

# <u>CareerSource Hillsborough Pinellas Board of Directors</u> Meeting Minutes

CareerSource Hillsborough Pinellas

3/20/2025 10:00 AMEDT

@ Hybrid Meeting: Location Zoom & 9215 North Florida Avenue, Tampa, FL

# **Board Members**

#### Present:

Members: Mitch Allen, Brian Nathan, Belinthia Berry, Robert Blount, III (remote), Joseph Eletto (remote), David Fetkenher (remote), Benjamin Friedman (remote), Elizabeth Gutierrez (remote), Gary Hartfield, John Howell, Michael Jalazo, Nikisha Lezama (remote), Esther Matthews, April Neumann, Don Noble (remote), Rebecca Sarlo (remote), Elizabeth Siplin (remote), Roy Sweatman, Sophia West (remote), Kenneth Williams (remote), Russell Williams (remote), Ocea Wynn (remote), Mercedes Young

#### Absent:

Commissioner Wostal, Warren Brooks, Barclay Harless, Mark Hunt, Commissioner Latvala, Dr. Brian Mann, Shawn McDonnell, Jeremy Robinson, Thayne Swenson

<u>CareerSource Hillsborough Pinella Staff</u>: Saleema Bennett, Rich Beynon, Kiani Bowman, Jay Burkey, Melissa Carroll, Sheila Doyle, Jason Druding, Leondra Foster, Chad Kunerth, Keidrian Kunkel, Barry Martin (remote), Lysandra Montijo, Maritza Morales, Anna Munro, Brittany Munyer (remote), Brandon Pham, Mario Rodriquez (remote), Michelle Schultz, Don Shepherd (remote), Tammy Stahlgren, Juan Toribio (remote), April Torregiante, Michelle Zieziula

Hillsborough County Government: Ken Jones (remote), Jonathan Wolf

Pinellas County Government: Dr. Cynthia Johnson (remote)

<u>Guests:</u> Stacey Kolka Thomas Howell Ferguson P.A. CPAs (remote), Paul Casebolt EDSI, Amelia Campbell Economic Development Manager-Workforce, Steve Meier, Hunter Patrick Gray Robinson (remote), Heather Ramos Gray Robinson (remote)

- Welcome, Roll Call and Introductions (Presenters: Don Noble)
   Don Noble, Vice Chair called the meeting to order at 10:02 a.m.
- II. Pledge of Allegiance

The Pledge of Allegiance was recited.

III. Public Comments (Presenters: Don Noble)

There were none.

IV. CEO Report (Presenters: Keidrian Kunkel)Keidrian Kunkel's CEO Report Summary:

# **Board & Community Engagement:**

- Board retreat is planned for June, with further details to come.
- The first Youth Committee meeting was productive, and preparations for the summer youth program are underway, with 150 applications received so far.
- The CEO's 90-day connection goal is underway, and ahead of goal, with many meetings held with community members and stakeholders.

# **Upcoming Conferences & Advocacy:**

- CEO, leadership, and board members will attend the National Association of Workforce Boards (NAWB) conference in Washington, D.C., with potential advocacy opportunities for WIOA services.
- The Annual Workforce Council Meeting is scheduled for April 1 in Tampa.

# **Organizational Updates:**

- Deloitte HR Consulting has been selected for reorganization efforts, and Vista will handle rebranding. A think tank is being formed, with a 50/50 representation of both Bay area counties.
- RFP for One-Stop Operator has been posted.
- Upcoming CSHP Town Hall: Next Thursday, with 150 or so staff participating; board members are invited.
- V. General Counsel Update (Presenters: Heather Ramos)

The packet included a summary of legal services since the last board meeting. No discussion occurred.

- VI. Consent Agenda (Presenters: Gary Hartfield)
  - A. Approval of Minutes
    - 1. January 16, 2025, Board of Directors Meeting
    - 2. February 14, 2025, Special Board of Directors Meeting

#### Motion:

To approve the Consent Agenda as presented.

Motion moved by Mitch Allen and motion seconded by Michael Jalazo. Motion carried.

# VII. Action/Discussion Items

A. Acceptance of 2023 IRS Form 990 – WorkNet Pinellas, Inc (Presenters: Anna Munro and Stacey Kolka)

The FY 2024 IRS Form 990 (ending June 30, 2024) was reviewed.

No discrepancies between the audited financial statements and tax return for total revenues and expenses. \$1 million transfer to Pinellas County required IRS Schedule N. A final Form is due to reflect the final distribution of assets as of July 1.

No questions were raised during the discussion.

# Motion:

To accept the WorkNet Pinellas, Inc. 2023 IRS Form 990 for the fiscal year ending June 30, 2024.

Motion moved by Michael Jalazo and motion seconded by David Fetkenher. Motion carried.

B. Approval of Employee Handbook (Presenters: Sheila Doyle)

The updated employee handbook was reviewed by legal counsel to ensure compliance with recent law changes. No substantive policy changes were made.

#### Motion:

To approve the CareerSource Hillsborough Pinellas Employee Handbook as presented.

Motion moved by Michael Jalazo and motion seconded by Mitch Allen. Motion carried.

C. Approval of 2024 – 2025 Budget Modification No. 3 (Presenters: Sheila Doyle)

Budget Modification: Third budget modification for the FY 2025 cycle. Primary change is the addition of \$275,000 in opioid recovery funding from the state.

#### Motion:

To approve the adjustment to the revenue budget and resultant modification to the expenditure budget.

Motion moved by Michael Jalazo and motion seconded by April Neumann. Motion carried.

- D. Approval of CSHP Policies (Presenters: Michelle Schultz)
  - 1. Supportive Services Policy
  - 2. Targeted Occupations List (TOL) and Regional Targeted Occupations List (RTOL) Policy
  - 3. Limited English Proficient Services Policy

#### Motion:

To approve the Supportive Services, Targeted Occupation List and Regional Targeted Occupation list and the Limited English Proficient Services policies

Motion moved by Mitch Allen and motion seconded by Esther Matthews. Motion carried.

E. Approval of New Training Providers (Presenters: Anna Munro and Melissa Carroll)

#### Motion:

To approve Florida Truckers Institutes new training provider application to include their respective training programs.

Motion moved by Esther Matthews and motion seconded by Roy Sweatman. Motion carried.

#### Motion:

To approve My IT Future-Orlando Campus, and National Louis University's new training provider application to include their respective training programs.

Motion moved by Esther Matthews and motion seconded by Gary Hartfield. Motion carried. Opposed: April Neumann, Mercedes Young, Roy Sweatman, and Belinthia Berry.

#### Motion:

To approve National Louis University's new training provider application to include their respective training programs.

Motion moved by Esther Matthews and motion seconded by Michael Jalazo. Motion carried.

- F. Approval of Related Party Contracts (Presenters: Anna Munro and Melissa Carroll)
  - 1. Training Provider and Programs

Related Party Training Provider Agreement: Evara Health Institute amount not to exceed \$120,000.

- Dr. Rebecca Sarlo has been identified as having a conflict of interest and was notified prior to the meeting.
- Dr. Rebecca Sarlo verbally abstained from voting and was placed in a virtual waiting room during the vote and discussion.

