



# CareerSource Hillsborough Pinellas Board of Directors Meeting Minutes

CareerSource Hillsborough Pinellas

5/29/2025 10:00 AM EDT

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

## **Board Members Attendance**

### **Present:**

Mitch Allen (remote), Belinthia Berry (remote), Robert Blount, III (remote), Warren Brooks (remote), Joseph Eletto (remote), David Fetkenher (remote), Barclay Harless, Gary Hartfield, John Howell, Mark Hunt (remote), Michael Jalazo, Dr. Brian Mann (remote), Esther Matthews (remote), Shawn McDonnell (remote), Don Noble, Jeremy Robinson (remote), Rebecca Sarlo, Elizabeth Siplin (remote), Roy Sweatman, Sophia West (remote), Kenneth Williams (remote), Mercedes Young, Brian Nathan

### **Absent:**

Members: Benjamin Friedman, Elizabeth Gutierrez, Christopher Latvala, April Neumann, Thayne Swenson, Russell Williams, Ocea Wynn, Bob Hyde, Dr. Cynthia Johnson

### CareerSource Hillsborough Staff

Sheila Doyle, Chad Kunerth, Keidrian Kunkel, Tammy Stahlgren, Saleema Bennett, Rich Beynon, Jay Burke, Melissa Carroll, Jason Druding, Leondra Foster, Barry Martin (remote), Lysandra Montijo, Maritza Morales (remote), Brittany Munyer (remote), Brandon Pham, Michelle Schultz, Don Shepherd, Doug Tobin, April Torregiante, Michelle Zieziula

### Hillsborough County Government: Jonathan Wolf

### Legal Counsel: Stephanie Marchman (remote)

Others Present: Paul Casebolt -OSO, Stacey Kolka - Thomas Howell Ferguson P.A. CPAs (remote), Tameka Austin - FloridaCommerce (remote), Mark Koulianos (remote)

Pinellas County Government: Amelia Campbell (remote), Cody Ward (remote)

#### I. Welcome, Roll Call and Introductions (Presenters: Barclay Harless)

Barclay Harless, Chair called the meeting to order at 10:01 AM. There was a quorum present.

#### II. Pledge of Allegiance (Presenters: Barclay Harless)

The Pledge of Allegiance was recited

#### III. Public Comments

There were none.

IV. CEO Report (Presenters: Keidrian Kunkel)

Highlights

Keidrian Kunkel attended the National Association of Workforce Development Boards conference in DC, along with Board members, Barclay Harless, Mitch Allen, Gary Hartfield and John Howell.

Sheila Doyle was recognized at being as one of Tampa Bay's Top CFOs. She was honored last week.

Keidrian is holding the ongoing "Bridging the Bay" Teams meeting with staff for transparent communication.

V. General Counsel Update (Presenters: Stephanie Marchman)

A summary of legal services from the last meeting can be found in the meeting packet.

VI. Consent Agenda (Presenters: Barclay Harless)

A. Approval of Minutes

1. March 20, 2025, Board of Directors Meeting
2. May 2, 2025, Nominating Committee Meeting

**Motion:**

To approve the consent agenda as presented.

Motion moved by Mark Hunt and motion seconded by Michael Jalazo.  
Motion carried.

VII. Action/Discussion Items

A. WorkNet Pinellas, Inc. Final 990 (Presenters: Sheila Doyle)

**Motion:**

To accept the final WorkNet Pinellas, Inc. 2024 IRS Form 990 for the calendar year ending December 31, 2024

Motion moved by Don Noble and motion seconded by Michael Jalazo. Motion carried.

- B. 2025 – 2026 Planning Budget (Presenters: Sheila Doyle)

**Motion:**

To approve the FY2026 Planning Budget in order to provide to the Hillsborough Pinellas Workforce Development Consortium for their approval and allow for required submission to FloridaCommerce for review.

Motion moved by Don Noble and motion seconded by Gary Hartfield. Motion carried.

- C. 401(k) Plan Audit - CPA Firm (Presenters: Sheila Doyle)

**Motion:**

To approve of the BDG-CPA to audit Tampa Bay Workforce Alliance, Inc. 401(k) plan for the year ending December 31, 2024.

