

Lee County Board Of County Commissioners

Blue Sheet No. 20051553

Agenda Item Summary

1. ACTION REQUESTED/PURPOSE: Appoint one County Commissioner as a member of the Southwest Florida Expressway Authority Governing Board, and adopt staff recommendation for the approval process of appointing one BoCC citizen appointment and five candidates to the Governor for appointment to the Expressway Authority Governing Board.

2. WHAT ACTION ACCOMPLISHES: Identifies the Commission representative on the Expressway Authority board and establishes a process for subsequent appointments as outlined in the legislation.

3. MANAGEMENT RECOMMENDATION: Recommend approval.

4. Departmental Category: A9A **5. Meeting Date:** 11-01-2005

6. Agenda:	<input type="checkbox"/> Consent	7. Requirement/Purpose: (specify)	<input checked="" type="checkbox"/> Statute	8. Request Initiated:	
	<input checked="" type="checkbox"/> Administrative		<input type="checkbox"/> Ordinance		Commissioner <u>Douglas St. Cerny, Chair</u>
	<input type="checkbox"/> Appeals		<input type="checkbox"/> Admin. Code		Department <u>Transportation</u>
	<input type="checkbox"/> Public		<input type="checkbox"/> Other		Division <u>HS in</u>
	<input type="checkbox"/> Walk-On				By: <u>Scott M. Gilbertson</u> <i>Scott Gilbertson</i>

9. Background:
Section 348.9932(2)(b), F.S., states that one voting member of the Southwest Florida Expressway Authority governing board shall be appointed by the Lee County Commission from among its respective members, to serve a two-year term. The Commissioner must be a member of the Lee County Commission when selected and for the full term of the selection. Subsection (2)(a)1. states that the Lee County Commission shall also appoint one voting member of the governing board who is a permanent resident of Lee County to serve a four-year term, and also requires the Governor to appoint a permanent Lee County resident for a four-year term from a list of five candidates submitted by the Lee County Commission. These residents are to be "a person of outstanding reputation for integrity, responsibility, and business ability and shall have an interest in ground transportation." The section goes on to prohibit the appointment of elected officials or employees of the County or any of the cities within the County. The Expressway Authority governing board would be subject to operation under the state's Sunshine laws, and members would be subject to financial disclosure requirements.

The normal process for Board committee appointments is for interested parties to submit applications to the County's Public Resources Division, after which Public Resources provides the names to the Board members. Staff suggests the Board pursue a similar process, asking interested members of the public to submit their applications to the Public Resources division. Public Resources can then compile a list of interested candidates by Commission District. Staff suggests that each Commissioner submit one citizen to the Board Chair for his suggested appointment as the Board's citizen appointment. The Chair will ask for a vote of approval by the Board to move the citizen appointment forward. Each Commissioner will then submit one name each to the Governor for a total of five BoCC citizen nominations to be sent to the Governor for possible appointment to the Expressway Authority Governing Board.

Governor appointees will be required to respond to the attached questionnaire from the Governor's Office.

10. Review for Scheduling:

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager/P.W. Director
					Analyst	Risk	Grants	Mgr.	
<i>HS in</i>	NA	NA		<i>AS 10/21/05</i>	<i>AM</i>	<i>AM</i>	<i>AM</i>	<i>AM</i>	<i>10-21-05</i>

11. Commission Action:

- Approved
- Deferred
- Denied
- Other

REC'D 10/21/05
by CO. ATTY.
CO. ATTY. 10/21/05
FORWARDED TO:
11:13 AM

QUESTIONNAIRE
for
GUBERNATORIAL APPOINTMENTS



FOR THE GOVERNOR'S APPOINTMENT OFFICE

The Capitol, Tallahassee, Florida 32399-0001

The information from this page has been requested and will be used exclusively by the GOVERNOR'S OFFICE.
Please type or use black ink.

1. Board of Interest: _____

2. Current Employer and Occupation: _____

3. Are you applying for reappointment: Yes No

4. *Do you have a disability? Yes No If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

5. *Sex: Male Female

6. *Race: White Native-American/Alaskan Native
Hispanic-American Asian/Pacific Islander
African-American

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

Applicant's Name, including name
commonly used (Please print)

* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.

