

**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, Lloyd Gregg, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource Brevard 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: Health First and CareerSource Brevard

Contractor Name & Address: Health First, 3470 N. Harbor City Blvd., Melbourne, FL 32935

Contractor Contact Phone Number: 321-434-7644

Contract Number or Other Identifying Information, if any: _____

Contract Term: July 1, 2023, to June 30, 2024

Value of the Contract with no extensions or renewals exercised: Not to exceed \$50,000

Value of the Contract with all extensions and renewals exercised: Not to exceed \$50,000

Description of goods and/or services to be procured: Work Based Training Contracts

Method of procurement for the goods and/or services to be procured: _____

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

The nature of the conflicting interest in the contract: Ms. Brecklin is employed by Health First and could benefit financially from the contract.

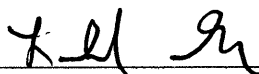
The board member or employee with the conflict of interest did did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with a 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.
- A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the information above is true and correct.


Signature of Board Chair

Lloyd Gregg
Print Name

05/18/2023
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, Mary Jane Brecklin, 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 Brevard – Region 13

Contractor Name & Address: Health First, 3470 N. Harbor City Blvd., Melbourne, FL 32955

Contractor Contact Phone Number: 321-434-7644

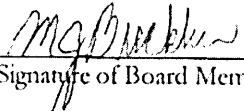
Description or Nature of Contract: Work Based Training Contracts

Description of Financial Benefit*: Not to exceed \$50,000

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*** X is _____ is not (check one) a member of the board. If applicable, the principal's/owner's name is: Mary Jane Brecklin



Signature of Board Member/Employee

Mary Jane Brecklin

Print Name

05/18/2023

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.



BOARD MEETING VOTING ROSTER
 Thursday, May 18, 2023

Motion to approve Related Party Contract with **Health First** in an amount not to exceed \$50,000

| | BOARD MEMBER | ATTENDANCE | YES VOTE | NO VOTE | ABSTAIN FROM VOTE |
|----|---------------------|------------|----------|---------|-------------------|
| 1 | Abbate, Frank | A | | | |
| 2 | Beal, Shawn | P | 1 | | |
| 3 | Brecklin, Mary Jane | P | | | 1 |
| 4 | Browne, Colleen | P | 1 | | |
| 5 | Fletcher, Randall | P | 1 | | |
| 6 | Gregg, Lloyd | P | 1 | | |
| 7 | Heller, Nancy | P | 1 | | |
| 8 | Hoelke, Art | P | 1 | | |
| 9 | Houston, Karen | A | | | |
| 10 | Jaskiewiz, Brian | P | 1 | | |
| 11 | Klinkbeil, Traci | P | 1 | | |
| 12 | Locke, Karen | P | 1 | | |
| 13 | Mana, Nuno | P | 1 | | |
| 14 | Menyhart, Mike | P | 1 | | |
| 15 | Olson, Wayne | P | 1 | | |
| 16 | Patchett, Kirsten | A | | | |
| 17 | Patel, Amar | P | 1 | | |
| 18 | Reed, Pamela | P | 1 | | |
| 19 | Rolle, Cordell | P | 1 | | |
| 20 | Shah, Monica | P | 1 | | |
| 21 | Tanner, Holly | P | 1 | | |
| 22 | Weatherman, Lynda | P | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | TOTAL | 19 | 18 | 0 | 1 |

I certify that this is the correct Voting Roster for 05/18/2023 :



 Committee Secretary
 Holly Paschal



DATE: June 9, 2023
TO: Local Workforce Development Board 13: CareerSource Brevard
FROM: Keantha B. Moore, Deputy Chief, Bureau of One-Stop and Program Support
SUBJECT: Related Party Contract Review Notification

Keantha B. Moore

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

| Contracting Entity | Service Type | Contract Amount |
|--------------------|---------------------|-----------------|
| Health First | Work-Based Training | \$50,000.00 |

DEO reviewed the documents provided to ensure compliance with Section 15 of the grantee-subgrantee agreement between DEO 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 DEO's review, the contract(s) is determined to be:

- Compliant** – The above-referenced contract(s) did not require prior approval by DEO 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 DEO 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 DEO team at WorkforceContract.Review@deo.myflorida.com with any questions.