Motion moved by Michael Jalazo and motion seconded by Don Noble. Motion carried.

- D. Request to Waive ITA Expenditure Requirement (Presenters: Sheila Doyle)

**Motion:**

To approve the CareerSource Hillsborough Pinellas ITA Waiver Request of a 35% waiver level for PY2025-2026, subject to Hillsborough Pinellas Workforce Development Consortium (CLEO) approval

Motion moved by Mark Hunt and motion seconded by Gary Hartfield. Motion carried.

- E. General Counsel Renewal (Presenters: Keidrian Kunkel)

**Motion:**

To renewal of GrayRobinson as CSHP legal counsel for the term July 1, 2025 through June 30, 2026.

Motion moved by Mark Hunt and motion seconded by Gary Hartfield. Motion carried.

- F. Organizational and Program Naming Confirmation (Presenters: Doug Tobin)

Vistra Communications conducted research, including surveys and focus groups, to determine the best name for the merged organization. The top three name choices were CareerSource Tampa Bay, CareerSource Greater Tampa Bay, and CareerSource Hillsborough Pinellas. Concerns were raised about the potential confusion of using "Tampa Bay" due to its existing associations. The

board agreed on the need for intentional marketing to ensure the new name is understood and inclusive of both counties.

**Motion:**

To approve CareerSource Tampa Bay as the name For this unified organization.

Motion moved by Mark Hunt and motion seconded by Michael Jalazo. Motion passed unanimously.

G. PY2025-2026 Board and Committee Calendar (Presenters: Keidrian Kunkel)

**Motion:**

To approve the PY 2025-2026 Board and Committee Meeting schedule.

Motion moved by Don Noble and motion seconded by Michael Jalazo. Motion carried.

H. PY2025-2026 Board Officers (Presenters: Dr. Rebecca Sarlo)

**Motion:**

To approve the proposed slate of officers for Program Year 2025-2026.

Chair - Barclay Harless

Vice-Chair - Gary Hartfield

2nd Vice-Chair - Commissioner Wostal

Treasurer - Don Noble

Secretary - Dr. Rebecca Sarlo

Motion moved by Gary Hartfield and motion seconded by Don Noble. Motion carried.

I. One Stop Operator (Presenters: Melissa Carroll)

**Motion:**

To approve to be granted allowing CSHP President and CEO to negotiate with the highest ranked proposer, Educational Data Systems, Inc (EDSI) and upon successful negotiations, CSHP to enter contract.

Motion moved by Mark Hunt and motion seconded by Gary Hartfield. Motion carried.

J. Related Party Contracts (Presenters: Melissa Carroll)

1. Training Provider Program

Related Party Training Provider Agreement:

Ultimate Medical Academy amount not to exceed \$160,000.  
April Neumann has been identified as having a conflict of interest and was notified prior to the meeting.

April Neumann was not present at the meeting.

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

### Motion:

To approve Ultimate Medical Academy's Renewal ITA Agreement to include the 12 continued training programs and the addition of one (1) new training program, for a total amount not to exceed \$160,000 for the period 7/01/2025 to 6/30/2026, contingent on approval of FloridaCommerce.

Motion moved by Gary Hartfield and motion seconded by Michael Jalazo.  
Motion carried.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS	
LAST NAME—FIRST NAME—MIDDLE NAME Neumann, April	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Hillsborough Pinellas Workforce Board
MAILING ADDRESS 4350 W. Cypress Steet Suite 850 Hillsborough	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE OR 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).
<b>ELECTED OFFICERS:</b> 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.
<b>APPOINTED OFFICERS:</b> 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, April Neumann, hereby disclose that on May 14th, 2025:
(a) A measure came or will come before my agency which (check one or more) <input type="checkbox"/> inured to my special private gain or loss; <input type="checkbox"/> inured to the special gain or loss of my business associate; <input type="checkbox"/> inured to the special gain or loss of my relative; <input checked="" type="checkbox"/> inured to the special gain or loss of Ultimate Medical Academy, by whom I am retained; or <input type="checkbox"/> 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 (ITA) Agreement with Ultimate Medical Academy.
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.
05/06/25 Date Filed
April Neumann 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 D  
DISCLOSURE AND CERTIFICATION OF  
CONFLICT OF INTEREST IN A CONTRACT

