



# CareerSource Hillsborough Pinellas Board of Directors

## Meeting Minutes

CareerSource Hillsborough Pinellas

3/20/2025 10:00 AM EDT

@ 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

CareerSource Hillsborough Pinella Staff: 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 Rodriguez (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)

Guests: 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)

- I. 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:

Evava 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 Evava 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—MIDDLE NAME <b>Sarlo - Rebecca</b>	
NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE <b>CareerSource Hillsborough Pinellas Workforce Board</b>	
THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF	
MAILING ADDRESS <b>4350 W. Cypress Steet Suite 850</b>	CITY <b>Hillsborough</b>
CITY <b>Tampa, Florida 33607</b>	COUNTY <b>Hillsborough</b>
NAME OF POLITICAL SUPERVISOR <b>Hillsborough and Pinellas County</b>	
MY POSITION IS <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTEE	
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 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 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**

I, Rebecca Sarlo, hereby disclose that on 3/13, 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, \_\_\_\_\_ ;
- ☒ inured to the special gain or loss of Evava Health Institute, by whom I am retained; or
- ☐ inured to the special gain or loss of \_\_\_\_\_, which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

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

**Related party contract votes for Individual Training Accounts with Evava Health Institute.**

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.

3/6/2025

Date Filed

Rebecca Sarlo, Ph.D.

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.

**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: Evava Health Institute and CareerSource Hillsborough Pinellas  
 Contractor Name & Address: Evava 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: NA  
 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: Dr. 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 ☐ not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

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

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

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

Signature of Board Chairperson / Vice Chairperson\*

Gary Hartfield  
Print Name

\_\_\_\_\_  
Date

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

I, Dr. Rebecca Sarlo, a board 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: Evava Health - 14100 58th Street North, Clearwater FL 33760

Contractor Contact Phone Number: (727) 824-8181

Description or Nature of Contract: Paid Work Experience (PWE)

Description of Financial Benefit\*: Employee of organization

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

- ☒ have no relative who is a member of the board or an employee of the board, OR
- ☐ have a relative who is a member of the board or an employee of the board, whose name is: \_\_\_\_\_

The contractor's principals\*\*/owners\*\*\* ☒ is ☐ is not (check one) a member of the board. If applicable, the principal's/owner's name is: Dr. Rebecca Sarlo

Rebecca Sarlo  
Signature of Board Member/Employee

Dr. Rebecca Sarlo  
Print Name

3/13/2025

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(6), WIOA.

## 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

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS	
LAST NAME—FIRST NAME—MIDDLE NAME Wynn, Ocea	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Hillsborough Pinellas Workforce Board
MAILING ADDRESS 4350 W. Cypress Street Suite 850 Hillsborough	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY
CITY Tampa, Florida 33607	NAME OF POLITICAL SUBDIVISION Hillsborough and Pinellas County
DATE ON WHICH VOTE OCCURRED	MY POSITION IS: <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE

**WHO MUST FILE FORM 8B**

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies 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.

**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.

**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 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)

**DISCLOSURE OF LOCAL OFFICER'S INTEREST**

I, Ocea Wynn, 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, \_\_\_\_\_;

☒ inured to the special gain or loss of City of Tampa, by whom I am retained; or

☐ inured to the special gain or loss of \_\_\_\_\_, which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

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

Related party contract votes for Paid Work Experience Agreement with City of Tampa.

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.

3/13/25

Date Filed \_\_\_\_\_ Signature Ocea J. Wynn

**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.**



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 (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: 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 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: \$83,000  
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: 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 certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
- Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
- A draft copy of the related party contract and amendments, as applicable.
- Documentation supporting the method of procurement of the related party contract, 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.

Signature of Board Chairperson / Vice Chairperson\*

Gary Hartfield  
Print Name

Date

\* 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

I, Ocea Wynn, a board member / an employee of the board (circle one) hereby disclose that I, myself / my employee / 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: City of Tampa - 306 E. Jackson Street, Tampa, FL 33602

Contractor Contact Phone Number: (813) 274-8041

Description or Nature of Contract: Paid Work Experience

Description of Financial Benefit: Employee of organization

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

- ☒ have no relative who is a member of the board or an employee of the board, OR  
☐ have a relative who is a member of the board or an employee of the board, whose name is: \_\_\_\_\_

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

Ocea J. Wynn  
Signature of Board Member/Employee

Ocea Wynn  
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(9), WIOA.