Necessary related forms have been completed - Form 8B and Exhibits C & D

## Motion:

To approve Evara Health Institute as a Training Provider and the addition of the new training programs for a total not to exceed \$120,000 for the period 3/20/2025 to 6/30/2026, contingent on approval of FloridaCommerce

Motion moved by Gary Hartfield and motion seconded by Esther Matthews. Motion carried.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS			
LAST NAME—FIRST NAME—MODILE NAME Sarlo - Rebecca		NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Hillsborough Pinellas Workforce Board	
MALING ADDRESS 4350 W. Cypress Steet Suite 850 Hillsborough		THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:	
City Tampa, Florida 33607	COUNTY	D CITY 36 COUNTY GOTHER LOCAL AGENCY NAME OF POLITICAL SUBDIVISION: Hillsborough and Pinellas County	
DATE ON WHICH VOTE OCCURRED		MY POSITIONIS:  DI ELECTIVE DI 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 to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florids 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 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 would inure to his or her special private gain or loss. Each elected or appointed local officer also MUST ABSTAIN from knowingly voting or a measure which would inure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent, subsidiary, or sibling organization of a principal by which he or she is retained); to the special private gain or loss of a following the principal districts or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies (CRAs) under Sec. 183.356 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 onterprise with the officer as a partner, joint venturer, cowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

# ELECTED OFFICERS:

addition to abstaining from voting in the situations described above, you must disclose the conflic

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 are not prohibited by Section 112.3143 from otherwise participating 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 page 2)

#### **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
I, Rebecca Sarlo	, hereby disclose that on
(a) A measure came or will come before m	y agency which (check one or more)
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;
x inured to the special gain or loss of	Evara Health Institute, by
whom I am retained; or	
inured to the special gain or loss of	, which
is the parent subsidiary, or sibling of	rganization or subsidiary of a principal which has retained me.
(b) The measure before my agency and th	e nature of my conflicting interest in the measure is as follows:
Related party contract votes for In	dividual Training Accounts with Evara Health Institute.
	violate confidentiality or privilege pursuant to law or rules governing attorneys, a public officer, the disclosure requirements of this section by disclosing the nature of the interest in such a way conflict.
3/6/2025	Rebecca Sarlo, Ph.D.
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

CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED B REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMEN CIVIL PENALTY NOT TO EXCEED \$10,000.
EXHIBIT C CONTRACT INFORMATION FORM
This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.
I, Gary Hartfield , hereby certify the following information regarding a contract that
was approved by a two-thirds (2/3) vote of a quorum of CareerSource [Hillsborough Pinellas] and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.
Identification of all parties to the contract: Evara Health Institute and CareerSource Hillsborough Pinellas
Contractor Name & Address Evara Health Institute, 14100 58th Street N. Clearwater FL 33760
Contractor Contact Phone Number 727-824-8181
Contract Number or Other Identifying Information, if any: NA
Contract Term: 3/20/2025 - 6/30/2026  Value of the Contract with no extensions or renewals exercised \$120,000
Value of the Contract with all extensions and renewals exercised: WA
Description of goods and/or services to be provided under the Contract: Training programs
Method of procurement for the contracted goods and/or services, if applicable:
The institution is an approved training provider via FloridaCommerce
Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: [br. Rebecca Sarlo
The nature of the conflicting interest in the contract Employee of Organization
The board member or employee with the conflict of interest did did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract. If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.
I further attest that the following is being provided with this form:
a. A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstractions for each member.
b. Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board membet/employee who has any relationship with the contracting vendor.
c. A draft copy of the related party contract and amendments, as applicable.
d. Documentation supporting the method of procurement of the related party contract, for contracts that require
competitive selection / procurement process.
<ul> <li>A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract (including the name of the contractor and the value of the contract). The minutes must clearly reflect the verbal disclosure of the conflict during the meeting.</li> </ul>
I certify that the information above is true and correct.

Date

#### EXHIBIT D DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

Local Workforce Development Box	(circle one or more) could benefit financially from the contract described below ind; CareerSource Hillsborough Pinellas - Region 28
	Health - 14100 58th Street North, Clearwater FL 33760
Contractor Contact Phone Number	
Description or Nature of Contract:	Paid Work Experience (PWE)
Description of Financial Benefit*: _	Employee of organization the following disclusures are made: The contractor's principals**/owners***:
	ber of the board or an employee of the board, OR
The contractor's principals**/owne	er of the board or an employee of the board, whose name is:  "es***
	ys***

- \* "Benefit financially from a contract" means the special private financial gain to a member, a special private financial Better triancing most a contract means the special private triancial gain to a member, a special private triancial gain to any principal which retains the member, the special private financial gain of the parent organization or subaddary 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.

Signature of Board Chairperson / Vice Chairperson\*

2. Paid Work Experience (Presenters: Anna Munro)

# **Related Party Training Provider Agreement:**

City of Tampa amount not to exceed \$83,000.

Ocea Wynn has been identified as having a conflict of interest and was notified prior to the meeting.

Ocea Wynn verbally abstained from voting and was placed in a virtual waiting room during the vote and discussion.

Necessary related forms have been completed - Form 8B and Exhibits C & D

#### Motion:

to approve the contract ending 6/30/2026 with City of Tampa for paid work experience for an amount not to exceed \$83,000, subject to approval of FloridaCommerce

Motion moved by Gary Hartfield and motion seconded by Esther Matthews. Motion carried

COUNTY, MUNICIPAL, AND C LAST NAME—FRIST NAME—MIDILE NAME Wynn, Ocea MALINIA ADDRESS 4350 W. Cypress Steet Suite 850 LIV Tampa, Florida 33607 OATE ON WHICH VOTE OCCURRED	M OF VOTING CONFLICT FOR DTHER LOCAL PUBLIC OFFICERS  NAME OF BOARD, COLNICIL, COMMESSION, AUTH-CRIETY, OR COMMETTEE Career Source Hillsborrough Finelian Workforce Board The BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMETTEE ON WHOCH SERVICE AUTHORITY OR COMMETTEE ON THE RECEIVE SERVICE AND APPOINTIVE  ST. FILE FORM 8B	The form must be read publicly of IF YOU MAKE NO ATTEMPT TO I     You must disclose orally the nate.     You must complete the form and meeting, who must incorporate to	(continued) ided immediately to the other members of the at the next meeting after the form is filed.  NFLUENCE THE DECISION EXCEPT BY Dure of your conflict in the measure before patents it within 15 days after the vote occurs whe form in the minutes. A copy of the form nad publicly at the next meeting after the form	DISCUSSION AT THE MEETING: irticipating. ifth the person responsible for recordinust be provided immediately to the o	
commission, authority, or committee. It applies to members of an interest under Section 112,3143, Florida Statutes. Your responsibilities under the law when faced with voting on a	other local level of government on an appointed or elected board, council, bisiony and non-advisory bodies who are presented with a voting conflict of measure in which you have a conflict of interest will vary greatly depending reason, please pay close attention to the instructions on this form before	I. Ocea Wynn  (a) A measure came or will come be inured to my special private	DISCLOSURE OF LOCAL OFFI, hereby disclose that on_ efore my agency which (check one or more) gain or loss; loss of my business associate,	March 20	, 20 <u>25</u> :
A person holding elective or appointive county, municipal, or o would inure to his or her special private gain or loss, Each elect a measure which would inure to the special gain or loss of a pinduding the parent, subsidiary, or sibling organization of a prinetative, or to the special private gain or loss of a business assoc Sec., 163,356 or 163,357, F.S., and officers of independent spittom voting in that capacity.  For purposes of this law, a "relative" includes only the officer's mother-in-law, son-in-law, and daughter-in-laws. A "business assentiarprise with the officer as a partner, joint venturer, coowner are not listed on any national or regional stock exchange).  ELECTED OFFICERS: In addition to abstaining from voting in the situations described a PRIOR TO THE VOTE BEING TAKEN by publicly stating substaining from voting, and	WITH SECTION 112.3143, FLORIDA STATUTES  ther local public office MUST ABSTAIN from voting on a measure which did or appointed local differer abso MUST ABSTAIN from knowingly voting on incipal (other than a government agency) by whom he or she is retained cipal by which he or she is retained; to the special private gain or loss of a retained replace of the property of the property of the property of the property and commissioners of community redevelopment appendes (CRAs) or loss disc. Commissioners of community redevelopment appendes (CRAs) under father, mother, son, daughter, husband, wife, brother, sister, father-in-law, cotate "means any person or entity engaged in or carrying on a business of property, or corporate shareholder (where the shares of the corporation bove, you must disclose the conflict: o the assembly the nature of your interest in the measure on which you are uppleting and filing this form with the person responsible for recording the	inured to the special gain or x inured to the special gain or whom I am retained; or inured to the special gain or is the parent subsidiary, or s (b) The measure before my agency Related party contract vote:  If disclosure of specific information	loss of my relative.  Loss of City of Tampa  Loss of Sity of Tampa	al which has retained me. the measure is as follows: with City of Tampa. ursuant to law or rules governing att	; by , which prneys, a public officer,
minutes of the meeting, who should incorporate the form in  APPOINTED OFFICERS:  Although you must abstain from voting in the situations described in the situation of the situa		3/13/25 Date Filed		Signature J. Wynn	<u> </u>
whether orally or in writing and whether made by you or at your IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THAKEN:	direction.  IE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE mpt to influence the decision) with the person responsible for recording the	CONSTITUTES GROUNDS FO	OF FLORIDA STATUTES §112,317, A DR AND MAY BE PUNISHED BY ONE ROM OFFICE OR EMPLOYMENT, DEM ED \$10,000.	OR MORE OF THE FOLLOWIN	NG: IMPEACHMENT,

Minutes generated by **OnBoard**.

