Agenda Item #:

# PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

# **BOARD APPOINTMENT SUMMARY**

Meeting Date: September 13, 2011

**Department:** County Administration

Advisory Board: Health Facilities Authority

# I. EXECUTIVE BRIEF

**Motion/Title:** Staff recommends motion to approve: reappointment of the following individuals to the Palm Beach County Health Facilities Authority (Authority) for the term September 13, 2011, to April 30, 2015:

<u>Nominees</u>	<u>Seat No.</u>	Seat Requirement	Nominated by:
Dr. James T. Howell	4	Palm Beach County Resident	Comm. Burdick Comm. Abrams Comm. Taylor Comm. Marcus
Tenna Wiles	5	Palm Beach County Resident	Comm. Burdick Comm. Vana Comm. Abrams Comm. Taylor Comm. Marcus

**Summary:** Chapter 154.207, Florida Statutes, allows for the creation of a Health Facilities Authority, and in 1977, the Board of County Commissioners adopted Resolution R77-379, creating the Authority. The Authority is comprised of five (5) at-large residents of Palm Beach County. Dr. Howell has served on the Authority since 2008, and Ms. Wiles has served since 2007. Both are eligible to serve another term and have expressed a desire to be reappointed. A memo was distributed to the Board of County Commissioners on August 4, 2011 requesting nominations. No other nominations were received. <u>District 4</u> (TKF)

**Background and Justification:** The Authority is charged with assisting health facilities in acquisition, construction, financing and refinancing of projects. The Authority has five (5) members currently filled and a diversity count of: four (4) White males (80%) and one (1) White female (20%).

### Attachments:

- 1. Board Appointment Information Forms
- 2. Resumes for Dr. Howell & Ms. Wiles
- 3. Palm Beach County Code of Ethics Forms
- 4. Guide to Sunshine Amendment Forms
- 5. Memo dated August 4, 2011 requesting nominations
- 6. Current List of Board Members
- 7. Resolution R77<sub>7</sub>379 creating the Authority

**Recommended by:** Agenda Coordinator Legal Sufficiency: Assistar ounty Attorney

# A. Other Department Review:

Department Director

# PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS ADVISORY BOARD NOMINEE INFORMATION FORM

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Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by member of the public.

Revised 1/2010

# PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS ADVISORY BOARD NOMINEE INFORMATION FORM

Board Name: <u>Health</u>	<u> Facilities</u>	<u>Authority</u>					
[X] At Large	Appointmer	nt oi	r	[]Distrie	et Appo	intment	
Term of Appointment:	4	Years.	From:	05/01/201	1	To: <u>04/30/</u>	2015
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Occupation/Affiliation:	Med	ical D	octor		6230		
Business Name:		_		a Uni			
Business Address:				resity			
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Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by member of the public.

PALM BEACH COUNTY
<b>BOARD OF COUNTY COMMISSIONERS</b>
<b>ADVISORY BOARD NOMINEE INFORMATION FORM</b>

Part I (to be filled out	<u>by Departm</u>	ent): (Pleas	se Print)				
Board Name: <u>Health</u>	Facilities A	<u>uthority</u>					
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Number of pr	eviously discl	losed voting	conflicts	during the p	e <b>rs.</b> previous	term	
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Occupation/Affiliation:	Mede	cal De	eter	Prot	10223		
Business Name:	Nova		ant.	/			
Business Address:							
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City & State	Fort La					33328-2	
Residence Address:	6411 G	eand C	ypres:	<u>a Circie</u>	L. La	ke Worth F	<u></u>
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Email Address: <u>ن</u> ویس	nesthouse 1	le yahoc	o, Come				
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#### PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS ADVISORY BOARD NOMINEE INFORMATION FORM The information provided on this form will be used by County Commissioners and/or the entire Board in considering your