I, April Neumann, 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: Ultimate Medical Academy (UMA) - 1255 Cleveland St. Clearwater, FL 33755  
Contractor Contact Phone Number: (727) 298-8685  
Description or Nature of Contract: ITA Training Provider Agreement  
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: April Neumann

April Neumann  
Signature of Board Member/Employee

April Neumann  
Print Name

5.6.25

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.

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, Barclay Harless, 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: Ultimate Medical Academy and CSHP  
Contractor Name & Address: Ultimate Medical Academy (UMA) - 1255 Cleveland St. Clearwater, FL 33755  
Contractor Contact Phone Number: (727) 298-8685  
Contract Number or Other Identifying Information, if any: \_\_\_\_\_  
Contract Term: 07/01/2025 thru 6/30/2026 (Will not auto-renew.)  
Value of the Contract with no extensions or renewals exercised: \$160,000  
Value of the Contract with all extensions and renewals exercised: N/A  
Description of goods and/or services to be provided under the Contract: ITA Training Provider Agreement  
Method of procurement for the contracted goods and/or services, if applicable: \_\_\_\_\_  
This institution is a current approved training provider on the State and local ETP and applied via the ETP Portal.  
Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: April Neumann

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\*

Barclay Harless  
Print Name

Date

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

## 2. Individual Training Accounts

Related Party Training Provider Agreement:

Hillsborough Public Schools amount not to exceed \$70,000.

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

Warren "Scott" Brooks verbally abstained.

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

### Motion:

To approve Hillsborough County School Board as a Training Provider for a total not to exceed \$70,000 for the period 7/01/2025 to 6/30/2026, contingent on approval of FloridaCommerce.

Motion moved by Mark Hunt 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 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"/> COUNTY <input checked="" 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. 163.300 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, Barclay Harless, 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: 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: 07/01/2025 thru 6/30/2026 (Will not auto-renew.)

Value of the Contract with no extensions or renewals exercised: \$70,000

Value of the Contract with all extensions and renewals exercised: N/A

Description of goods and/or services to be provided under the Contract: ITA Training Provider Agreement

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

This institution is a current approved training provider on the State and local ETP, and applied via the ETP Portal.

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

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

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

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

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

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

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

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.

**Barclay Harless**

Signature of Board Chairperson / Vice Chairperson\*

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, Warren Scott Brooks, hereby disclose that on May 29th, 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 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 Individual Training Accounts (ITA) 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  
5/14/2025

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 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: ITA Training Provider Agreement

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

5/14/2025  
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.



## Related Party Training Provider Agreement:

Hillsborough Community College amount not to exceed \$150,000.

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

Dr. Brian Mann verbally abstained.

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

## Motion:

To approve Hillsborough Community College as a Training Provider for a total not to exceed \$150,000 for the period 7/01/2025 to 6/30/2026, contingent on approval of FloridaCommerce.

Motion moved by Don Noble and motion seconded by Mercedes Young.