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

I, Gary Hartfield , hereby certify the following information regarding a contrac was approved by a two-thirds (2/3) vote of a quorum of CareerSource Hillsborough Pinellas (CSHP) and ted immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes. tification of all parties to the contract: City of Tampa and CSHP Contractor Name & Address: City of Tampa - 306 E. Jackson Street, Tampa, FL 33602 Contractor Contact Phone Number: (813) 274-8041 Contract Contract Prome Number: (813) 274-8041
Contract Number or Other Identifying Information, if any:
Contract Term: Effective date thin 6/30/2028 (Will not auto-renew.)
Value of the Contract with no extensions or renewals exercised: s83,000
Value of the Contract with all extensions and renewals exercised: NA
Description of goods and/or services to be provided under the Contract: Paid Work Experience (PWE) Method of procurement for the contracted goods and/or services, if applicable:

The organization will be participating in the Paid Work Experience (PWE) Program, in the capacity of worksite host.

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

The nature of the conflicting interest in the contract: Employee of the organization

The board member or employee with the conflict of interest \_\_\_\_ did \_\_\_ did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

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

  a. A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings.
- the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and absteutions for each member.

  b. Consistent with the procedures outlined in section 112.3143, Florida Stanties, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.

  c. A draft copy of the related party contract and amendments, as applicable.
  d. Documentation supporting the method of procurement of the related party contract, for contracts that require competitive selection / procurement process.
  e. A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract (including the name of the contractor and the value of the contract). The minutes must clearly reflect the verbal disclosure of the conflict during the meeting.

I certify that the information above is true and correct.

Signature of Board Chairperson / Vice Chairperson\*

Gary Hartfield

\* Must be certified and attested to by the board's Chair or Vice Chair.

# Related Party Training Provider Agreement:

Evera Health amount not to exceed \$196,000.

Dr. Rebecca Sarlo has been identified as having a conflict of interest and was notified prior to the meeting.

Dr. Rebecca Sarlo verbally abstained from voting and was placed in a virtual waiting room during the vote and discussion.

Necessary related forms have been completed - Form 8B and Exhibits C & D

## Motion:

To approve the contract ending 6/30/2026 with Evara Health for paid work experience through 6/30/2026 for an amount not to exceed \$196,000, subject to the approval of FloridaCommerce.

Motion moved by Esther Matthews and motion seconded by Gary Hartfield. Motion carried.

#### EXHIBIT D DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

her" (describe)
THE [CIT POLICE]
ly from the contract described below
28
ractor's principals**/owners***:
, OR
whose name is:
er of the board. If applicable, the
Wynn
993532
Wynn

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

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.

SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.

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

LAST NAME—FIRST NAME—MIDDLE NAME		NAME OF BOARD	COUNCE COUNTERIN	IN AUTHORITY OR COMMITTEE
Sario, Rebecca				nellas Workforce Board
MALING ADDRESS 4350 W. Cypress Steet Suite 850 Hillsborough		WHICH I SERVE I	SAUNIT OF:	THORITY OR COMMITTEE ON
City Tampa, Florida 33607	COUNTY	NAME OF POLITICAL SUBDIVISION Hillsborough and Pinelias County		LI OTHER LOCAL AGENCY
DATE ON WHICH VOTE OCCURRED		MY POSITION IS	and Pinellas Col	M 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 to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3145. Horida Statute.

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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 would insure to his or her special private gain or loss, Each elected or appointed local officer also MUST ABSTAIN from knowingly voting on a measure which would insure to the special gain or loss of a principal (other than a government apency) by whom he or she is retained, including the parent, substituting, or sibting organization of a 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 (CRAs) under Sc. 163.356 or 163.357, E.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 venturer, cowner 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

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 are not prohibited by Section 112.3143 from otherw participating in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decisionheter or ally 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

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 page 2)

#### 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 filled

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.

_	Dr. Rebecca Sarlo	, hereby disclose that on March 20, 20	25
(a) A	measure came or will come before	my agency which (check one or more)	
_	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.	
X	inured to the special gain or loss	of Evara Health	_,
	whom I am retained; or		
	inured to the special gain or loss	of	whi
	is the parent subsidiary, or sibling	organization or subsidiary of a principal which has retained me.	
b) T	he measure before my agency and	the nature of my conflicting interest in the measure is as follows:	
	Related party contract votes for	Paid Work Experience Agreement with Evara Health.	
who	sclosure of specific information wor is also an attorney, may comply wi o provide the public with notice of th	aid violate confidentiality or privilege pursuant to law or rules governing attorneys, a public th the disclosure requirements of this section by disclosing the nature of the interest in such e conflict.	offic a v
	3/13/2025	Rhua, Soil	

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.

CE FORM 8B - EFF. 11/2013 The same in Rule 34-7.010(1)(), F.A.C.

#### EXHIBIT C CONTRACT INFORMATION FORM

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

445.007(11). Florida Statutes.

, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource Hillsborough Pinellas (CSHP) and will be executed and implemented immediately after receiving the State's approval in compliance with section

Identification of all parties to the contract: Evara Health and CSHP

Contractor Name & Address: Evara Health - 14100 58th Street North, Cleanwater FL 33760 Contractor Contact Phone Number: (727) 824-8181 Contract Number or Other Identifying Information, if any:

Contract Term: Effective date thru 6/30/2026 (Will not auto-renew.)
Value of the Contract with no extensions or renewals exercised: \$198,000
Value of the Contract with all extensions and renewals exercised: N/A

Method of procurement for the contracted goods and/or services to be provided under the Contract: Pald Work Experience (PWE)

Method of procurement for the contracted goods and/or services, if applicable:

The organization will be participating in the Paid Work Experience (PWE) Program, in the capacity of worksite host.

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

The nature of the conflicting interest in the contract: Employee of the organization

The board member or employee with the conflict of interest \_\_\_\_\_ did \_\_\_\_ did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract. If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

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

a. A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.

b. Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of

interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.

c. A draft copy of the related party contract and amendments, as applicable.

A data copy of the related party contract and articular transfer and a population.
 Documentation supporting the method of procurement of the related party contract, for contracts that require competitive selection / procurement process.
 A copy of the board meeting and committee meeting minutes that document the discussion and approval of the

related party contract (including the name of the contractor and the value of the contract). The minutes must clearly reflect the verbal disclosure of the conflict during the meeting.

I certify that the information above is true and correct.

Gary Hartfield Signature of Board Chairperson / Vice Chairperson\*

#### EXHIBIT D DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

, Dr. Rebecca Sarlo		mber an employee of the board (circle one) hereby
disclose that I, myself / my emplo	ery my business / my organ	nization/ OR "Other" (describe)
		d benefit financially from the contract described below:
Local Workforce Development Bo		
Contractor Name & Address: Evan	a Health - 14100 58th Street North	n, Clearwater FL 33760
Contractor Contact Phone Number	T: (727) 824-8181	
Description or Nature of Contract	Paid Work Experience (PWE)	
Description of Financial Benefit*:		
		te made: The contractor's principals**/owners***:
(check one)		
✓ have no relative who is a men	nber of the board or an emp	lovee of the board, OR
		oyee of the board, whose name is:
	🖂 🗀	
		neck one) a member of the board. If applicable, the
principal's/owner's name is: Pt. R	ebecca Sario	
Ville line		Dr. Rebecca Sarlo
Signature of Board Member/Emp	oues.	Print Name
signature of boatti Memoer range	cyce	
		3/13/2025
		-1-1-0
		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.