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.
Part I (to be filled out by Department): (Please Print)
Board Name: <u>Health Facilities Authority</u>
[X] At Large Appointment or [] District Appointment
Term of Appointment:         4         Years.         From:         05/01/2011         To:         04/30/2015
Seat Requirement:    Resident of Palm Beach County    Seat #: 4
[X]*Reappointment or [] New Appointment
or [] to complete the term of Due [] resignation [] other to: to: to: to:
*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts during the previous term
Part II (to be filled out and signed by Applicant): (Please Print) APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT
Name: Howell Last First Middle
Occupation/Affiliation: Medical Doctor, Arofessor
Business Name: Nova Southeastern University
Business Address: 3200 South University DRIVE
City & State Fort Landerdale, FL Zip Code: 33328-2018
Residence Address: 6411 Grand Cypress Circle, Lake Worth FL
City & State $LAKE$ $W_{OKTH}$ $FL$ Zip Code: $33463-736$ Home Phone: $(56)$ $357.5583$ Business Phone: $(454)$ $362.1427$ Ext.Cell Phone: $(154)$ $8:73.0867$ Fax: $(56)$ Email Address:jamest howse 110, yahoo. Com
Mailing Address preference: [] Business [X] Residence
Have you ever been convicted of a felony: Yes No If Yes, state the court, nature of offense, disposition of case and date:
Minority Identification Code:         [] IF (Native-American Female)       [] IM (Native-American Indian Male)         [] AF (Asian-American Female)       [] AM (Asian-American Male)         [] BF (African-American Female)       [] BM (African-American Male)         [] HF (Hispanic-American Female)       [] HM (Hispanic-American Male)         [] WF(Caucasian Female)       [] HM (Hispanic-American Male)         [] WF(Caucasian Female)       [] HM (Caucasian Male)         [] WF(Caucasian Female)       [] HM (Date: <u>6 19 2011</u>
Part III (to be filled out by Commissioner):
Appointment to be made at BCC Meeting on:
Commissioner's Signature: Cindy LAC Fulpo for Date: 8/22/11

COMM. Karen T. Marcus Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by member of the public.

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# PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS VISORY BOARD NOMINEE INFORMATION FORM

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Board Name: <u>Health Facilities</u>	s Authority		
[X] At Large Appointm	ent or	[ ] District Appo	intment
Term of Appointment:4	Years. From:	05/01/2011	To: 04/30/2015
Seat Requirement: Resident of	Palm Beach County		Seat #:5
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Occupation/Affiliation:	CED	F115t	Miquie
Business Name:	Beach Cou	enty Med	ical Society
Business Address: 350	10 Forest 1	1:11 Block	Ste 101
City & State	+ Palm Beach	A.Fl. Zip Code	: 33406
Residence Address: 24	toz amheri		
Home Phone: ()	3-7057 Fax:	ness Phone: <u>(امال)</u>	e: <u>33436</u> 433-3940 Ext. 12 433-2385
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# PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS ADVISORY BOARD NOMINEE INFORMATION FORM The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL Answer "none" on "not analicable" where announced the pattern please alach a biography or résumé to this form.

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BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.
Part I (to be filled out by Department): (Please Print)
Board Name:Health Facilities Authority
[X] At Large Appointment or [] District Appointment
Term of Appointment:         4         Years.         From:         05/01/2011         To:         04/30/2015
Seat Requirement: Resident of Palm Beach County Seat #: 5
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or [] to complete the term of to: to:to:
*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners. 
APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT
Name: Lites Tenna Last First Middle
Occupation/Affiliation:
Business Name: Palm Beach County Medical Society
Business Address: 3540 Forest Hill Blod. Ste 101
City & State West Palvn Beach, Fl. Zip Code: 33406
Residence Address: 2402 Amherst Ct.
City & State Home Phone: Cell Phone: Email Address: Home Address: Home Phone: Email Address: Home Phone: Email Address: Home Phone: Email Address: Home Phone: Email Address: Home Phone: Home Phone P
Mailing Address preference: [X Business [] Residence
Have you ever been convicted of a felony: Yes No If Yes, state the court, nature of offense, disposition of case and date:
Minority Identification Code:         [] IF (Native-American Female)       [] IM (Native-American Indian Male)         [] AF (Asian-American Female)       [] AM (Asian-American Male)         [] BF (African-American Female)       [] BM (African-American Male)         [] HF (Hispanic-American Female)       [] HM (Hispanic-American Male)         [] WF (Caucasian Female)       [] HM (Hispanic-American Male)         [] WF (Caucasian Female)       [] WM (Caucasian Male)         [] WF (Caucasian Female)       [] WM (Caucasian Male)         [] Applicant's Signature:

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#### PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS ADVISORY BOARD NOMINEE INFORMATION FORM

The information provided on this form will be used by County Commissioners and/o BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropria	r the entire Board in considerin	g your nomination. This form MUST
Part I (to be filled out by Department): (Please Print)		
Board Name: <u>Health Facilities Authority</u>		
[X] At Large Appointment or	[ ] District Appo	ointment
Term of Appointment: <u>4</u> Years. From:	05/01/2011	To: <u>04/30/2015</u>
Seat Requirement: <u>Resident of Palm Beach County</u>		_ Seat #:5
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Part II (to be filled out and signed by Applicant): (P APPLICANT, UNLESS EXEMPTED, I		TY RESIDENT
Name: Liviles Last	<u> </u>	Middle
Occupation/Affiliation:		
Business Name: Palm Beach Cu	unty Med	ical Society
Business Address: <u>3540 Forcest</u>	H:11 Blod	. Ste 101
City & State West Palm Beac	h, Fl. Zip Cod	e: <u>33406</u>
Residence Address: 2402 amher	st Ct.	
	(: <u>(56</u> )	e: <u>33436</u> ) 433-3940 Ext. 12 ) 433-2385
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Part III (to be filled out by Commissioner):	$\sim$	/
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Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by member of the public.

Revised 1/2010

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS ADVISORY BOARD NOMINEE INFORMATION FORM The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

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Term of Appointment: <u>4</u> Years. From:	05/01/2011	To: <u>04/30/2015</u>
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City & State West Palva Beach	N	
Residence Address: 2402 amhuro		
City & State Home Phone: Cell Phone: Email Address: Home Way Beach Busin Busin Fax: Fenna Way Phoenes. Offen	(56)	:: <u>33436</u> 433-3940 Ext. 12 433-2385
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Pursuant to Florida's Public Records Law, this document may be reviewed and photoco	ppied by member of the publi	c. Revised 1/2010

#### PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS ADVISORY BOARD NOMINEE INFORMATION FORM

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<u>Part I (to be filled out by Department):</u> (Plea	ase Print)		
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Business Address: <u>3540 For</u>		-	
			e: <u>33406</u>
Residence Address: _2402 ()		1	
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Home Phone: ()	Busi	ness Phone: 6	) 433-3940 Ext. 12
Cell Phone: <u>560) 523-7057</u> Email Address: <u>tennawa pho</u>	Fax:		433-2325
Mailing Address preference: [X] Business		3	-
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Dr. Howell earned his Bachelor of Science degree from St. John's University in New York in 1962 and his Doctor of Medicine degree from the New York Medical College in 1966. Following an internship, he served as Captain in the Medical Services Corps of the United States Army and Chief of the Preventative Medical Division at Fort Sill, Oklahoma.

After completing a preventive medicine residency in Palm Beach County, Dr. Howell earned a Masters degree from the Harvard School of Public Health and completed the program for Senior Executives in State and Local Government at the John F. Kennedy School of Government at Harvard. He has served in numerous public health positions in Florida, including that of State Health Officer and Secretary of the Florida Department of Health.

Dr. Howell joined the faculty at Nova Southeastern University College of Osteopathic Medicine as Chair of the Department of Rural Medicine in 1999. He is also an Assistant Dean for Professional Relations and a Professor of Public Health. He coordinates and supervises the clinical rotations undertaken by students in underserved communities throughout the United Sates and the entire world. He teaches courses in rural medicine, lectures in public health and organizes educational programs that address unique aspects of rural and global medicine.

