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

**Section I (Department):** (Please Print)

|  |  |  |
| --- | --- | --- |
| Board Name: | Citizens Advisory Committee on Health & Human Services (CAC/HHS) | **Advisory [ X ] Not Advisory [ ]** |

[ X ] At Large Appointment **or** [ ] District Appointment /District #: \_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Term of Appointment: |  | Years. |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Seat Requirement: | Knowledge of Health & Human Services System of Care | Seat #: |  |

[ ]\*Reappointment **or** [ ] New Appointment

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| or | [ ] | to complete the term of |  | Due to: | | [ ] | resignation | [ ] | other |
| Completion of term to expire on: | | |  | |  | | | | |

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

**Section II (Applicant):** (Please Print)

***APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | |  | | |  | |
|  | Last | | First | | | Middle | |
| Occupation/Affiliation: | |  | | | | | |
|  | | Owner [ ] | | Employee [ ] | | | Officer [ ] |
| **Business Name:** | |  | | | | | |
| **Business Address:** | |  | | | | | |
| City & State | |  | | | Zip Code: | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Residence Address:** | |  | | | | |
| City & State | |  | | Zip Code: | |  |
| Home Phone: | **( )** | | Business Phone: | | **( ) Ext.** | |
| Cell Phone: | ( ) | | Fax: | | ( ) | |
| Email Address: |  | | | |

Mailing Address Preference:[ ] Business [ ] Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

**If Yes**, state the court, nature of offense, disposition of case and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Minority Identification Code:** [ ] Male [ ] Female

[ ] Native-American [ ] Hispanic-American [ ] Asian-American [ ] African-American [ ] Caucasian

**Section II Continued:**

**CONTRACTUAL RELATIONSHIPS:** Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed $500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member’s board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. **To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business.** This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

**Contract/Transaction No.** **Department/Division** **Description of Services** **Term**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**OR**

NONE NOT APPLICABLE/

(Governmental Entity)

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

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

\_\_\_ By watching the training program on the Web, DVD or VHS on \_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_

\_\_\_ By attending a live presentation given on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

**AND**

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

**\*Applicant’s Signature**: Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website [www.palmbeachcountyethics.com](http://www.palmbeachcountyethics.com) or contact us via email at [ethics@palmbeachcountyethics.com](mailto:ethics@palmbeachcountyethics.com) or (561) 233-0724.

**Return this FORM** to:

**David Rafaidus, Community Service Department (Administration)**

**810 Datura Street**

**West Palm Beach, Florida 33401**

**(561) 355-4705 drafaidu@pbcgov.org**

**Section III (Commissioner, if applicable):**

|  |  |
| --- | --- |
| Appointment to be made at BCC Meeting on: |  |

Commissioner’s Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pursuant to Florida’s Public Records Law, this document may be reviewed and photocopied by members of the public. Revised 01/14/2014