principal which has retained me.	, which						
(b) The measure before my agency and the natur	re 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

Signature of Board Chair / Vice Chair*	Print Name
	Leslie Kristof
I certify that the above is true and correct.	
 contract with a vote tally indicating attendance or abserved for those in attendance, the affirmative and negative volume. Consistent with the procedures outlined in section 11 interest form that was submitted at or before the board for board member/employee who has any relationship. A draft copy of the related party contract and amendm. Documentation supporting the method of procurement. 	2.3143, Florida Statutes, the dated and executed conflict of meeting(s) in which a vote related to the contract took place with the contracting vendor. ents, as applicable.
I further attest that the following is being provided with this for	m:
If the board member or employee with the conflict of interest at which the board discussed or voted on the contract, the b	attended the meeting(s), including subcommittee meetings
subcommittee meetings, at which the board discussed or vote	
The nature of the conflicting interest in the contract: Financial The board member or employee with the conflict of interest	
(2/3) vote: William Armstead	gain to parent organization
Name of board member or employee whose conflict of interes	
Method of procurement for the goods and/or services to be pro	
Description of goods and/or services to be procured: Approved to	aining provider TANF Summer Youth Teen Pregnancy Prevention Program
Value of the Contract with all extensions and renewals exercise	
Contract Term: PY 24-25 Value of the Contract with no extensions or renewals exercised	g. Under \$ 50,000
Contract Number or Other Identifying Information, if any: <u>n/a</u>	
Contractor Contact Phone Number: 772-460-9918	
Contractor Name & Address: William Armstead, Boys and Girls	Club of St. Lucie County, 3104 Avenue J, Ft. Pierce, FL 34947
Identification of all parties to the contract: CareerSource Rese	earch Coast/LWDB 20
, Leslie Kristof, hereby certify the following inform (2/3) vote of a quorum of CareerSource and will be executed approval in compliance with section 445.007(11), Florida Statute	
of interest of board members or employees. All requested infi may result in disapproval of the contract.	ormation is required. Failure to provide complete information

*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 disc	lose that	employer
Or "Other'(describe):		could benefit fina	ancially from th	
Local Workforce Development Boa	rd: CareerSource Re	esearch Coast	/LWDB 20	
Contractor Name & Address: Willian	n Armstead, Boys and Girls	Club of St. Lucie	County, 3104 A	venue J, Ft. Pierce, FL 34947
Contractor Contact Phone Number:	772-460-9918			
Description or Nature of Contract: _	pproved training provide	r TANF Summer	Youth Teen Pre	egnancy Prevention Program
Description of Financial Benefit*: <u>F</u>	inancial gain to pare	ent organizati	on	
For purposes of the above oprincipals**/owners***: (check one)	ontract the followin	g disclosures	are made:	The contractor's
have no relative who is a member have a relative who is a member				e name is:
The contractor's principals**/owner	s***	(check one) a ı	member of th	e board. If applicable, the
principal's/owner's name is:				
			William A	rmstead
Signature of Board Member/Employ	/ee Print Name		Print Name	
			 Date	

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

- ** "Principal" means an owner or high-level management employee with decision-making authority.
- *** "Owner" means a person having any ownership interest in the contractor.

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

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

LAST NAME – FIRST NAME – MIDDLE NAME		NAME OF BOARD, COUNCIL, COMMISSION, AUHORITY, OR COMMITTEE					
Armstead, William		CareerSource Research Coast/LWDB 20					
MAILING ADDRESS 3104 Avenue J		THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:					
3 104 Averlue J		☐ CITY	☐ COUNTY	■ OTHER LOCAL AGENCY			
CITY	COUNTY	NAME OF POLITICAL	SUBDIVISION:				
Ft. Pierce	St. Lucie County						
DATE ON WHICH VOTE OCCURRED		MY POSITION IS					
June 26, 2024			ELECTIVE	■ APPOINTIVE			

WHO MUST FILE FORM 8B

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

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

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

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

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

ELECTED OFFICERS:

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

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

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

APPOINTED OFFICERS:

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

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

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

APPOINTED OFFICERS (continued)

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

	DISCLOSURE OF LOCAL OFFICER'S INTEREST	
_{I,} William Armstead	, hereby disclose that on June 26	,20: 24
A measure came or will come before my a		
inured to my special private gain or		
inured to the special gain or loss of	my business associate,	;
inured to the special gain or loss of		;
✓ inured to the special gain or loss of whom I am retained; or	Boys and Girls Club of St. Lucie County	, by
inured to the special gain or loss of is the parent organization or subsidi	ary of a principal which has retained me.	, which
(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 Effective Utilization of Current and Timely Operational Intelligence

Plans/Goals 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 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.

Slate of Officers:

• 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 Brian Bauer

President/CEO

bbauer@careersourcerc.com (866) 482-4473 ext. 418



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 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.

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.

Staff will provide the Executive Committee with the results of the

monitoring completed by CSRC's independent monitoring firm, THMP.

Staff

Recommendations None - Information Only

Supporting Material 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

Board Staff Brian Bauer

President/CEO

bbauer@careersource.com (866) 482-4473 ext 418



AGENDA ITEM SUMMARY

Title Local Workforce Development Board Membership

Stakeholders

Policy/Plan/Law Workforce Innovation and Opportunity Act (WIOA)/By-Laws-Role of

LWDB's

Action Requested None - Information Only

Background 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.