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.

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

LAST NAME—FIRST NAME—MIDDLE NAME Sario, Rebecca		NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Hillsborough Pinellas Workforce Board	
MAILING ADDRESS 4350 W. Cypress Street Suite 850 Hillsborough		THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH THIS FORM IS A UNIT OF <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY	
CITY Tampa, Florida 33607		NAME OF POLITICAL SUBDIVISION Hillsborough and Pinellas County	
DATE ON WHICH VOTE OCCURRED		MY POSITION IS <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE	

## WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies 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 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)

## 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 (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: Evara Health and CSHP  
Contractor Name & Address: Evara Health - 14100 58th Street North, Clearwater 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: \$196,000

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: Dr. Rebecca Sario

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

Signature of Board Chairperson / Vice Chairperson\*

Gary Hartfield  
Print Name

## 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, Dr. Rebecca Sario, hereby disclose that on March 20, 2025:

(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;
- ☒ inured to the special gain or loss of Evara Health, by whom I am retained; or
- ☐ inured to the special gain or loss of \_\_\_\_\_, which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

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

Related party contract votes for Paid Work Experience Agreement with Evara Health.

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.

3/13/2025  
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  
Adopted by reference in Rule 34-7.010(1)(b), F.A.C.

PAGE 2

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

I, Dr. Rebecca Sario, a board 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: Evara Health - 14100 58th Street North, Clearwater FL 33760  
Contractor Contact Phone Number: (727) 824-8181  
Description or Nature of Contract: Paid Work Experience (PWE)  
Description of Financial Benefit\*: Employee of organization

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

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

The contractor's principals\*\*/owners\*\*\* ☒ is ☐ is not (check one) a member of the board. If applicable, the principal's/owner's name is: Dr. Rebecca Sario

Signature of Board Member/Employee

Dr. Rebecca Sario  
Print Name

3/13/2025  
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:

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	
LAST NAME—FIRST NAME—MIDDLE NAME Brooks, Warren Scott	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Hillsborough Pinellas Workforce Board
MAILING ADDRESS 4350 W. Cypress Street Suite 850 Hillsborough	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY
CITY Tampa, Florida 33607	NAME OF POLITICAL SUBDIVISION: Hillsborough and Pinellas County
DATE ON WHICH VOTE OCCURRED	MY POSITION IS: <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE

### WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies 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 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

I, Warren Scott Brooks, hereby disclose that on March 20, 2025:

(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, \_\_\_\_\_;
- ☒ Inured to the special gain or loss of Hillsborough County School Board, by whom I am retained; or
- ☐ Inured to the special gain or loss of \_\_\_\_\_, which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

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

Related party contract votes for Paid Work Experience Agreement with Hillsborough County School Board.

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.

Date Filed 3/13/25 Signature [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  
Adopted by reference in Rule 34-7.010(1)(X), F.A.C.

PAGE 2

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

PAGE 1

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

Signature of Board Chairperson / Vice Chairperson\*

**Gary Hartfield**  
Print Name

Date

\* 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**

I, **Warren Scott Brooks**, a board 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: **Hillsborough County School Board - 901 E. Kennedy Blvd, Tampa, FL 33602**  
Contractor Contact Phone Number: **(813) 231-1860**  
Description or Nature of Contract: **Paid Work Experience (PWE)**  
Description of Financial Benefit: **Employee of organization**

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

- ☒ have no relative who is a member of the board or an employee of the board, OR  
☐ have a relative who is a member of the board or an employee of the board, whose name is: \_\_\_\_\_

The contractor's principals\*\*/owners\*\*\* ☒ is ☐ is not (check one) a member of the board. If applicable, the principal's/owner's name is: **Warren Scott Brooks**

  
Signature of Board Member/Employee

**Warren Scott Brooks**

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:**

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.