Dr. Howell played a key role in the founding of the Center for Bioterrorism and All-Hazards Preparedness at Nova Southeastern University. The Center was recognized as one of five national centers funded in part by the Health Resources Services Administration (HRSA) and the U.S. Department of Health and Human Services (DHHS).

In addition to FPHI, Dr. Howell serves as Chair of the Board of Lakeside Medical Center, and is Vice-Chair of the Palm Beach County Health Facilities Authority. He also serves on the Tobacco Education and Use Prevention Advisory Council of the Florida Department of Health. He has been a long time member of the Palm Beach County Medical Society, is a past President of the Palm Beach County

Attachment #

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Medical Society Services and is a past Chair of the Project Access Leadership Committee. Dr. Howell serves as a delegate to the Florida Medical Association and is a member of the FMA Public Health Council. He has been a member of the Florida Public Health Association for many years.

In 2009, Dr. Howell was selected as the recipient of the South Florida Business Journal's Excellence in Health Care Awards Lifetime Achievement award.

# Tenna Wiles 2402 Amherst Court Boynton Beach, Florida 33436

**Summary of Qualifications:** Proven successful executive leadership experience with non-profit professional associations and health and human service organizations

#### **Experience:**

Executive Director Palm Beach County Medical Society West Palm Beach, Florida 1998- present

Vice President United Way of Palm Beach County Boynton Beach, Florida 1988-1998

Planner Community Service Council Fort Lauderdale, Florida 1987-88

Executive Director Children's Museum of Boca Raton 1985-88

Executive Director Bethel –Tate Arts Council Bethel, Ohio 1982-85

Respiratory Therapist AART 1969-1982 Served more than 12 years in hospitals as a health care professional with a specialization in critical services

# **Education:**

University of Cincinnati, Arts Administration Program, 1982 Broward General Hospital, Graduate, Respiratory Therapy Training Program1969 University of Florida, Gainesville, Florida Liberal Arts 1966-68 Mercer University, Macon, Georgia 1965-66

### Leadership

President, Florida Conference of Medical Society Executive 2002
Member, Board of Governors, Florida Medical Association 2003-2004
President and Board Member Health Network of the Palm Beaches 2005-present
Leadership Palm Beach County 2006
President, Homeless Coalition of Palm Beach County 1993-95
Campaign Cabinet, United Way of Palm Beach County 2006-2009
United Way of Palm Beach County, Board of Directors 2009-2011

TH BEACH COLL
FLORIDA
TO:

### **ADVISORY BOARD MEMBERS**

# FROM: ROBERT WEISMAN COUNTY ADMINISTRATOR

# **RE: PALM BEACH COUNTY CODE OF ETHICS**

Effective May 1, 2010, contractual relationships between Palm Beach County government and board members, their employers, or businesses, are prohibited conflicts of interest as set forth in Article XIII, Section 2-443(c) of the Palm Beach County Code of Ethics. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. Article XIII and the training requirement can be found on the web at: <u>http://www.palmbeachcountyethics.com/training.htm</u>

Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
<u> </u>		·	
			<u> </u>

Yes, submit a waiver to the Board of County Commissioners, since I or my employer have the above named contract(s);

OR

\_\_\_\_\_ At this time, neither I nor my employer have contract(s) with the Board of County Commissioners

<u>As a (current or potential) board member you are required to receive training on the PBC Code of</u> <u>Ethics and acknowledge that you have read and understand the PBC Code of Ethics.</u>

If you are unable to access the training and/or Code on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgement of Receipt
NAME: James T. Howell Print or Type
FIRM/COMPANY/ORGANIZATION: Nova Southeastern University
BOARD(S): PBC Health Facilities Authority

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics, the provisions of which are effective May 1, 2010. I understand that as an board member of the above-mentioned board(s) that I am bound by it.

