

## **CareerSource Pinellas Finance Committee Meeting Minutes**

**Date:** December 13, 2023 – 10:00 A.M.

**Location:** Hybrid – 13805 58<sup>th</sup> St. N., 2-316, Clearwater, FL 33760/Zoom

### **Call to Order**

The Committee Chair, Barclay Harless, called the meeting to order at 10:00 am. There was a quorum present with the following members participating.

### **Committee Members in attendance**

Barclay Harless, Dr. Rebecca Sarlo, David Fetkenher, Scott Thomas

### **Committee Members not in attendance**

Esther Matthews, Jack Geller

### **Staff Present**

Steven Meier (in-person), David Zirilli (in-person), Leah Geis (in-person), Jay Burkey (Zoom), Jason Druding (Zoom)

### **Public Comments – None**

### **ACTION ITEM 1 – Approval of Minutes**

The minutes of October 25, 2023, Finance Committee Meeting were presented for approval.

Motion:	Scott Thomas
Second:	David Fetkenher

*The minutes were approved as presented. The motion carried unanimously. There was no further discussion.*

### **ACTION ITEM 2 – Budget Modification II**

#### **REVENUE**

Total budgeted revenues estimated to decrease from \$9,496,655 to \$9,302,102 for an overall decrease of \$194,553; or 2%.

#### **Workforce Innovation and Opportunity Act (WIOA) Programs**

- HOPE Initiative grant - <\$65,000>
  - Two-year grant awarded from Department of Commerce for a collaboration between the CareerSource Florida network and the Florida Department of Children and Families to help Floridians achieve self-sufficiency through employment, training and support services.
  - We have decreased the amount allocated for the current fiscal year by \$65,000.
- Hurricane Idalia Emergency Dislocated Worker Grant - \$25,000
  - In the aftermath of Hurricane Idalia, several Local Workforce Development Boards, including CareerSource Pinellas, were awarded emergency funding to assist dislocated workers in the affected areas.
  - We were awarded \$500,000 but have offered to deobligate the majority of these funds in order to free them for other Boards with greater needs.
- Board Consolidation and Realignment <\$109,553>
  - Adjustment to reflect anticipated funding and costs associated with the upcoming consolidation with CareerSource Tampa Bay.

#### **Employment Services**

- HOPE Navigator - <\$45,000>
  - Two-year grant awarded from Department of Commerce to fund dedicated headcount to facilitate the HOPE Initiative grant.
  - We have decreased the amount allocated for the current fiscal year by \$45,000.

## EXPENSES

Total budgeted expenses estimated to decrease from \$9,426,205 to \$9,231,652 for an overall decrease of \$194,553.

### Personnel Expenses

- Personnel Expenses expected to decrease approximately \$<70,000> to reflect anticipated staffing levels through the remainder of the fiscal year.

### Program Expenses

- Service Provider Contracts - <\$50,000>
  - Reflects lower anticipated spending by Pinellas Education Foundation for the remainder of their no-cost contract extension through 12/31/23.
- Customer Supportive Services - <\$10,000>
- **Adult OJT - <\$60,000>**
  - Reflecting lower adult OJT enrollments due to temporary freeze of WIOA Adult spending in the summer and fall.

### Other Expenses

- Out of town travel <\$5,000>
  - Fewer attendees to annual NAWB conference this year

## RECOMMENDATION

Staff recommends approval of adjustments to the revenue budgets and resultant modifications to the expenditures budgets.

**Discussion:** None.

Motion:	Scott Thomas
Second:	David Fetkenher

*The Finance Committee made a motion for approval of adjustments to the revenue budgets and resultant modifications to the expenditures budgets. There was no further discussion. The motion carried unanimously.*

## ACTION ITEM 3 – Related Party Contracts – PERC & Evara Health

FL Statute Section 445.007 mandates that all Local Workforce Development Boards (LWDBs) entering into a contract with an organization or individual represented on the Board, must meet the following requirements:

- a) Approve the contract by a two-thirds (2/3<sup>rd</sup>) vote of the Board when a quorum has been established.
- b) Board members who could benefit financially from the transaction or who have any relationship with the contracting vendor must disclose any such conflicts prior to the board vote on the contract.
- c) Board members who could benefit financially from the transaction or board members who have any relationship with the contracting vendor must abstain from voting on the contracts; and
- d) Such contracts must be submitted to the Florida Department of Commerce and CareerSource Florida for review.

CareerSource Pinellas is entering into two paid work experience (PWE) agreements with board members employed by the training sites of Pinellas Ex-offender Reentry Coalition dba: People Empowering and Restoring Communities (PERC) and Evara Health.

PWE provides participants an opportunity to engage in work experiences where they develop employability skills, acquire job-specific knowledge, and gain work experience in an area that helps prepare them for self-sufficient employment.

**Note:** For the record, Board Members, if present must verbally abstain from the vote related to their respective organization.

Action Item	Company	Board Member	OJT/PWE (not to exceed)
A	PERC	Michael Jalazo	\$75K
B	Evara Health	Rebecca Sarlo	\$75K

#### RECOMMENDATION

- A. Approval of a related party contract involving PERC. Must be approved by a two-thirds (2/3<sup>rd</sup>) vote with a spending cap of \$75,000 (approximately 15 enrollments).
- B. Approval of a related party contract involving Evara Health. Must be approved by a two-thirds (2/3<sup>rd</sup>) vote with a spending cap of \$75,000 (approximately 20 enrollments).