Motion carried.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS	
LAST NAME—FIRST NAME—MIDDLE NAME Mann, Brian	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Hillsborough Pinellas Workforce Board
MAILING ADDRESS 4350 W. Cypress Steet Suite 850 Hillsborough	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <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).
* * * * *
<b>ELECTED OFFICERS:</b>
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.
* * * * *
<b>APPOINTED OFFICERS:</b>
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, <u>Dr. Brian Mann</u> , hereby disclose that on <u>May 29th</u> , 20 <u>25</u> :
(a) A measure came or will come before my agency which (check one or more)
<input type="checkbox"/> inured to my special private gain or loss;
<input type="checkbox"/> inured to the special gain or loss of my business associate, _____;
<input type="checkbox"/> inured to the special gain or loss of my relative, _____;
<input checked="" type="checkbox"/> inured to the special gain or loss of <u>Hillsborough Community College</u> , by whom I am retained; or
<input type="checkbox"/> 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: <u>Related party contract votes for Individual Training Accounts (ITA) Agreement with Hillsborough Community College.</u>
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.
<u>05/16/2025</u> Date Filed
<u>Brian Mann</u> 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, Barclay Harless, 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 Community College and CSHP  
Contractor Name & Address: Hillsborough Community College (HCC) - 2112 N. 15th Street, Tampa, FL, 33605  
Contractor Contact Phone Number: (813) 253-7022  
Contract Number or Other Identifying Information, if any:  
Contract Term: 07/01/2025 thru 6/30/2026 (Will not auto-renew.)  
Value of the Contract with no extensions or renewals exercised: \$150,000  
Value of the Contract with all extensions and renewals exercised: N/A  
Description of goods and/or services to be provided under the Contract: ITA Training Provider Agreement  
Method of procurement for the contracted goods and/or services, if applicable:  
This institution is a current approved training provider on the State and local ETPL and applied via the ETP Portal.  
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. Brian Mann

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\*

Barclay Harless

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, Dr. Brian Mann, 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 Community College (HCC) - 2112 N. 15th Street, Tampa, FL, 33605  
Contractor Contact Phone Number: (813) 253-7022  
Description of Nature of Contract: ITA Training Provider Agreement  
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. Brian Mann

Signature

Signature of Board Member/Employee

Dr. Brian Mann

Print Name

05/16/2025

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:

Pinellas County Public Schools amount not to exceed \$70,000.

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

William "Mark" Hunt verbally abstained.

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

**Motion:**

To approve Pinellas County Public Schools as a Training Provider for a total not to exceed \$70,000 for the period 7/01/2025 to 6/30/2026, contingent on approval of FloridaCommerce.

Motion moved by John Howell 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 <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 checked="" 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	

## 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, **Barclay Harless**, 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: **07/01/2025 thru 6/30/2026 (Will not auto-renew.)**

Value of the Contract with no extensions or renewals exercised: **\$70,000**

Value of the Contract with all extensions and renewals exercised: **N/A**

Description of goods and/or services to be provided under the Contract: **ITA Training Provider Agreement**

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

This institution is a current approved training provider on the State and local ETP and applied via the ETP Portal.

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. 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.

**Barclay Harless**  
Print Name

Signature of Board Chairperson / Vice Chairperson\*

## 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 **May 29th**, 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 Individual Training Accounts (ITA) 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.

**05/16/2025**

Date Filed

*William 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.

## 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 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: **Pinellas County Public Schools - 301 Fourth Street, SW, Largo, FL 33779**

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

Description or Nature of Contract: **ITA Training Provider Agreement**

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**

*William Mark Hunt*

Signature of Board Member/Employee

**William "Mark" Hunt**

Print Name

**05/19/2025**

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:

St. Petersburg College amount not to exceed \$150,000.

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

Belinthia Berry verbally abstained.

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

## Motion:

To approve St. Petersburg College as a Training Provider for a total not to exceed of \$150,000 for the period 7/01/2025 to 6/30/2026, contingent on approval of FloridaCommerce.

Motion moved by Gary Hartfield and motion seconded by Michael Jalazo.

Motion carried.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS	
LAST NAME—FIRST NAME—MIDDLE NAME <b>Berry, Belinthia</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, **Belinthia Berry**, hereby disclose that on **May 29th**, 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 **St. Petersburg College**, 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 (ITA) Agreement with St. Petersburg College.**

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.

**05/19/2025**

Date Filed

*Belinthia Berry*  
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, Barclay Harless, 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: St. Petersburg College and CSHP

Contractor Name & Address: St. Petersburg College (SPC) - 13805 58th St N, Clearwater, FL 33760

Contractor Contact Phone Number: (727) 341-4279

Contract Number or Other Identifying Information, if any:

Contract Term: 07/01/2025 thru 6/30/2026 (Will not auto-renew)

Value of the Contract with no extensions or renewals exercised: \$150,000

Value of the Contract with all extensions and renewals exercised: N/A

Description of goods and/or services to be provided under the Contract: ITA Training Provider Agreement

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

This institution is a current approved training provider on the State and local ETPL and applied via the ETP Portal.