Application's for board membership have been received from the following individuals:

 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			WIOA DISLOCATED	PY 2024 FINAL	PY 2023 FINAL		
	BOARDS	WIOA ADULT	WIOA YOUTH	WORKER	ALLOCATION	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%
23 24	CareerSource South Florida CareerSource Southwest Florida	\$2,617,792	\$2,350,527	\$1,533,103	\$6,501,422	\$5,638,039	\$863,383	15.31%
24	Career South West Florida	\$2,617,792	\$2,330,327	\$1,555,105	\$6,501,422	\$5,636,039	\$663,363	15.51 /6
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

		AREA OF SUBSTANTIAL UNEMPLOYMENT		ECONOMICALLY								
			Uner	nployed	DISADVA	ANTAGED	LWDB	НН	PY2024	PY2023		
	LOCAL WORKFORCE DEVELOPMENT BOARDS	LABOR FORCE	Total	Rate	Total	Excess	SHARE	*	FINAL ALLOCATION	FINAL ALLOCATION	DIFFERENC E	%
	DEVELOPMENT BOARDS	FORCE	I Otal	Nate	I Otal	EXCESS	SHARE		ALLOCATION	FINAL ALLOCATION	<u> </u>	/0
1	CareerSource Escarosa CareerSource Okaloosa	22,760	1,470	6.5%	42,710	39,713	0.021554604		\$661,658	\$796,339	(\$134,681)	-16.91%
2	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 CareerSource Capital	0	0	0.0%	19,985	18,737	0.010052260	*	\$308,573	\$354,995	(\$46,422)	-13.08%
5	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 CareerSource Citrus Levy	79,751	5,206	6.5%	122,830	111,848	0.068366911		\$2,098,648	\$2,262,027	(\$163,379)	-7.22%
10	Marion CareerSource Central	57,444	3,727	6.5%	57,140	54,420	0.040660884		\$1,248,161	\$1,162,150	\$86,011	7.40%
12	Florida CareerSource Pasco	112,961	7,411	6.6%	204,655	186,027	0.125430179	*	\$3,850,311	\$4,966,604	(\$1,116,293)	-22.48%
16	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 CareerSource Research	15,822	1,021	6.5%	26,900	25,936	0.014345538		\$440,363	\$519,271	(\$78,908)	-15.20%
20	Coast CareerSource Palm Beach	31,514	2,075	6.6%	47,100	43,307	0.026938518		\$826,927	\$1,020,696	(\$193,769)	-18.98%
21	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 CareerSource South	52,157	3,389	6.5%	142,220	128,772	0.075457122	*	\$2,316,296	\$2,666,135	(\$349,839)	-13.12%
23	Florida CareerSource Southwest	72,915	4,767	6.5%	257,190	239,923	0.160352070	*	\$4,922,302	\$5,710,976	(\$788,674)	-13.81%
24	Florida Crown/North Central	129,842	8,527	6.6%	103,255	94,227	0.085278858		\$2,617,792	\$2,073,280	\$544,512	26.26%
26	Florida	16,559	1,105	6.7%	47,530	44,998	0.020921051		\$642,210	\$680,801	(\$38,591)	-5.67%
26 27	Flagler Volusia/Brevard	50,399	3,305	6.6%	91,745	83,956	0.020921031		\$1,454,855	\$1,484,756	(\$29,901)	-20.02%
	Pinellas/Tampa Bay	92,960	· · · · · · · · · · · · · · · · · · ·	6.6%	91,745 189,255	172,492	0.047394274				(\$470,952)	-20.02% -14.17%
28		•	6,098	0.0%	•				\$2,851,467	\$3,322,419	1 1	
	STATEWIDE TOTALS	968,924	63,607		1,732,870	1,596,346	1.00000000		\$30,696,844	\$34,107,604	(\$3,410,760)	-10.00%

PY2024 WIOA Youth Formula Allocations

		AREA OF SUBSTANTIAL UNEMPLOYMENT		ECONO	MICALLY			PY2024	PY2023			
			Unemp			ANTAGED	LWDB	НН	FINAL	FINAL		
	LOCAL WORKFORCE	LABOR				_						•
	DEVELOPMENT BOARDS	FORCE	Total	Rate	Total	Excess	SHARE	*	ALLOCATION	ALLOCATION	DIFFERENCE	%
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%		НН	PY2024	PY2023		
	LOCAL WORKFORCE	UC	UC	MASS	LONG-TERM	LWDB		FINAL	FINAL		
	DEVELOPMENT BOARDS	CLAIMANTS	CONCENTRATION	LAYOFF	UNEMPLOYED	SHARE	*	ALLOCATION	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

		2/3	1/3					
		CIVILIAN						
	LOCAL WORKFORCE	LABOR	UNEMPLOYED	LWDB	PY 2024 FINAL	PY2023 FINAL		
	DEVELOPMENT BOARDS	FORCE	INDIVIDUALS	SHARE	ALLOCATION	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

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collaborate.
innovate.
lead.



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 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.

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.

Staff

Recommendations None - Information Only

Supporting Material Hope Florida Outreach Email Template

Board Staff Brian Bauer

President/CEO

bbauer@careersourcerc.com (866) 482-4473 ext. 418

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 <u>here</u>, 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]