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

LAST NAME—FIRST NAME—MIDDLE NAME <b>Hunt, William</b>	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE <b>CareerSource Hillsborough Pinellas Workforce Board</b>
MAILING ADDRESS <b>4350 W. Cypress Street Suite 850 Hillsborough</b>	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY
CITY <b>Tampa, Florida 33607</b>	NAME OF POLITICAL SUBDIVISION <b>Hillsborough and Pinellas County</b>
DATE ON WHICH VOTE OCCURRED	MY POSITION IS: <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTEE

## WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies 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 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)

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

PAGE 1

## 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 (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**  
Contractor Contact Phone Number: **(727) 588-6006**  
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: **\$207,000**

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

Signature of Board Chairperson / Vice Chairperson\*

**Gary Hartfield**

Print Name

Date

\* 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, **William Hunt**, 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, \_\_\_\_\_;
- ☒ inured to the special gain or loss of **Pinellas County Public Schools**, by whom I am retained; or
- ☐ inured to the special gain or loss of \_\_\_\_\_, which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

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

**Related party contract votes for Paid Work Experience Agreement with Pinellas County Public Schools.**

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.

**3/13/25**  
Date Filed

**W. Mark Hunt**  
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  
Adopted by reference in Rule 34-7.010(1)(f), F.A.C.

PAGE 2

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

I, **William "Mark" Hunt**, a board member / an employee of the board (circle one) hereby disclose that I, myself /my employee/ my business /an 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: **Pinellas County Public Schools - 301 Fourth Street, SW, Largo, FL 33779**

Contractor Contact Phone Number: **(727) 588-6006**

Description or Nature of Contract: **Paid Work Experience (PWE)**

Description of Financial Benefit\*: **Employee of organization**

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

- ☒ I have no relative who is a member of the board or an employee of the board, OR
- ☐ I have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals\*\*/owners\*\*\* ☒ is ☐ is not (check one) a member of the board. If applicable, the principal's/owner's name is: **William "Mark" Hunt**

**W. Mark Hunt**  
Signature of Board Member/Employee

**William "Mark" Hunt**  
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 EMPLOYEES 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	
LAST NAME—FIRST NAME—MIDDLE NAME <b>Siplin, Elizabeth</b>	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE <b>CareerSource Hillsborough Pinellas Workforce Board</b>
MAILING ADDRESS <b>4350 W. Cypress Steet Suite 850 Hillsborough</b>	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY
CITY <b>Tampa, Florida 33607</b>	NAME OF POLITICAL SUBDIVISION <b>Hillsborough and Pinellas County</b>
DATE ON WHICH VOTE OCCURRED	MY POSITION IS: <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE

**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.

**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 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)

**DISCLOSURE OF LOCAL OFFICER'S INTEREST**

I, Elizabeth Siplin, hereby disclose that on March 20, 2025:

(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, \_\_\_\_\_;
- ☒ inured to the special gain or loss of Empact Solutions, by whom I am retained; or
- ☐ inured to the special gain or loss of \_\_\_\_\_, which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

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

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.

Date Filed Mar 12, 2025 Signature Elizabeth Siplin

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.

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 (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: Impact Solutions and CSHP

Contractor Name & Address: Impact Solutions - 260 1st Avenue South, St. Pete, FL 33701

Contractor Contact Phone Number: (915) 355-7715

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: \$40,000

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: Elizabeth Siplin

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.

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

Print Name

Date

\* 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

I, Elizabeth Siplin, a board 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: Impact Solutions - 260 1st Avenue South, St. Pete, FL 33701

Contractor Contact Phone Number: (915) 355-7715

Description or Nature of Contract: Paid Work Experience (PWE)

Description of Financial Benefit: Employee of organization

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

☒ have no relative who is a member of the board or an employee of the board, OR

☐ have a relative who is a member of the board or an employee of the board, whose name is:

The contractor's principals\*\*/owners\*\*\* ☒ is ☐ is not (check one) a member of the board. If applicable, the principal's name is: Elizabeth Siplin

Signature of Board Member/Employee

Elizabeth Siplin

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.

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.