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

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\*

Barclay Harless  
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, Belinthia Berry, 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: St. Petersburg College (SPC) - 13805 58th St N, Clearwater, FL 33760

Contractor Contact Phone Number: (727) 341-4279

Description or Nature of Contract: ITA Training Provider Agreement

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: Belinthia Berry

Belinthia Berry

Signature of Board Member/Employee

Belinthia Berry

Print Name

05/19/2025

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.

### 3. Memorandum of Understandings (MOU)

#### Related Party MOU Agreement:

Tampa Bay Economic Development Council amount not to exceed \$100,000.

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

Mitch Allen verbally abstained.

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

#### Motion:

To approve an MOU with Tampa Bay Economic Development Council for a total not to exceed \$100,000 for the period 7/01/2025 to 6/30/2026, contingent on approval of FloridaCommerce

Motion moved by Mercedes Young and motion seconded by Don Noble.

Motion carried.



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

LAST NAME—FIRST NAME—MIDDLE NAME <b>Allen, Mitchel</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"/> 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 D DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Mitchell Allen, 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: The Tampa Bay Economic Development Council - 101 East Kennedy Blvd, Suite 1750, Tampa, FL 33602

Contractor Contact Phone Number: 813-518-2630

Description or Nature of Contract: Workforce Services

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: Mitchell Allen

Mitchell Allen  
Signature of Board Member/Employee

Mitchell Allen  
Print Name

05/16/2025  
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.

## 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, Mitchell, hereby disclose that on May 29, 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 The Tampa Bay Economic Development, 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 MOU with The Tampa Bay Economic Development Council.

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.

05/16/2025

Date Filed

Mitchell Allen  
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.

CF FORM 8B • FFE, 11/2013

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, Barclay Harless, 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: The Tampa Bay Economic Development Council and CSHP

Contractor Name & Address: The Tampa Bay Economic Development Council - 101 East Kennedy Blvd, Suite 1750, Tampa, FL 33602

Contractor Contact Phone Number: 813-518-2630

Contract Number or Other Identifying Information, if any:

Contract Term: 7/1/2025-6/30/2026

Value of the Contract with no extensions or renewals exercised: \$100,000.00 (estimated annual costs for CSHP staff equivalent to 1 FTE under an EDC)

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:

Not applicable. EDC is Hillsborough County's branch for economic development.

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

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\*

Barclay Harless  
Print Name

Date

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

## Related Party MOU Agreement:

Enterprising Latina's amount not to exceed \$13,400.

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 an MOU with Enterprising Latinas for a total not to exceed \$13,400 for the period 7/01/2025 to 6/30/2026, contingent on approval of FloridaCommerce.

Motion moved by Gary Hartfield and motion seconded by Elizabeth Siplin.

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 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

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).
<b>ELECTED OFFICERS:</b>
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.
<b>APPOINTED OFFICERS:</b>
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, <u>Elizabeth Gutierrez</u> , hereby disclose that on <u>May 29th</u> , 20 <u>25</u> :
(a) A measure came or will come before my agency which (check one or more)  <input type="checkbox"/> inured to my special private gain or loss; <input type="checkbox"/> inured to the special gain or loss of my business associate, _____; <input type="checkbox"/> inured to the special gain or loss of my relative, _____; <input checked="" type="checkbox"/> inured to the special gain or loss of <u>Enterprising Latinas, Inc.</u> , by whom I am retained; or <input type="checkbox"/> 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:  <b>Related party contract votes for MOU with Enterprising Latinas, Inc.</b>
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.
5/12/2025 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 Revised and reapproved by CE Board 7/2019



**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 S.R. 674, Wimauma, FL, 33598  
Contractor Contact Phone Number: 813-325-8073  
Description or Nature of Contract: Workforce Services  
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

\_\_\_\_\_  
Signature of Board Member/Employee

Elizabeth Gutierrez  
Print Name

5/12/2025  
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.