QUESTIONNAIRE FOR GUBERNATORIAL APPOINTMENTS

The information from this questionnaire will be used by the Governor's office and, where applicable, The Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. **Please type or print in black ink.**

Date Completed _____

1. Name: _____

MR./MRS./MS.
LAST
FIRST
MIDDLE/MAIDEN

2. Business Address: _____

STREET
OFFICE #
CITY

POST OFFICE BOX
STATE
ZIP CODE
AREA CODE/PHONE NUMBER

3. Residence Address: _____

STREET
CITY
COUNTY

POST OFFICE BOX
STATE
ZIP CODE
AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Business Residence Fax # _____
(optional)

4. A. List all your places of residence for the last five (5) years.

ADDRESS	CITY & STATE	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

ADDRESS	CITY & STATE	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Date of Birth: _____ Place of Birth: _____

6. Social Security Number: _____

7. Driver License Number: _____ Issuing State: _____

8. Have you ever used or been known by any other legal name? Yes No If "Yes" Explain

9. Are you a United States citizen? Yes No If "No" explain:

If you are a naturalized citizen, date of naturalization: _____

10. Since what year have you been a continuous resident of Florida? _____

11. Are you a registered Florida voter? Yes No If "Yes" list:
 A. County of registration: _____ B. Current party affiliation: _____

12. Education
 A. High School: _____ Year Graduated: _____
(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

<small>NAME & LOCATION</small>	<small>DATES ATTENDED</small>	<small>CERTIFICATES/DEGREES RECEIVED</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Are you or have you ever been a member of the armed forces of the United States? Yes No If "Yes" list:
 A. Dates of service: _____
 B. Branch or component: _____
 C. Date & type of discharge: _____

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) If "Yes" give details:

<small>DATE</small>	<small>PLACE</small>	<small>NATURE</small>	<small>DISPOSITION</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

<small>EMPLOYER'S NAME & ADDRESS</small>	<small>TYPE OF BUSINESS</small>	<small>OCCUPATION/JOB TITLE</small>	<small>PERIOD OF EMPLOYMENT</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes No
 If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

<small>POSITION</small>	<small>EMPLOYING AGENCY</small>	<small>PERIOD OF EMPLOYMENT</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes No If "Yes", list:

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes No If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this appointment:

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes No If "Yes", list:

19. A. Have you ever been elected or appointed to any public office in this state? Yes No If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

OFFICE TITLE	DATE OF ELECTION OR APPOINTMENT	TERM OF OFFICE	LEVEL OF GOVERNMENT
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B. If your service was on an appointed board(s), committee(s), or council(s):

- (1) How frequently were meetings scheduled: _____
- (2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

MEETINGS ATTENDED	MEETINGS MISSED	REASON FOR ABSENCE
_____	_____	_____
_____	_____	_____

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes No If "Yes", give details:

DATE	NATURE OF VIOLATION	DISPOSITION
_____	_____	_____
_____	_____	_____

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes No If "Yes", list:

- A. Title of office: _____ C. Reason for suspension: _____
- B. Date of suspension: _____ D. Result: Reinstated Removed Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes No If "Yes", list:

- A. Title of Office: _____
- B. Term of Appointment: _____
- C. Confirmation results: _____

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes No If "Yes", explain:

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes No If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

LICENSE/CERTIFICATE TITLE & NUMBER	ORIGINAL ISSUE DATE	ISSUING AUTHORITY	DISCIPLINARY ACTION/DATE
_____	_____	_____	_____
_____	_____	_____	_____

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes No If "Yes", explain:

NAME OF BUSINESS	YOUR RELATIONSHIP TO BUSINESS	BUSINESS' RELATIONSHIP TO AGENCY
_____	_____	_____
_____	_____	_____

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes No If "Yes", explain:

NAME OF BUSINESS	FAMILY MEMBER'S RELATIONSHIP TO YOU	FAMILY MEMBER'S RELATIONSHIP TO BUSINESS	BUSINESS' RELATIONSHIP TO AGENCY

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes No

A. Did you receive any compensation other than reimbursement for expenses? Yes No

B. Name of agency or entity you lobbied and the principal(s) you represented:

AGENCY LOBBIED	PRINCIPAL REPRESENTED

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

NAME	MAILING ADDRESS	ZIP CODE	AREA CODE/PHONE NUMBER

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

NAME	MAILING ADDRESS	OFFICE(S) HELD & TERM	DATE(S) OF MEMBERSHIP

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes No If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes No

CERTIFICATION

STATE OF FLORIDA, COUNTY OF

Before me, the undersigned Notary Public of Florida, personally appeared _____, who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Signature of Applicant-Affiant

Sworn to and subscribed before me
this _____ day of _____, 20____.

Signature of Notary Public-State of Florida

(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: _____

Personally Known OR Produced Identification

Type of Identification Produced _____

(seal)