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

LAST NAME—FIRST NAME—MIDDLE NAME <b>Gutierrez, Elizabeth</b>		NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE <b>CareerSource Hillsborough Pinellas Workforce Board</b>	
MAILING ADDRESS <b>4350 W. Cypress Street Suite 850 Hillsborough</b>		THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:	
CITY <b>Tampa, Florida 33607</b>	COUNTY	<input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY	
DATE ON WHICH VOTE OCCURRED		NAME OF POLITICAL SUBDIVISION <b>Hillsborough and Pinellas County</b>	
		MY POSITION IS: <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE	

## WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies 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 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)

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

189

## 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 (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**

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 Term: **Effective date thru 6/30/2026 (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: **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 workplace 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**

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

Signature of Board Chairperson / Vice Chairperson\*

**Gary Hartfield**

Print Name

Date

\* 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, **Elizabeth Gutierrez**, 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, \_\_\_\_\_;

☒ inured to the special gain or loss of **Enterprising Latinas, Inc.**, by

whom I am retained; or

☐ inured to the special gain or loss of \_\_\_\_\_, which

is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

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

**Related party contract votes for Paid Work Experience Agreement with Enterprising Latinas, Inc.**

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.

3/10/25

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  
Adopted by reference in Rule 34-7.010(1)(f), F.A.C.

190

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

I, **Elizabeth Gutierrez**, a **board 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: **Enterprising Latinas, Inc. - 5128 FL-674, Wimauma, FL 33598**

Contractor Contact Phone Number: **(813) 699-5811**

Description or Nature of Contract: **Paid Work Experience (PWE)**

Description of Financial Benefit: **Employee of organization**

For purposes of the above contract the following disclosures are made: The contractor's principals\*\*/owners\*\*\*:

(check one)

☒ have no relative who is a member of the board or an employee of the board, OR

☐ have a relative who is a member of the board or an employee of the board, whose name is:

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

**Liz Gutierrez**

Signature of Board Member/Employee

Digitally signed by Liz Gutierrez  
Date: 2025.03.14 15:21:18 -0400

**Elizabeth Gutierrez**

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-the-training 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
MAILING ADDRESS 4350 W. Cypress Street Suite 850 Hillsborough	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY
CITY Tampa, Florida 33607	NAME OF POLITICAL SUBDIVISION Hillsborough and Pinellas County
DATE ON WHICH VOTE OCCURRED	MY POSITION IS: <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTEE

#### WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies 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 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

I, 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 loss;
- ☐ inured to the special gain or loss of my business associate, \_\_\_\_\_;
- ☐ inured to the special gain or loss of my relative, \_\_\_\_\_;
- ☒ inured to the special gain or loss of 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 organization or subsidiary of a principal which has retained me.

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

Related party contract votes for On-The-Job Training (OJT) Agreement with C. S. West & Associates CPAs, P.A.

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.

03/14/2025

Date Filed

Sophia West  
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  
Adopted by reference in Rule 34-7.010(1)(f), F.A.C.

PAGE 2  
211

**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 (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: C.S. West and Associates, PA and CSHP  
Contractor Name & Address: C.S. West and Associates, PA - 1115 Professional Park Dr, Brandon, FL 33511  
Contractor Contact Phone Number: (813) 344-1784  
Contract Number or Other Identifying Information, if any:  
Contract Term: Effective date thru 8/30/2028 (Will not auto-renew.)  
Value of the Contract with no extensions or renewals exercised: \$10,000  
Value of the Contract with all extensions and renewals exercised: N/A  
Description of goods and/or services to be provided under the Contract: On-The-Job Training (OJT)  
Method of procurement for the contracted goods and/or services, if applicable:  
The organization will be participating in the On-The-Job Training (OJT) 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: Sophia West

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

Signature of Board Chairperson / Vice Chairperson\*

**Gary Hartfield**  
Print Name

Date

\* 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**

I, Sophia West, a board 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: C.S. West and Associates, PA - 1115 Professional Park Dr, Brandon, FL 33511

Contractor Contact Phone Number: (813) 344-1784

Description or Nature of Contract: On-The-Job Training (OJT)

Description of Financial Benefit\*: Co-Owner of organization

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

☒ have no relative who is a member of the board or an employee of the board, OR

☐ have a relative who is a member of the board or an employee of the board, whose name is:

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

Sophia West

Digitally signed by Sophia West  
Date: 2025.03.14 15:05:52 -0400

Signature of Board Member/Employee

Sophia West

Print Name

03/14/2025

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.

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

**Related Party Training Provider Agreement:**

**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.



FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS	
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 IS A UNIT OF <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY
CITY Clearwater	COUNTY Pinellas
DATE ON WHICH VOTE OCCURRED	NAME OF POLITICAL SUBDIVISION: Hillsborough and Pinellas County
	MY POSITION IS: <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE

#### WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies 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 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 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)

CE FORM 8B - EFF. 11/2013

217

#### 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 (CSHP) and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(1), Florida Statutes.