**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, Barclay Harless, 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 and CSHP  
Contractor Name & Address: Enterprising Latinas - 5128 S.R. 674, Wimauma, FL 33598  
Contractor Contact Phone Number: (813) 325-8073  
Contract Number or Other Identifying Information, if any: \_\_\_\_\_  
Contract Term: 7/1/2025-6/30/2026  
Value of the Contract with no extensions or renewals exercised: \$13,400  
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: \_\_\_\_\_  
Strategic decision made by CSHP to provide workforce services at Partner location aimed to assist low and moderate income residents of Wimauma, Florida.  
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\*

Barclay Harless  
Print Name

Date

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

#### 4. Leases/Sublease (Presenters: Melissa Carroll)

Related Party Lease Agreement:

Pinellas County Public Schools amount not to exceed \$130,000.

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

William "Mark" Hunt verbally abstained.

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

#### Motion:

To approve CSHP to enter into a lease agreement with Pinellas County Public Schools for a total not to exceed \$130,000 for the period 7/01/2025 to 6/30/2026, contingent on approval of FloridaCommerce



Motion moved by Brian Nathan and motion seconded by Don Noble.  
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"/> 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, **Barclay Harless**, 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 County Public Schools and CSHP**  
Contract 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: **07/01/2025 thru 6/30/2026 (Will not auto-renew.)**

Value of the Contract with no extensions or renewals exercised: **\$130,000**

Value of the Contract with all extensions and renewals exercised: **N/A**

Description of goods and/or services to be provided under the Contract: **Lease Agreement - 3420 8th Ave S, St. Pete, FL 33711**

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

Leases with institutions and organizations are necessary to cost effectively deliver services within the community.

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. 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\*

**Barclay Harless**  
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, **William Hunt**, hereby disclose that on **May 29th**, 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 Lease Agreement with Pinellas County Public Schools (St. Petersburg Location - 3420 8th Ave South, St. Petersburg, FL 33711).**

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.

05/16/2025

Date Filed

*William 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.

#### 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 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: **Pinellas County Public Schools - 301 Fourth Street, SW, Largo, FL 33779**

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

Description or Nature of Contract: **Lease Agreement - 3420 8th Ave S, St. Pete, FL 33711**

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: **William "Mark" Hunt**

*William Mark Hunt*

Signature of Board Member/Employee

**William "Mark" Hunt**

Print Name

**05/16/2025**

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.



Related Party Lease Agreement:

St. Petersburg College amount not to exceed \$160,000.

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

Belinthia Berry verbally abstained.

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

The board discussed the continued use of two administrative offices in Tampa and Clearwater, questioning the efficiency and financial impact of maintaining both. One board member raised concerns about committing another \$160,000 for an additional year without evaluating consolidation options, especially post-merger.

Keidrian Kunkel acknowledged that consolidation is under consideration but emphasized sensitivity around staff impacts and the need for a thoughtful process. While no immediate action has been taken, the current Meridian lease runs through 2029.

**Motion:**

To approve for CSHP to enter into a lease agreement with St. Petersburg College (Epi-Center) for a total not to exceed of \$160,000 for the period 7/01/2025 to 6/30/2026, contingent on approval of FloridaCommerce.

Motion moved by Don Noble and motion seconded by Mercedes Young.  
Motion carried.

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

LAST NAME—FIRST NAME—MIDDLE NAME <b>Berry, Belinthia</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"/> 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, Belinthia Berry, hereby disclose that on May 29th, 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 St. Petersburg College, 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 Lease Agreement with St. Petersburg College (EpiCenter location -13805 58th St N, Clearwater, FL 33760).

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.

05/16/2025

Date Filed

Belinthia Berry

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, Barclay Harless, 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: St. Petersburg College and CSHP

Contractor Name & Address: St. Petersburg College (SPC) - 13805 58th St N, Clearwater, FL 33760

Contractor Contact Phone Number: (727) 341-4279

Contract Number or Other Identifying Information, if any:

Contract Term: 07/01/2025 thru 6/30/2026 (Will not auto-renew.)