# **Related Party Training Provider Agreement:**

Hillsborough County Schools Board amount not to exceed \$332,000.

Warren "Scott" Brooks has been identified as having a conflict of interest and was notified prior to the meeting.

Warren "Scott" Brooks was not present at the meeting.

Necessary related forms have been completed - Form 8B and Exhibits C & D

#### Motion:

To approved the contract ending 6/30/2026 Hillsborough County School Board for paid work experience in the amount not to exceed \$332,000, subject to the approval of FloridaCommerce.

Motion moved by Mitch Allen and motion seconded by April Neumann. Motion carried.

#### FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS CareerSource Hillsborough Pinelias Workforce Board THE BOARD, COUNCIL COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: AST NAME—FIRST NAME—MIDDLE NAME Brooks, Warren Scott Hillsborough 4350 W. Cypress Steet Suite 850 CI CITY SO COUNTY NAME OF POLITICAL SUBDIVISION OTHER LOCAL AGENCY Hillsborough and Pinellas County DATE ON WHICH VOTE OCCURRED

#### 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 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 on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing 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 would insure to his or her special private gain or loss. Each elected or appointed local officer also MUST ABSTAIN from knowingly voting on a measure which would insure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained; including the parent, subsidiary, or sibling organization of a 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 (CRAs) 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 busine enterprise with the officer as a partner, joint venturer, coowner 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 are not prohibited by Section 112,3143 from otherwise participating 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

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 page 2)

#### APPOINTED OFFICERS (continued)

CE FORM 8B - EFF. 11/2013 Adopted by reference in Rule 34-7.010(1)(f), F.A.C.

- 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.

	DISCL	OSURE OF LOCAL OFFIC	ER'S INTEREST	
	Warren Scott Brooks	, hereby disclose that on	March 20	, 20 <u>25</u>
a) An	neasure came or will come before my	agency which (check one or more)		
_	Inured to my special private gain or to	755,		
_	inured to the special gain or loss of m	ny business associate,		
	inured to the special gain or loss of m			
X	inured to the special gain or loss of _	Hillsborough County School Be	pard	, b
	whom I am retained; or			
	inured to the special gain or loss of			, whic
	is the parent subsidiary, or sibling org		and the second of the second of the	
h) The	e measure before my agency and the			
	elated party contract votes for Pai			Board.
ho is	osure of specific information would visus an attorney, may comply with the rovide the public with notice of the cor	disclosure requirements of this sect	uant to law or rules governing attornion by disclosing the nature of the int	eys, a public officer terest in such a way
Date I	3/13/25	0	nature Park	2
		ORIDA STATUTES §112.317, A F	AULIDE TO MAKE ANY DEOLID	ED DISCLOSURE

CE FORM 8B - EFF, 11/2013 Adopted by reference in Rule 34-7.010(1)(f), F.A.C.

PAGE 2

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

complete information may result in disapproval of the contract.
I, Gary Hartfield , hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource Hillsborough Pinellas (CSHP) and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.
Identification of all parties to the contract: Hillsborough County School Board and CSHP
Contractor Name & Address: Hillsborough County School Board - 901 E. Kennedy Blvd, Tampa, FL 33602
Contractor Contact Phone Number: (813) 231-1860
Contract Number or Other Identifying Information, if any:
Contract Term: Effective date thru 6/30/2026 (Will not auto-renew.) Value of the Contract with no extensions or renewals exercised: \$332,000
Value of the Contract with all extensions and renewals exercised: N/A
Description of goods and/or services to be provided under the Contract: Paid Work Experience (PWE)
Method of procurement for the contracted goods and/or services, if applicable:
The organization will be participating in the Paid Work Experience (PWE) Program, in the capacity of worksite host.
Name of board member or employee whose conflict of interest required the board's approval of the contract by
two-thirds (2/3) vote: Warren Scott Brooks
The nature of the conflicting interest in the contract: Employee of the organization
The board member or employee with the conflict of interest did did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract. If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.
I further attest that the following is being provided with this form:
a. A certified board membership roster listing all members on the board at the time of the vote on the approval of
the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
b. Consistent with the procedures outlined in section 112.3143. Florida Statutes, the dated and executed conflict of
interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took
place, for board member/employee who has any relationship with the contracting vendor.
<ul> <li>A draft copy of the related party contract and amendments, as applicable.</li> </ul>
d. Documentation supporting the method of procurement of the related party contract, for contracts that require
competitive selection / procurement process.
e. A copy of the board meeting and committee meeting minutes that document the discussion and approval of the
related party contract (including the name of the contractor and the value of the contract). The minutes must clearly reflect the verbal disclosure of the conflict during the meeting.

EXHIBIT D DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

Warren Scott Brooks	, a coard member/ an employee of the board (circle one) hereby
disclose that I, myself /my employer	my business / my organization / OR "Other" (describe)
, , , , ,	(circle one or more) could benefit financially from the contract described below:
Local Workforce Development Board	: CareerSource Hillsborough Pinellas - Region 28
Contractor Name & Address: Hillsbore	ough County School Board - 901 E. Kennedy Blvd, Tampa, FL 33602
Contractor Contact Phone Number:	
Description or Nature of Contract: _F	
Description of Financial Benefit*: En	
	he following disclosures are made: The contractor's principals**/owners***:
(check one)	
	er of the board or an employee of the board, OR
	of the board or an employee of the board, whose name is:
- 1	
	*** is is is not (check one) a member of the board. If applicable, the
principal's/owner's name is: Warren	SCOU Brooks
1 / 8 /	
W), IV	Warren Scott Brooks
Signature of Board Member/Employ	
ogniture of bound internetly tampory	
	3/13/0
	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.

\* Must be certified and attested to by the board's Chair or Vice Chair.

I certify that the information above is true and correct.

Signature of Board Chairperson / Vice Chairperson\*

# Related Party Training Provider Agreement:

Gary Hartfield

Print Nam

Pinellas County Public Schools amount not to exceed \$207,000.

Mark Hunt has been identified as having a conflict of interest and was notified prior to the meeting.

Mark Hunt was not present at the meeting.

Necessary related forms have been completed - Form 8B and Exhibits C & D

# Motion:

To approve the contract ending 6/30/2026 with Pinellas County Public Schools for paid work experience for an amount not to exceed \$207,000, subject to the approval of FloridaCommerce.

Motion moved by Mitch Allen and motion seconded by Esther Matthews. Motion carried.

LAST NAME—FIRST NAME—MIDDLE NAME		NAME OF BOA	RD, COUNCIL, COMMISSIO	N, AUTHORITY, OR COMMITTEE	
Hunt, William		CareerSource Hillsborough Pinellas Workforce Board			
MAILING ADDRESS 4350 W. Cypress Steet Suite 850	Hillsborough	WHICH I SERV	EISAUNIT OF:	THORITY OR COMMITTEE ON	
CITY	COUNTY	II CITY	10 COUNTY	GOTHER LOCAL AGENCY	
Tampa, Florida 33607			ITICAL SUBDIVISION: igh and Pinellas Cou	unty	
DATE ON WHICH VOTE OCCURRED		MY POSITION	IS.		_
			C) ELECTIVE	M 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 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 and filling 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 would inure to his or her special private gain or loss. Each elected or appointed local officer also MUST ABSTAIN from knowingly voting on a measure which would inure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent, subsidiary, or sibling organization of a 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 (CRAs) 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

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 venturer, coowner 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

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 are not prohibited by Section 112.3143 from otherwise participating 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

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 page 2)

CE FORM 8B - EFF. 11/2013 Advanted by reference in Rule 34-7.010(1)(f), F.A.C.