**Discussion:** None

<b>3a.</b>	Motion:	Scott Thomas
	Second:	David Fetkenher

<b>3b.</b>	Motion:	David Fetkenher
	Second:	Scott Thomas
	Abstention:	Dr. Rebecca Sarlo

*The Finance Committee made a motion for:*

- A. *Approval of a related party contract involving PERC. Must be approved by a two-thirds (2/3<sup>rd</sup>) vote with a spending cap of \$75,000 (approximately 15 enrollments).*
- B. *Approval of a related party contract involving Evara Health. Must be approved by a two-thirds (2/3<sup>rd</sup>) vote with a spending cap of \$75,000 (approximately 20 enrollments).*

*There was no further discussion. The motion carried unanimously.*

#### INFORMATION ITEM 1 – October 31, 2023 Financial Statements

A financial summary for the year ended August 31, 2023, was included in the meeting packet as well as the reports listed below.

- a. Statement of Activities: Current Year vs. Prior Year
- b. Statement of Activities: Current Year vs. Budget
- c. Cost Allocation/Expenditure Report for PE 10/31/2023
- d. Pooled Cost Report 10/31/2023
- e. Grant Status Report 10/31/2023

**Adjournment** – Scott Thomas made a motion to adjourn, and David Fetkenher seconded that motion. The meeting was adjourned at 10:18am.

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

I, Michael Jalazo, a board member / an employee of the board (circle one) hereby discloses 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 Pinellas/LWDB 14  
Contractor Name & Address: Pinellas Ex Offender Reentry Coalition (PERC)/12810 US Hwy 19 # 1 Clearwater, Fl. 33764  
Contractor Contact Phone Number: 727-656-4989  
Description or Nature of Contract: Work Based Learning/Work Based Training Provider  
Description of Financial Benefit\*: WBL/WBT worker provided and reimbursement for PWE/OJT paid to Board member's company.

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

X 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 X is not (check one) a member of the board. If applicable, the principal's/owner's name is: \_\_\_\_\_

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

Michael Jalazo  
\_\_\_\_\_  
Print Name

12/01/2023  
\_\_\_\_\_  
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 Jalazo - Michael	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE CareerSource Pinellas Workforce Development Board
MAILING ADDRESS 12810 US Hwy 19 N # 1	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY
CITY Clearwater	NAME OF POLITICAL SUBDIVISION: Pinellas
DATE ON WHICH VOTE OCCURRED January 17, 2024	MY POSITION IS: <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE
COUNTY Pinellas	

## 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, Michael Jalazo, hereby disclose that on January 17, 2024,

20 \_\_\_\_ : (a) A measure came or will come before my agency which (check one or more)

\_\_\_\_ inured to my special private gain or loss.

\_\_\_\_ inured to the special gain or loss of my business associate, \_\_\_\_\_ ;

\_\_\_\_ inured to the special gain or loss of my relative, \_\_\_\_\_ ;

X inured to the special gain or loss of Pinellas Ex Offender Reentry Coalition (PERC), by  
whom I am retained; or

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

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

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

12/01/2023

Date Filed

Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.

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

I, Rebecca Sarlo, a board member / an employee of the board (circle one) hereby discloses 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 Pinellas/LWDB 14  
 Contractor Name & Address: Evara Health/14100 58<sup>th</sup> Street N. Clearwater, Fl. 33760  
 Contractor Contact Phone Number: 727-824-8181  
 Description or Nature of Contract: Work Based Learning (WBL)/Work Based Training (WBT) Provider  
 Description of Financial Benefit\*: WBL/WBT enrollees provided and reimbursement for PWE/OJT paid to Board member's company.

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

X 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 X is not (check one) a member of the board. If applicable, the principal's business name is: \_\_\_\_\_

Dr. Rebecca Sarlo

Signature of Board Member/Employee

Rebecca Sarlo

Print Name

12/6/2023

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.

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

LAST NAME—FIRST NAME—MIDDLE NAME <b>Sarlo Rebecca</b>	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE <b>CareerSource Pinellas Workforce Development Board</b>
MAILING ADDRESS <b>14100 58<sup>th</sup> Street N.</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>Clearwater</b> COUNTY: <b>Pinellas</b>	NAME OF POLITICAL SUBDIVISION: <b>Pinellas</b>
DATE ON WHICH VOTE OCCURRED <b>January 17, 2023</b>	MY POSITION IS: <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE

## WHO MUST FILE FORM 8B.

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing and filing the form.

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A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which would 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:

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**APPOINTED OFFICERS (continued)**

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**DISCLOSURE OF LOCAL OFFICER'S INTEREST**

I, Rebecca Sarlo, hereby disclose that on January 17, 2024,

20 \_\_\_\_ : (a) A measure came or will come before my agency which (check one or more)

\_\_\_\_ inured to my special private gain or loss;

\_\_\_\_ inured to the special gain or loss of my business associate, \_\_\_\_\_ ;

\_\_\_\_ inured to the special gain or loss of my relative, \_\_\_\_\_ ;

X inured to the special gain or loss of Evara Health, by whom I am retained; or

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

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

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

12/6/2023

Date Filed

DocuSigned by:

*Dr. Rebecca Sarlo*

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Signature

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