Value of the Contract with no extensions or renewals exercised: \$160,000

Value of the Contract with all extensions and renewals exercised: N/A

Description of goods and/or services to be provided under the Contract: Lease Agreement - 13805 58th St N, Clearwater, FL 33760

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

Leases with institutions and organizations are necessary to cost effectively deliver services within the community.

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

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.

Barclay Harless

Print Name

Signature of Board Chairperson / Vice Chairperson\*

Minutes generated by [OnBoard](#).

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

I, Belinthia Berry, 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: St. Petersburg College (SPC) - 13805 58th St N, Clearwater, FL 33760

Contractor Contact Phone Number: (727) 341-4279

Description or Nature of Contract: Lease Agreement - (13805 58th St N, Clearwater, FL 33760)

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: Belinthia Berry

Belinthia Berry

Signature of Board Member/Employee

Belinthia Berry

Print Name

05/16/2025

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 Lease Agreement:

St. Petersburg College amount not to exceed \$1,100.

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

Belinthia Berry verbally abstained.

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

## Motion:

To approve CSHP to enter into a lease agreement with St. Petersburg College (Tarpon Springs) for a total not to exceed of \$1,100 for the period 7/01/2025 to 6/30/2026, with notification sent to FloridaCommerce

Motion moved by Michael Jalazo and motion seconded by Mercedes Young. Motion carried.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS	
LAST NAME—FIRST NAME—MIDDLE NAME <b>Berry, Belinthia</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"/> 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, Belinthia Berry, hereby disclose that on May 29th, 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 St. Petersburg College, 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 Lease Agreement with St. Petersburg College (Tarpon location - 600 E Klosterman Rd, Tarpon Springs, FL 34689)**

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.

**05/16/2025**

Date Filed

*Belinthia Berry*  
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 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, **Barclay Harless**, 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: **St. Petersburg College and CSHP**  
Contractor Name & Address: **St. Petersburg College (SPC) - 13805 58th St N, Clearwater, FL 33760**  
Contractor Contact Phone Number: **(727) 341-4279**  
Contract Number or Other Identifying Information, if any:  
Contract Term: **07/01/2025 thru 6/30/2026 (Will not auto-renew.)**  
Value of the Contract with no extensions or renewals exercised: **\$1,100**  
Value of the Contract with all extensions and renewals exercised: **N/A**  
Description of goods and/or services to be provided under the Contract: **Lease Agreement - 600 E Klosterman Rd, Tarpon Springs, FL 34689**  
Method of procurement for the contracted goods and/or services, if applicable:  
**Leases with institutions and organizations are necessary to cost effectively deliver services within the community.**  
Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: **Belinthia Berry**

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\*

**Barclay Harless**  
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, **Belinthia Berry**, 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: **St. Petersburg College (SPC) - 13805 58th St N, Clearwater, FL 33760**  
Contractor Contact Phone Number: **(727) 341-4279**  
Description or Nature of Contract: **Lease Agreement - 600 E Klosterman Rd, Tarpon Springs, FL 34689**  
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: **Belinthia Berry**

*Belinthia Berry*

Signature of Board Member/Employee

**Belinthia Berry**

Print Name

**05/16/2025**

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 Sublease Agreement:

Hispanic Chamber of Commerce amount not to exceed \$12,048.00

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

Mercedes Young verbally abstained.

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

**Motion:**

To approve CSHP to enter into a sublease agreement with Hispanic Chamber of Commerce for a total not to exceed of \$12,048 for the period 7/01/2025 to 6/30/2027, contingent on approval of FloridaCommerce

Motion moved by Michael Jalazo and motion seconded by Gary Hartfield.  
Motion carried.



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

I, Mercedes Young, 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: Hispanic Chamber of Commerce - Tampa Bay, 711 E Henderson Ave Ste 224, Tampa FL 33602  
Contractor Contact Phone Number: (813) 867-3550  
Description of Nature of Contract: Hispanic Chamber of Commerce - Tampa Bay to sublease CSHP space located at 9215 N. Florida Ave, Tampa 33612  
Description of Financial Benefit: President 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: Mercedes Young

Mercedes Young  
Signature of Board Member/Employee  
Mercedes Young  
Print Name  
May 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.