Signature: Than THan MAN	Date:	6/19/2011	
	-		

**Please sign and return this FORM** to Patty Hindle at P.O. Box 1989, West Palm Beach, Florida 33402-1989.

Attachment #\_\_\_\_3

4/23/10



ADVISORY BOARD MEMBERS

FROM:

RE:

#### ROBERT WEISMAN COUNTY ADMINISTRATOR

#### PALM BEACH COUNTY CODE OF ETHICS

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Acknowledgement of Receipt

NAME:

enna Print or Type

#### FIRM/COMPANY/ORGANIZATION:

14h Facilitier BOARD(S):

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics, the provisions of which are effective May 1, 2010. I understand that as an board member of the above-mentioned board(s) that I am bound by it.

una Wiles \_ Date: <u>8/1</u>/11 Signature

Please sign and return this FORM to Patty Hindle at P.O. Box 1989, West Palm Beach, Florida 33402-1989.



# County Administration P.O. Box 1989 West Palm Beach, FL 33402-1989 (561) 355-2030 FAX: (561) 355-3982 www.pbcgov.com

Palm Beach County Board of County Commissioners

Karen T. Marcus, Chair

Shelley Vana, Vice Chair

Paulette Burdick

Steven L. Abrams

Burt Aaronson

Jess R. Santamaria

Priscilla A. Taylor

**County Administrator** 

Robert Weisman

"An Equal Opportunity Affirmative Action Employer

Official Electronic Letterhead

# TO: ADVISORY BOARD MEMBERS

# FROM: ROBERT WEISMAN COUNTY ADMINISTRATOR

RE:

# STATE GUIDE TO THE SUNSHINE AMENDMENT & STATE CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <u>http://www.palmbeachcountyethics.com/training.htm</u>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: Patty Hindle, P.O. Box 1989, West Palm Beach, FL 33402-1989. If you cannot access this document on the web, please contact me at (561) 355-3229 for other arrangements.

Acknowledgement of Receipt

NAME: <u>JAMES T, HOWELL MD</u> MPH Print or Type ADVISORY BOARD(S): <u>HEALTH FACILITIES</u> BOAR

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and return to Patty Hindle, P.O. Box 1989, West Palm Beach, FL 33402-1989 in self-addressed envelope provided.

Revised 3/15/10

Attachment #



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# TO: ADVISORY BOARD MEMBERS

FROM:

RE:

# M: ROBERT WEISMAN COUNTY ADMINISTRATOR

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Acknowledgement of Receipt

NAME: Print or Type

ADVISORY BOARD(S): <u>Health Facilities Authority</u>

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

enna Wiles 8/1/2011 Date: Signature:

Please sign and return to Patty Hindle, P.O. Box 1989, West Palm Beach, FL 33402-1989 in self-addressed envelope provided.



# PALM BEACH COUNTY COUNTY ADMINISTRATION

County Administration P.O. Box 1989 West Palm Beach, FL 33402-1989 (561) 355-2030 FAX: (561) 355-3982 www.pbcgov.com

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Priscilla A. Taylor

**County Administrator** 

Robert Weisman

"An Equal Opportunity Affirmative Action Employer"

printed on recycled paper

**DATE:** August 4, 2011

RE:

TO: Commissioner Karen T. Marcus, Chair and Members of the Board of County Commissioners

FROM: Patty Hindle, Agenda Coordinator County Administration

# HEALTH FACILITIES AUTHORITY

Pursuant to Section 154.207, Florida Statutes, which allows for the creation of a Health Facilities Authority, the Board of County Commissioners adopted R77-379 creating same. The Health Facilities Authority (Authority Board) is comprised of five (5) at-large members and the Authority is charged with assisting health facilities in the acquisition, construction, financing and refinancing of projects. Members serve four (4) year terms.

Out of the five (5) seats, two (2) seats expired April 30, 2011. Both existing representatives, Dr. James T. Howell and Ms. Tenna Wiles are eligible for reappointment and have expressed a desire to continue. Both have satisfactorily completed all the appropriate Ethics and Sunshine Law training requirements. Dr. Howell has had perfect attendance since he was appointed in 2008. Ms. Wiles has had two excused absences out of twelve meetings held since she was last reappointed, due to out-of-town on business.

If you support the reappointment of Dr. Howell and/or Ms. Wiles, please sign and return the enclosed Board Nominee Information Forms. If you wish to have another candidate considered for appointment, please provide the candidate's contact information.