#### EXHIBIT C CONTRACT INFORMATION FORM

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

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

Identification of all parties to the contract: Pinellas County Public Schools and CSHP Contractor Name & Address: Pinellas County Public Schools - 301 Fourth Street. SW, Largo, FL 33779 Contract Octonater Dison Number: (727) 588-6006 Contract Number or Other Identifying Information, if any: Countract Term: Effective ages then 0.03/0290 (Will not auto-renew.)
Value of the Contract with no extensions or renewals exercised: \$207,000
Value of the Contract with all extensions and renewals exercised: NA
Description of goods and/or services to be provided under the Contract: Paid Work Experience (PWE)
Method of procurement for the contracted goods and/or services, if applicable:
The organization will be participating in the Paid Work Experience (PWE) Program, in the capacity of worksite ho Name of board member or employee whose conflict of interest required the board's approval of the contract two-thirds (2/3) vote: William "Mark" Hunt

The nature of the conflicting interest in the contract: Employee of the organization

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

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

a. A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and absentions for each member.

b. Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.

c. A draft copy of the related party contract and amendments, as applicable.

d. Documentation supporting the method of procurement of the related party contract, for contracts that require competitive selection / procurement process.

e. A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract (including the name of the contractor and the value of the contract). The minutes must clearly reflect the verbal disclosure of the conflict during the meeting.

I certify that the information above is true and correct

Signature of Board Chairperson / Vice Chairperson'

Gary Hartfield

\* Must be certified and attested to by the board's Chair or Vice Chair

#### 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.

	William Hunt	, hereby disclose that on	March 20	. 20 25
_	William Floric	, ricidaly disclose that on		
)A	measure came or will come before m	y agency which (check one or more)		
_	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,		
X	inured to the special gain or loss of	Pinellas County Public Schools		, b
	whom I am retained; or			
	inured to the special gain or loss of			, which
	is the parent subsidiary, or sibling of	organization or subsidiary of a principal of	which has retained me.	
T (c	he measure before my agency and th	ne nature of my conflicting interest in the	measure is as follows:	
		aid Work Experience Agreement wit		

If disclosure of specific information would violate confidentiality or privilege pursuant to law or rules governing attorneys, a p who is also an attorney, may comply with the disclosure requirements of this section by disclosing the nature of the interest in as to provide the public with notice of the conflict.

3/13/25

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.

CE FORM 8B - EFF, 11/2013 Adopted by reference in Rule 34-7.010(1)(f), F.A.C.

# DISCLOSURE AND CERTIFICATION OF

	SAFLICI OF INTER	EST IN A CONTRACT
I William "Mark" Hunt	, a Goard r	member/ an employee of the board (circle one) hereby
disclose that I, myself / my employ		rganization / OR "Other" (describe)
		ould benefit financially from the contract described below:
Local Workforce Development Bo		
Contractor Name & Address: Pinel	as County Public Schools - 30	1 Fourth Street. SW, Largo, FL 33779
Contractor Contact Phone Number		
Description or Nature of Contract	Paid Work Experience (PW	/E)
Description of Financial Benefit*:		
	the following disclosure	s are made: The contractor's principals**/owners***:
(check one)		
have no relative who is a men		
have a relative who is a memb	er of the board or an em	ployee of the board, whose name is:
The contractor's principals**/own principal's/owner's name iş: Willia		(check one) a member of the board. If applicable, the
Deb Law W		William "Mark" Hunt
Signature of Board Member/Empl	oyee	Print Name
		3/13/25
		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.

# Related Party Training Provider Agreement:

Empact Solutions amount not to exceed \$40,000.

Elizabeth Siplin has been identified as having a conflict of interest and was notified prior to the meeting.

Elizabeth Siplin verbally abstained from voting and was placed in a virtual waiting room during the vote and discussion.

Necessary related forms have been completed - Form 8B and Exhibits C & D

#### Motion:

To approve the contract ending 6/30/2026 with Empact Solutions for paid work experience for an amount not to exceed \$40,000, subject to approval of FloridaCommerce.

Motion moved by Esther Matthews and motion seconded by Mitch Allen. Motion carried.

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

AST NAME—FIRST NAME—MIDDLE NAME	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE		
Siplin, Elizabeth	CareerSource Hillsborough Pinellas Workforce Board		
MAILING ADDRESS 4350 W. Cypress Steet Suite 850 Hillsborough	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:		
CITY COUNTY Tampa, Florida 33607	DICITY SECOUNTY DISTHER LOCAL AGENCY NAME OF POLITICAL SUBDIVISION:		
DATE ON WHICH VOTE OCCURRED	Hillsborough and Pinellas County  MY POSITION IS:  DI ELECTIVE 30 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 to members of advisory and non-advisory bodies who are presented with a voting conflict or interest under Section 112,3145, Florida Statution.

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 and filling 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 would inure to his or her special private gain or loss. Each elected or appointed local officer also MUST ABSTAIN from knowingly voting on a measure which would inure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent, subsidiary, or sibling organization of a 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 (CRAs) 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 venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

#### FLECTED 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 are not prohibited by Section 112.3143 from otherwise participating 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 page 2)

#### 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

_	Elizabeth Siplin	, hereby disclose that on March 20	. 20 25
a) A	measure came or will come before my a	gency which (check one or more)	
_	inured to my special private gain or los	is;	
_	inured to the special gain or loss of my	business associate,	
	inured to the special gain or loss of my	relative	
(	inured to the special gain or loss of	Empact Solutions	,
	whom I am retained; or		
_	inured to the special gain or loss of		, whic
	is the parent subsidiary, or sibling orga	nization or subsidiary of a principal which has retained me.	
) T	he measure before my agency and the n	ature of my conflicting interest in the measure is as follows:	
	Related party contract votes for Paid	Work Experience Agreement with Empact Solutions.	

If disclosure of specific information would violate confidentiality or privilege pursuant to law or rules governing attorneys, a public officer, who is also an attorney, may comply with the disclosure requirements of this section by disclosing the nature of the interest in such a way as to provide the public with notice of the conflict.

Mar 12,2625 ESLARS

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 FOLLOTING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.

.....

----

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

complete information may result in	a disapproval of the contract.
	, hereby certify the following information regarding a contract th vote of a quorum of CareerSource Hillsborough Pinellas (CSHP) and immediately after receiving the State's approval in compliance with section
Identification of all parties to the o	contract: Empact Solutions and CSHP
Contractor Name & Address: Emp Contractor Contact Phone Number Contract Number or Other Identify	
Contract Term: Effective date thru 6 Value of the Contract with no exte	0/30/2026 (Will not auto-renew.) ensions or renewals exercised: \$40,000
Description of goods and/or service	msions and renewals exercised: NA res to be provided under the Contract: Paid Work Experience (PWE) attracted goods and/or services, if applicable:
The organization will be participating	g in the Paid Work Experience (PWE) Program, in the capacity of worksite host, see whose conflict of interest required the board's approval of the contract by
The nature of the conflicting interes	est in the contract: Employee of the organization
	The state of the s

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

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

  a. A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.

  b. Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.

  c. A draft copy of the related party contract and amendments, as applicable.

  d. Documentation supporting the method of procurement of the related party contract, for contracts that require competitive selection/procurement process.

  e. A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract (including the name of the contractor and the value of the contract). The minutes must clearly reflect the verbal disclosure of the conflict during the meeting.

I certify that the information above is true and correct.

Signature of Board Chairperson / Vice Chairperson\*

Gary Hartfield

\* Must be certified and attested to by the board's Chair or Vice Chair.

#### EXHIBIT D DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

Elizabeth Siplin	, a Goard member an employee of the board (circle one) hereby
disclose that I, myself / my emplo	rety my business / my organizatio / OR "Other" (describe)
	(circle one or more) could benefit financially from the contract described below:
Local Workforce Development Be	ard: CareerSource Hillsborough Pinellas - Region 28
Contractor Name & Address: Emp	ct Solutions - 260 1st Avenue South, St. Pete, FL 33701
Contractor Contact Phone Numb	
Description or Nature of Contrac	
Description of Financial Benefit*:	
For purposes of the above contra- (check one)	the following disclosures are made: The contractor's principals**/owners***:
have no relative who is a me	aber of the board or an employee of the board, OR
have a relative who is a mem	er of the board or an employee of the board, whose name is:
The contractor's principals**/own principal's her's name is: Eliz	The state of the s
- Kelte V.	Elizabeth Siplin
Signature of Board Member/Emp	10 Maria, 2025
	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

# Related Party Training Provider Agreement:

Enterprising Latinas amount not to exceed \$14,000.

