

FLORIDAC®MMERCE

DATE: November 19, 2024

TO: Local Workforce Development Board 27: Brevard Flagler Volusia

FROM: Karmyn Hill, Chief, Bureau of One-Stop and Program Support

SUBJECT: Related Party Contract Review Notification

The above-referenced local workforce development board (LWDB) submitted the following related party contract(s) to FloridaCommerce for reporting purposes or prior approval:

Contracting Entity	Service Type	Contract Amount	
Halifax Hospital Medical	Work-Based Training	\$30,000	
Center			

FloridaCommerce reviewed the documents provided to ensure compliance with Section 15 of the grantee-subgrantee agreement between FloridaCommerce and the LWDB, as well as CareerSource Florida Strategic Policy (2012.05.24.A.2), as amended

Based on the amount of the contract and the outcome of FloridaCommerce's review, the contract(s) is determined to be:

- □ **Compliant** The above-referenced contract(s) did not require prior approval by FloridaCommerce but was determined to meet the statutory requirements. The contract(s) must be published on the LWDB's website within 10 days after approval by the LWDB and must remain on the website for at least one year after the contract is terminated.
- Approved The above-referenced contract(s) was determined to meet the criteria for approval. The LWDB may proceed with the contracting process with the contracting entity. The contract(s) must be published on the LWDB's website within 10 days after approval by FloridaCommerce and must remain on the website for at least one year after the contract is terminated.
- ☐ **Denied** The contract(s) submitted was determined not to meet the criteria for approval.

Please contact the FloridaCommerce team at worfor@commerce.fl.gov with any questions.



BOARD MEETING VOTING ROSTER

Tuesday, November 12, 2024

Motion to approve Related Party Contract with Halifax Hospital Medical Center in an amount not to exceed \$30,000.

	to exceed \$50,000.				
	BOARD MEMBER	ATTENDANCE	YES VOTE	NO VOTE	ABSTAIN FROM VOTE
1	Albert, Elizabeth	А			
2	Brecklin, Mary Jane	Р	1		
3	Browne, Colleen	Р	1		
4	Dougherty, Sarah	Р	1		
5	Flores, Erica	Р	1		
6	Gregg, Lloyd	Р	1		
	Griffin, Savannah	Р	1		
8	Guthrie, John	Р			1
9	Handfield, Sandy	Р	1		
10	Heck, Corrine	А			
	Hoelke, Art	Р	1		
12	Kirkland, Renee	Р	1		
13	Locklear, Amy	Р	_ 1		
14	Mana, Nuno	Р	1		
15	Menyhart, Mike	Р	1		
16	Olson, Wayne	Р	1		
17	Paris, Lou	Р	1		
18	Parker, Jason	А			
19	Patel, Amar	Р	1		
	Phelps, Ken	А			
	Rey, Eva	Р	1		
	Rolle, Cordell	Α			
	Shinnick, lan	А			
	Sirois, Tyler	А			
	Wanamaker, John	Р	1		
26	Weatherman, Lynda	Р	1		
	TOTAL	19	18	0	1

I certify that this is the correct Voting Roster for 11/12/2024: Holly Paschal

Committee Secretary

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, Llo	Lloyd Gregg hereby certify the following information regarding a contract th	nat			
was a	s approved by a two-thirds (2/3) vote of a quorum of CareerSource Brevard	l Flagler Volusia			
and v	will be executed and implemented immediately after receiving the Stat	e's approval in compliance with			
sectio	tion 445.007(11), Florida Statutes.				
Ident	ntification of all parties to the contract: Halifax Hospital Medical Center ar	d CareerSource Brevard Flagler			
Volu	lusia				
Cont	ntractor Name & Address: 303 N. Clyde Morris Blvd. Daytona Beach, FL.	32114			
	ntractor Contact Phone Number: 386-254-4372				
	ntract Numb <u>er or Other Identifying Information, if any: NA</u>				
	ntract Term: November 12, 2024 to June 30, 2025				
Value	ue of the Contract with no extensions or renewals exercised: Not to exceed	\$30,000			
Value	ue of the Contract with all extensions and renewals exercised: Not to excee	d \$30,000			
Desc	scription of goods and/or services to be provided under the Contract: Wor	k Based Training Contracts			
	thod of procurement for the contracted goods and/or services, if applicable				
Nam	me of board member or employee whose conflict of interest required the bo				
two-t	o-thirds (2/3) vote: John Guthrie				
The	e nature of the conflicting interest in the contract: Mr. Guthrie is employ benefit financially from	ed by Halifax Hospital and could			
	e board member or employee with the conflict of interestdidd				
meet If the	the board member or employee with the conflict of interest at bcommittee meetings, at which the board discussed or bcommittee meetings, at which the board discussed or voted on the ployee abstained from voting.	voted to approve the contract. tended the meeting(s), including			
I fur	arther attest that the following is being provided with this form:				
t	A certified board membership roster listing all members on the board at the contract with a vote tally indicating attendance or absence at the meeting and for those in attendance, the affirmative and negative votes and abstent	g(s), including subcommittee meetings,			
	Consistent with the procedures outlined in section 112.3143, Florida Statu				
	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	ty contract for contracts that require			
	competitive selection / procurement process.	ty contract, for contracts that require			
		ent the discussion and approval of the			
	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.	e of the contract). The filliates mast			
	clearly reflect the verbal disclosure of the conflict during the incetting.				
Ler	ertify that the information above is true and correct.				
	J 1.				
	N 1	Lloyd Gregg			
		30 - 30 - 10			
		11/12/2024			
* Mu	fust be certified and attested to by the board's Chair or Vice Chair.	Date			

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

I. John Guth Cie , 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: Career Source Brevard Flagler Volusia - Region 27
Contractor Name & Address: Halifax Hospital Medical Center 303 N. Clyde Morris Blvd. Daytona Bch FL.
Contractor Contact Phone Number: 386-254-4372
Description or Nature of Contract: Work Based Training Contracts
Description of Financial Benefit*: \$30,000.00
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: Tohn Guthrie
John R. Gottre
Signature of Board Member/Employee Print Name
11/12/24
Data

* "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.