Identification of all parties to the contract: Pinellas Ex-offender Re-entry Coalition (PERC) and CSHP

Contractor Name & Address: Pinellas Ex-offender Re-entry Coalition • 12810 US Hwy 19 #1 Clearwater, FL 33764

Contractor Contact Phone Number: 1-855-505-7372

Contract Number or Other Identifying Information, if any: \_\_\_\_\_

Contract Term: effective date through 6/30/2026

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: N/A

Description of goods and/or services to be provided under the Contract: Workforce Services

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

Dislocated Worker Grant (DWG) Workforce Agreement

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 Jalazo

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

Signature of Board Chair/Vice Chair\*

Gary Hartfield

Print Name

Date

\* 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 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, \_\_\_\_\_;

☒ inured to the special gain or loss of Pinellas Ex-offender Re-entry Coalition by whom I am retained; or

☐ inured to the special gain or loss of \_\_\_\_\_, which

is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

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

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.

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  
Adopted by reference in Rule 34-7.010(1)(f), F.A.C.

PAGE 2

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

I, Michael Jalazo, ☒ a board 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 (describe) Development Board:

CareerSource Hillsborough Pinellas

Contractor Name & Address:

Pinellas Ex-offender Re-entry Coalition - 12810 US Hwy 19 #1 Clearwater, FL 33764

Contractor Contact Phone Number:

1-855-505-7372

Description or Nature of Contract:

Workforce Services - Disaster relief temporary employment

Description of Financial Benefit\*:

Employee of Organization

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

☒ have no relative who is a member of the board or an employee of the board; OR

☐ have a relative who is a member of the board or an employee of the board, whose name is: \_\_\_\_\_

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

Signature of Board Member/Employee

Michael Jalazo

Print Name

02/04/2025

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.



## 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 <b>Matthews, Esther</b>	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE <b>CareerSource Hillsborough Pinellas Workforce Board</b>
MAILING ADDRESS <b>4350 W. Cypress Steet Suite 850 Hillsborough</b>	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:
CITY <b>Tampa, Florida 33607</b>	<input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY
DATE ON WHICH VOTE OCCURRED	NAME OF POLITICAL SUBDIVISION <b>Hillsborough and Pinellas County</b>
	MY POSITION IS: <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE

### 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.

### 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 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)

### DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Esther Matthews, hereby disclose that on March 20, 2025:

(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, \_\_\_\_\_;
- ☒ inured to the special gain or loss of All Administrative Solutions LLP, by whom I am retained; or
- ☐ inured to the special gain or loss of \_\_\_\_\_, which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

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

Related party contract votes for staff development training with All Administrative Solutions LLP

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.

3/11/2025

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.

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 (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: All Administrative Solutions LLC and CSHP  
Contractor Name & Address: All Administrative Solutions LLC - 1601 16th St. S, St. Pete, FL 33705  
Contractor Contact Phone Number: (727) 810-8196 ext. 1  
Contract Number or Other Identifying Information, if any:  
Contract Term: Effective date thru 6/30/2025  
Value of the Contract with no extensions or renewals exercised: \$4,250  
Value of the Contract with all extensions and renewals exercised: N/A  
Description of goods and/or services to be provided under the Contract: CSHP staff development training  
Method of procurement for the contracted goods and/or services, if applicable: small purchase procedures in accordance with CSHP procurement policies and procedures  
Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Esther Matthews

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

Signature of Board Chairperson / Vice Chairperson\* Gary Hartfield  
Print Name  
Date

\* 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

I, Esther Matthews, a board member / an employee of the board (circle one) hereby disclose that I, myself / my employee / 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 (CSHP) - Region 28  
Contractor Name & Address: All Administrative Solutions LLC, 1601 16th St. S, St. Pete, FL 33705  
Contractor Contact Phone Number: (727) 810-8196 ext. 1  
Description or Nature of Contract: CSHP staff development training in effective workforce solutions for CSHP customers who face barriers to employment.  
Description of Financial Benefit: Employee of organization

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

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

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

Signature of Board Member/Employee

Esther Matthews  
Print Name

3/11/2025

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(6), WIOA.

VIII. Information Items

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.