Elizabeth Gutierrez has been identified as having a conflict of interest and was notified prior to the meeting.

Elizabeth Gutierrez was not present at the meeting.

Necessary related forms have been completed - Form 8B and Exhibits C & D

#### Motion:

To approve the contract ending 6/30/2026 with Enterprising Latinas for paid work experience for an amount not to exceed \$14,000, subject to approval of FloridaCommerce.

Motion moved by Gary Hartfield and motion seconded by Mitch Allen. Motion carried.

LAST NAME—FIRST NAME—MIDDLE NAME	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE
Gutierrez, Elizabeth	CareerSource Hillsborough Pinellas Workforce Board
MAILING ADDRESS 4350 W. Cypress Steet Suite 850 Hillsb	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:
Tampa, Florida 33607	DI CITY 10 COUNTY DI OTHER LOCAL AGENCY NAME OF POLITICAL SUBDIVISION:
DATE ON WHICH VOTE OCCURRED	Hillsborough and Pinellas County  MY POSITION IS:  D. ELECTIVE 18 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 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 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 would inure to his or her special private gain or loss, Each elected or appointed local officer also MUST ABSTAIN from knowingly voting on a measure which would inure to the special gain or loss of a principal (other than a government agency) whom he or she is retained (including the parent, subsidiary, or sibling organization of a 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 relative; or to the special private gain or loss of a business associate, Commissioners of community redevelopent agencies (CRAs) 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 red purposes of this set, a relative includes only in ordined is lattice, monter, sort, auditine, moderner, solderner, since the mother-in-law, and daughter-in-law, A flusiness associate means any person or entity engaged in expring on a business enterprise with the officer as a partner, joint venturer, coowner 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

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 are not prohibited by Section 112,3143 from otherwise participating 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

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 page 2)

CE FORM 8B - EFF. 11/2013 Adopted by reference in Rule 34-7.010(1)(f), F.A.C.

# EXHIBIT C CONTRACT INFORMATION FORM

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

I. Gary Hartfield hereby certify the following information regarding a contract was approved by a two-thirds (2/3) vote of a quorum of CareerSource Hillsborough Pinellas (CSHP) and will be executed and implemented immediately after receiving the State's approval in compliance with section 445,007(11), Florida Statutes.

Identification of all parties to the contract: Enterprising Latinas, Inc. and CSHP

Identification of all parties to the contract: Enterprising Latinas, Inc. and CSHP
Contractor Name & Address: Enterprising Latinas, Inc. . 5128 FL-674, Wimauma, FL 33598
Contractor Contact Phone Number: (813) 699-5811
Contract Number or Other Identifying Information, if any:
Contract Number or Other Identifying Information, if any:
Contract Term: \_greetive date thin 0/30/2026 (will not auto-renew.)
Value of the Contract with no extensions or renewals exercised: \_\$14,000
Value of the Contract with all extensions and renewals exercised: \_\$100
Value of the Contract with all extensions and renewals exercised: \_\$100
White of the Contract with all extensions and renewals exercised: \_\$100
White of the Contract with all extensions and renewals exercised: \_\$100
White of the Contract with all extensions and renewals experied: \_\$100
White of the Contract with all extensions and renewals experied: \_\$100
White of the Contract with all extensions and renewals experied: \_\$100
White of the Contract with all extensions and renewals replicable:

The organization will be participating in the Paid Work Experience (PWE) Program, in the capacity of worksite host.

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

are of the conflicting interest in the contract: Employee of the organization

The board member or employee with the conflict of interest \_\_\_\_\_ did \_\_\_\_ did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting. ed or voted to approve the contract.

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

a. A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and absentions for each member.

b. Consistent with the procedures outlined in section 112.3143. Florida Stanties, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.

c. A draft copy of the related party contract and amendments, as applicable.

d. Documentation supporting the method of procurement of the related party contract, for contracts that require competitive selection / procurement process.

e. A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract (including the name of the contractor and the value of the contract). The minutes must clearly reflect the verbal disclosure of the conflict during the meeting.

I certify that the information above is true and correct

Signature of Board Chairperson / Vice Chairperson\*

Gary Hartfield

\* Must be certified and attested to by the board's Chair or Vice Chair.

#### 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.

	DISCL	LOSURE OF LOCAL OFFICER'S INTEREST	
<u>_</u>	Elizabeth Gutierrez	hereby disclose that on March 20 . 20 2	25
(a) A	measure came or will come before my	y agency which (check one or more)	
_	inured to my special private gain or l	loss;	
_	inured to the special gain or loss of r	my business associate,	_
_	inured to the special gain or loss of r	my relative	_
X	inured to the special gain or loss of	Enterprising Latinas, Inc	_ , b
	whom I am retained; or		
	inured to the special gain or loss of	,	whic
	is the parent subsidiary, or sibling or	rganization or subsidiary of a principal which has retained me.	
b) T	he measure before my agency and the	e nature of my conflicting interest in the measure is as follows:	
	Related party contract votes for Pa	aid Work Experience Agreement with Enterprising Latinas, Inc.	
who		violate confidentiality or privilege pursuant to law or rules governing attorneys, a public of the disclosure requirements of this section by disclosing the nature of the interest in such a conflict.	
	3/10/25	<del>follow</del>	

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.

Signature

CE FORM 8B - EFF. 11/2013 Adopted by reference in Rule 34-7.010(1)(f), F.A.C.

Date Filed

189

100

#### EXHIBIT D DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I Elizabeth Gutierrez	, a Coard	member an employee of the board (circle one) hereby
disclose that I, mysel	If /my employer / my business / my o	
		ould benefit financially from the contract described below:
Local Workforce De	velopment Board: CareerSource Hillsbo	
Contractor Name &	Address: Enterprising Latinas, Inc - 5128 FL	674, Wimauma, FL 33598
	Phone Number: (813) 699-5811	
	re of Contract: Paid Work Experience (PWE)	
	ncial Benefit*: Employee of organization	
		es are made: The contractor's principals**/owners***:
check one)	above contact the following thickorns	contemate. The contactor opinicipals of owners .
	who is a member of the board or an e	amplement of the based OP
	who is a member of the board or an en	
	Allo is a member of the bound of an en	aproyee of the boatd, whose thank is.
	Control School Control	
The contractor's prii	acipals**/owners*** v is is no	t (check one) a member of the board. If applicable, the
principal's/owner's	name is: Elizabeth Gutierrez	
**************************************		
Liz Gutierrez	Digitally signed by Liz Gutierrez	Fii 1 ii 0 ii
	Date: 2025.03.14.15:21.1604:00*	Elizabeth Gutierrez
Signature of Board M	Iember/Employee	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.

3. On-the-Job Training (Presenters: Anna Munro)

# Related Party Training Provider Agreement:

CS West Associates amount not exceed \$10,000.

Sophia West has been identified as having a conflict of interest and was notified prior to the meeting.

Sophia West was not present at the meeting.

Necessary related forms have been completed - Form 8B and Exhibits C & D

#### Motion:

To approve the contract with CS West & Associates through 6/30/2026 for on-thetraining for an amount not to exceed \$10,000, subject to the approval of FloridaCommerce.

Motion moved by Gary Hartfield and motion seconded by Esther Matthews. Motion carried.