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

LAST NAME—FIRST NAME—MIDDLE NAME Young, Mercedes	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:
CITY Tampa, Florida 33607	<input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY
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 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, Barclay Harless, 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: Hispanic Chamber of Commerce - Tampa Bay and CSHP  
Contractor Name & Address: Hispanic Chamber of Commerce - Tampa Bay, 711 E Henderson Ave Ste 224, Tampa FL 33602  
Contractor Contact Phone Number: (813) 867-3550  
Contract Number or Other Identifying Information, if any: N/A  
Contract Term: 07/01/2025 thru 6/30/2027  
Value of the Contract with no extensions or renewals exercised: \$6024 (annual)  
Value of the Contract with all extensions and renewals exercised: \$12,048  
Description of goods and/or services to be provided under the Contract: Hispanic Chamber of Commerce, Tampa Bay to Sub-Lease space from CSHP  
Method of procurement for the contracted goods and/or services, if applicable: N/A  
Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Mercedes Young

The nature of the conflicting interest in the contract: President 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\*

Barclay Harless  
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, Mercedes Young, hereby disclose that on May 29th, 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 Hispanic Chamber of Commerce, Tampa Bay, 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 Hispanic Chamber of Commerce, Tampa Bay to sub-lease space from CSHP at the Tampa Center located at 9215 N. Florida Ave, Tampa FL 33612.

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.

May 14 - 2025  
Date Filed  
Mercedes Young  
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.

K. Training Provider and Programs (Presenters: Melissa Carroll)

**Motion:**

To approve Coding Clarified Academy's new training provider application to include their respective training program and CNA Training and Testing Center dba Career Training Institute application for the two new training programs for inclusion on CSHP's ETPL.

Motion moved by Don Noble and motion seconded by John Howell. Motion carried.

L. Schedule of Operations (Presenters: Michelle Zieziula)

**Motion:**

To approve the CareerSource Hillsborough Pinellas Schedule of Operations.

Motion moved by Michael Jalazo and motion seconded by Brian Nathan. Motion carried.

M. CSHP Policies (Presenters: Michelle Schultz)

1. Eligible Training Provider List

**Motion:**

To approve the Eligible Training Provider List (ETPL) Policy

Motion moved by Mark Hunt and motion seconded by Don Noble. Motion carried.

2. One Stop Operator

**Motion:**

To approve the One Stop Operator Policy.

Motion moved by Mark Hunt and motion seconded by Dr. Rebecca Sarlo. Motion carried.

VIII. Committee Reports

A. Finance / Audit Committee (Presenters: Don Noble)

Chair Don Noble reported that the committee met on May 22nd and approved the action items that were presented and approved at today's Board meeting.

B. Workforce Solutions Committee

Chair, Scott Brooks reported that the Workforce Committee met on May 2nd. The committee reviewed and approved updates to the Eligible Training Provider List (ETPL) policy. One new training provider, Coding Clarified Academy, and its program in Professional Medical Coding were approved.

The committee has initiated the development of a training provider program scorecard, with plans to present a finalized version at the next Board meeting. Lastly, the committee reviewed the REACH and Primary Indicators Performance Reports.

C. Youth Development Committee

The Youth Committee has not met during this period since the last Board meeting.

IX. Information Items

Due to time constraints, the information items were not reviewed during the meeting but are available in the agenda packet for reference.

- A. Training Program Outcome Report (Presenters: Chad Kunerth)
- B. WIOA Primary Indicators of Performance: PY 24-25 Q2
- C. Reach Metric Review PY24-25 Q2 (Presenters: Chad Kunerth)
- D. Marketing and Public Relations Update (Presenters: Doug Tobin)
- E. Expenditure Reports for the Period Ending March 31, 2025 (Presenters: Sheila Doyle)
- F. Education and Industry Consortium Quarterly Report

X. Open Discussion

XI. Adjournment

The meeting adjourned at 12:00pm.

Minutes prepared by Tammy Stahlgren, Executive Administrative Assistant.