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

LAST NAME—FIRST NAME—MIDDLE NAME West, Sophia		NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Hillsborough Pinellas Workforce Board		
CITY	COUNTY	CI CITY	<b>X</b> COUNTY	U OTHER LOCAL AGENCY
Tampa, Florida 33607 DATE ON WHICH VOTE OCCURRED		NAME OF POLITICAL SUBDIVISION:		
			gh and Pinellas Cou	inty
		MY POSITION I	S: □ ELECTIVE	M 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 to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112,3143, Fiorida Statutee.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depend on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form bet completing and fing 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 A person holding elective or appointive county, municipal, or other local public office MUST ABSTAIN from voting on a measure which would inure to his or her special private gain or loss, Each elected or appointed local officer also MUST ABSTAIN from knowingly voting on a measure which would inure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent, subsidiary, or sibling organization of a principal by which he or she is retained); to the special private gain or loss of a retained; or she special private gain or loss of a business associate, Commissioners of community redevelopment agencies (CRAs) 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 venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange),

#### FLECTED 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

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 are not prohibited by Section 112,3143 from otherwi participating 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

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 page 2)

#### 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

ı_	Sophia West	, hereby disclose that on	March 20	. 20 25 :
(a) A	measure came or will come before my	agency which (check one or more)		
_	inured to my special private gain or lo	ss;		
_	inured to the special gain or loss of m	y business associate,		;
_	inured to the special gain or loss of m			;
X	inured to the special gain or loss of _	C. S. West & Associates CPAs	, P.A	, by
	whom I am retained; or			
_	inured to the special gain or loss of _			, which
	is the parent subsidiary, or sibling org	anization or subsidiary of a principal	which has retained me.	
(b) T	he measure before my agency and the	nature of my conflicting interest in the	e measure is as follows:	
	Related party contract votes for On-	The-Job Training (OJT) Agreeme	ent with C. S. West & Associates	CPAs, P.A.
who	sclosure of specific information would v is also an attorney, may comply with the provide the public with notice of the co	e disclosure requirements of this sec		
	03/14/2025		Sophia West	
Dat	e Filed	Si	gnature	

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.

CE FORM 8B - EFF. 11/2013 ence in Rule 34-7,010(1)(f), F.A.C.

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# EXHIBIT C

EXHIBIT D DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

Sophia West		a Goard member an employee of the board (circle one) hereby
lisclose that I, myse	if /my employer / my busine	ess / my organizatio / OR "Other" (describe)
		or more) could benefit financially from the contract described below:
ocal Workforce De		rce Hillsborough Pinellas - Region 28
Contractor Name &	Address: C.S. West and Associa	ites, PA - 1115 Professional Park Dr, Brandon, FL 33511
	Phone Number: (813) 344-178	
	re of Contract: On-The-Job Tra	
	ncial Benefit*: Co-Owner of orga	
		disclosures are made: The contractor's principals**/owners***:
check one)		1 1
have no relative	who is a member of the boa	rd or an employee of the board, OR
		or an employee of the board, whose name is:
The contractor's pri	ncipals**/owners***	is not (check one) a member of the board. If applicable, the
	name is: Sophia West	is not enter one, a memory of the board. If apparatus, the
antispin sy owner s	anne pri Gophia Troot	
Sophia West	Digitally signed by Sophia West	
	Date 2025.03.14 15:05:52 -04'00'	Sophia West
signature of Board M	Iember/Employee	Print Name
		03/14/2025

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.

\* Must be certified and attested to by the board's Chair or Vice Chair,

I certify that the information above is true and correct.

Signature of Board Chairperson / Vice Chairperson\*

4. Disaster Relief Temporary Employment (Presenters: Anna Munro)

#### Related Party Training Provider Agreement:

Gary Hartfield

Print Name

Pinellas Ex-Offender Re-Entry Coalition amount not to exceed \$161,000.

Michael Jalazo has been identified as having a conflict of interest and was notified prior to the meeting.

Michael Jalazo verbally abstained from voting and left the room during the vote and discussion.

Necessary related forms have been completed - Form 8B and Exhibits C & D

# **Motion:**

To approve the Worksite Agreement ending June 30, 2026, with Pinellas Ex-Offender Re-Entry Coalition for disaster relief temporary employment for an amount not to exceed \$161,000, subject to the approval of FloridaCommerce.

Motion moved by Gary Hartfield and motion seconded by Esther Matthews. Motion carried.

<sup>\* &</sup>quot;Benefit financially from a contract" means the special private financial gain to an 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.

<sup>&</sup>quot;"Principal" means an owner or high-level management employee with decision-making authority.

<sup>\*\*\* &</sup>quot;Owner" means a person having any ownership interest in the contractor.

LAST NAME—FIRST NAME—MIDDLE NAME Jalazo - Michael		NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Hillsborough Pinellas Workforce Board
MAILING ADDRESS 12810 US Hwy 19 N # 1		THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE 35 A UNIT OF:  DITY X COUNTY DOTHER LOCAL AGENCY
CITY Clearwater	COUNTY Pinellas	NAME OF POLITICAL SUBDIVISION: Hillsborough and Pinellas County
DATE ON WHICH VOTE OCCURRED		MY POSITION IS: X APPOINTING

#### 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 to members of advisory and non-advisory bodies who are presented with a voting conflict of commission, authority, or committee. It applies to 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 and filling 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 would inure to his or her special private gain or loss. Each elected or appointed local officer also MUST ABSTAIN from knowingly voting on a measure which would inure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent, subsidiary, or sibiling organization of a 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 (CRAs) under Scs. 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 ventures, 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

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 are not prohibited by Section 112.3143 from otherwise participating 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

 You must complete and file this form (before making any attempt to influence the decision) we minutes of the meeting, who will incorporate the form in the minutes. (Continued on page 2) with the person responsible for recording the

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#### EXHIBIT C CONTRACT INFORMATION FORM

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

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

445.007(11), Florida Statutes.

Identification of all parties to the contract: Problem Excellender Resently Coultion (PERC) and CB16P
Contractor Name & Address: Problem Excellender Resently Coultion - 12810 US Hey 19 81 Cenavister, FL 33764
Contractor Contact Phone Number: 1465-405-7372
Contract Number or Other Identifying Information, if any:
Contract Term:effective date (brough 6307/22)6
Value of the Contract with no extensions or renewals exercised: Not to exceed \$161,000
Value of the Contract with all extensions and renewals exercised: Not
Description of goods and/or services to be provided under the Contract: Wartforce Services
Method of procurement for the contracted goods and/or services, if applicable:
Distocated Works Great (DWG) Workshe Agreement
Name of board member or employee whose conflict of interest required the board? a name

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

re of the conflicting interest in the contract: Employee of Organization

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

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

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

- A certified board membership roster listing all members on the board at the time of the vote on the approval of
- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.

  Consistent with the procedures outlined in section 112.3143, Florids Statunes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.

  A draft copy of the related party contract and amendments, as applicable.

  Documentation supporting the method of procurement of the related party contract, for contracts that require competitive selection / procurement process.

  A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract, contracts that mental the contract in the procurement process.

- related party contract (including the name of the contractor and the value of the contract). The minutes must clearly reflect the verbal disclosure of the conflict during the meeting.

I certify that the information above is true and correct.

Signature of Board Chair/Vice Chair\*

Gary Hartfield Print Name

Must be certified and attested to by the board's Chair or Vice Chair.

#### 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, Michael Jalazo	, hereby disclose that on	_
(a) A measure came or will come before my a	gency which (check one or more)	
inured to my special private gain or los	s.	
inured to the special gain or loss of my	business associate,	
inured to the special gain or loss of my	relative,	ij
X inured to the special gain or loss of Pi	nellas Ex-offender Re-entry Coalition by whom I am retained; or	
inured to the special gain or loss of	, v	which
is the parent subsidiary, or sibling organ	nization or subsidiary of a principal which has retained me.	
(b) The measure before my agency and the na	ature of my conflicting interest in the measure is as follows:	
	te confidentiality or privilege pursuant to law or rules governing attorneys, a public offic osure requirements of this section by disclosing the nature of the interest in such a wa	
02/05/2025		
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.

CE FORM 8B - EFF. 11/2013 A doubt by reference in Rule 34-7.010(1)(f), F.A.C.

# DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A

CONTR	ACT
I, Michael Jalazo a bo hereby disclose that I, myself / my employer / my bu	ard member / an employee of the board (circle one)
(circle one or more)	could benefit financially from the contract
described below:	
Local Workforc(describe)e Development Board: CareerSource Hillsborough Pinellas	
Contractor Name & Address: Pinetas Ex-offender Re-entry Coalition - 12810 US Hwy 19 #1 Clearwater, F	7. 33764
Contractor Contact Phone Number: 1-855-505-7372	
Description or Nature of Contract: Worldorce Services - Disaster relief temporary employme	ent
Description of Financial Benefit*: Employee of Organization	
For purposes of the above contract the following dis- are made: The contractor's principals**/owners***: (  X have no relative who is a member of the board of have a relative who is a member of the board of	check one) d or an employee of the board; OR
The contractor's principals**/owners***_X_isis applicable, the principal's/owner's name is:	not (check one) a member of the board. If
-A-	Michael Jalazo
Signature of Board Member/Employee	Print Name
Gamer at a same at a sample of the	1. T.

\* "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.

Date

\*\* "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 NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARDS 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 COMPLAINCE WITH CONFILCT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION, 10.24 M. 10.24 M. 20.24 DE TOUR OF THE SECTION, 10.24 M. 20.24 DETOUR OF THE SECTION, 10.24 M. 20.2

SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA

# 5. Staff Development Training

# Related Party Training Provider Agreement:

All Administrative Solutions amount not to exceed \$4,250.

Esther Matthews has been identified as having a conflict of interest and was notified prior to the meeting.

Esther Matthews verbally abstained from voting and left the room during the vote and discussion.

Necessary related forms have been completed - Form 8B and Exhibits C & D.

#### Motion:

To approve the Agreement with All Administrative Solutions to provide staff development training for an amount not to exceed \$4,250, with notification to FloridaCommerce.

Motion moved by Gary Hartfield and motion seconded by Mitch Allen. Motion carried.

# FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS LAST NAME—FIRST NAME—MIDDLE NAME MALTHEWS, Esther NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Hillsborough Pinellas Workforce Board MALING ADDRESS THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH SERVE IS A UNTO ISSERVE I

#### 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 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 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 would inure to his or her special private gain or loss, Each elected or appointed local officer also MUST ABSTAIN from knowingly voting on a measure which would inure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent, subsidiary, or sibling organization of a 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 (CRAs) 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 venturer, coowner 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 are not prohibited by Section 112,3143 from otherwise participating in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether craftly 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 page 2)

APPOINTED OF	FICERS	(continued)
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- · 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.

	DISCLO	OSURE OF LOCAL OFFIC	ER'S INTEREST	
	Esther Matthews	, hereby disclose that on	March 20 20	25_:
(a) A m	easure came or will come before my a	agency which (check one or more)		
_	inured to my special private gain or lo	SS;		
_	inured to the special gain or loss of m	y business associate,		;
X	inured to the special gain or loss of	All Administrative Solutions LLF	P	_ , by
	whom I am retained; or			
_	inured to the special gain or loss of _		,	which
	is the parent subsidiary, or sibling orga	anization or subsidiary of a principal	which has retained me.	
	measure before my agency and the related party contract votes for staff	And the second s		
who is		disclosure requirements of this sec	suant to law or rules governing attorneys, a public tion by disclosing the nature of the interest in such	
3/1	1/2025		EM	
Date F	filed	Sig	gnature	

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.

CE FORM 8B - EFF. 11/2013 Adopted by reference in Rule 34-7.010(1)(f), F.A.C.

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

complete information may result in	disapproval of the contract.
	, hereby certify the following information regarding a contract the vote of a quorum of CareerSource Hillsborough Pinellas (CSHP) and mmediately after receiving the State's approval in compliance with section
Identification of all parties to the co	ntract: All Administrative Solutions LLC and CSHP
	ministrative Solutions LLC - 1601 16th St. S, St. Pete, FL 33705
Contractor Contact Phone Number	
Contract Number or Other Identify	ng Information, if any:
Contract Term: Effective date thru 6/	
	sions or renewals exercised: \$4,250
Value of the Contract with all exter	
	s to be provided under the Contract: CSHP staff development training racted goods and/or services, if applicable:
	racted goods and/or services, it applicable: rdance with CSHP procurement policies and procedures
	e whose conflict of interest required the board's approval of the contract by
two-thirds (2/3) vote: Esther Mat	
The nature of the conflicting intere	t in the contract: Employee of the organization
meeting(s), including subcommitte If the board member or employe	in the conflict of interest did did not (check one) attend the meetings, at which the board discussed or voted to approve the contract with the conflict of interest attended the meeting(s), including the board discussed or voted on the contract, the board member or
I further attest that the following is	being provided with this form:
the contract with a vote tally indica and for those in attendance, the affi	ster listing all members on the board at the time of the vote on the approval of ing attendance or absence at the meeting(s), including subcommittee meetings mative and negative votes and abstentions for each member.
interest form that was submitted at place, for board member/employee	atlined in section 112.3143, Florida Statutes, the dated and executed conflict or before the board meeting(s) in which a vote related to the contract took who has any relationship with the contracting vendor.  contract and amendments, as applicable.
<li>d. Documentation supporting the m competitive selection / procurement</li>	ethod of procurement of the related party contract, for contracts that require process.
	committee meeting minutes that document the discussion and approval of the name of the contractor and the value of the contract). The minutes must of the conflict during the meeting.
I certify that the information above	is true and correct.
	Gary Hartfield
Signature of Board Chairperson / V	ice Chairperson* Print Name

EXHIBIT D
DISCLOSURE AND CERTIFICATION OF
CONFLICT OF INTEREST IN A CONTRACT

	siness / my organization / OR "Other" (describe)
Local Workforce Development Board: CareerSt	e or more) could benefit financially from the contract described below:
Contractor Name & Address: All Administrative Solution	ons LLC. 1601 16th St. S. St. Pete. FL 33705
Contractor Contact Phone Number: (727) 810-81	
Description or Nature of Contract CSHP staff dev	elopment training in effective workforce solutions for CSHP customers who face barriers to employment.
Description of Financial Benefit*: Employee of org	anization
	ing disclosures are made: The contractor's principals**/owners***:
The state of the s	1
have no relative who is a member of the b	
	and as an amplement of the board subsequences in
have a relative who is a member of the bo	oard or an employee of the board, whose name is:
The contractor's principals**/owners***	ard or an employee of the board, whose name is:  isisis not (check one) a member of the board. If applicable, the
The contractor's principals**/owners***	
The contractor's principals**/owners***	is is not (check one) a member of the board. If applicable, the
The contractor's principals**/owners***	
The contractor's principals**/owners***  principal's/owner's name is: Esther Matthews	isis not (check one) a member of the board. If applicable, the  Esther Matthews
The contractor's principals**/owners***  principal's/owner's name is: Esther Matthews	isis not (check one) a member of the board. If applicable, the  Esther Matthews  Print Name

\* "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 been fit 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.

#### VIII. Information Items

\* Must be certified and attested to by the board's Chair or Vice Chair.

A. Training Program Outcome Report

No discussion occurred.

B. WIOA Primary Indicators of Performance: PY 2425 Q2

No discussion occurred.

C. Reach Metric Review PY23-24

No discussion occurred.

D. Expenditure Reports for the Period Ending January 31, 2025

Discussion ensued on the Pinellas County budget to actual regarding occupancy costs, office expenses, and community outreach line items noting if there are cost savings the funds budgeted for those categories will be allocated to participants for training.

Discussion ensued on the Pinellas County grant expenditure report regarding the remaining budget for WIOA: Adult, Hope Navigators, and AI incumbent worker. It was noted staff meetings are held regularly to address spend through and it is anticipated that the remaining budget will be minimal if not fully expended.

# IX. Open Discussion

The board took a moment to celebrate Steve Meier's retirement. He joined in person for the recognition.

The board expressed gratitude for Steve's years of service, leadership, and guidance.

# X. Adjournment

The Meeting adjourned at 12:00 PM. Minutes prepared by Tammy Stahlgren, Executive Administrative Assistant.