Staff would like to bring these appointments forward for Board consideration at its September 13, 2011 meeting. If you have any questions, please contact me at 355-3229.

C: Jon Van Arnam, Assistant County Administrator

Attachment #



#### PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS HEALTH FACILITIES AUTHORITY

I. AUTHORITY :

Chapter 74-323, Laws of Florida; Chapter 154, Florida Statutes Part III; Resolution No. R-77-379, adopted April 12, 1977; and Resolution No. R-77-398, amended by Resolution No. R-92-563.

II. APPOINTING BODY :

Board of County Commissioners

III. COMPOSITION, QUALIFICATIONS, TERMS & REMOVAL :

This Authority shall be composed of five (5) members appointed at-large to serve staggered terms of one (1), two (2), three (3) and two (2) four (4) year appointments. After initial appointments, all terms shall be for four (4) years. All terms shall expire in April.

EXTENDED COMPOSITION :

IV. MEETINGS :

Annual meetings are held the first Tuesday in April or May and other meetings are held as needed. The time of the meetings usually start at 4:00 p.m. The location of the meetings are at John Flanigan's Office, 660 U.S. Highway One, 3rd Floor, North Palm Beach, FL 33408

ADDRESS

V. FUNCTIONS :

To assist health facilities in acquisition, construction, financing, and refinancing of projects; currently working on Health Center at Haverhill Road.

VI. LIAISON INFORMATION :

Attachment #

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CONTACT PERSON

John F. Flanigan, Esq

660 U.S. Highway One FI 3rd North Palm Beach FL 33408 Phone # 561-627-8100

SpecificsBoardComp\_Members.rpt



# HEALTH FACILITIES AUTHORITY

SEAT ID	CURRENT MEMBER	ROLE TYPE	RACE CODE	GENDER	BUSINESS / HOME PHONE	SEAT REQUIREMENT	APPOINT DATE	RE-APPOINT DATE	EXPIRE DATE
ppointed B	by : AT Large								
1	Gerald Robinson Surgical Associates of PBC 670 Glades Rd Ste 300 Boca Raton FL 33431	Member	CA	Μ	561-395-2626	Resident of Palm Beach County	05/01/2006	05/01/2010	04/30/2014
	NOMINATED BY :								
2	Christopher Roemer	Member	CA	М		Resident of Palm Beach County	08/18/2009		04/30/2013
	123 Andover Dr Jupiter FL 33458								
	NOMINATED BY :								
	Timothy Monaghan Stawn, Monaghan & Cohen, P.A 404 NW 18th St Delray Beach FL 33444	Member	CA	Μ		Resident of Palm Beach County	02/27/2007	05/01/2008	04/30/2012
	NOMINATED BY :								
4	James Howell	Member	CA	М	-	Resident of Palm Beach County	01/15/2008		04/30/2011
	6411 Grand Cypress Cir West Palm Beach FL 33463								
	NOMINATED BY :								
specificsBoa	rdComp_Members.rpt				Pag	e 2 of 3	<u> </u>	- u <u>,                                   </u>	8/4/2011

Appointed By : AT Large

5	Tenna Wiles	Member	CA	F	561-433-3940	Resident of Palm Beach County	03/13/2007	04/30/2011
	Palm Beach Medical Society							
	3540 Forest Hill Blvd Ste							
	West Palm Beach FL							
	33406							

NOMINATED BY :

#### Resolution No. 77-379

4/12/77

1313

# RESOLUTION ESTABLISHING THE PALM BEACH COUNTY COUNTY HEALTH FACILITY AUTHORITY

WHEREAS, Chapter 74-323, Laws of Florida, Acts of 1974, Chapter 154 Florida Statutes, Part III, authorizes the creation of a health facility authority in each county of Florida as a public body corporate and politic for the purpose of assisting health facilities in the acquisition, construction, financing and refinancing of projects in any corporated or unincorporated area within the geographical limits of the county, and

WHEREAS, this law authorizes the governing body of each county to designate five persons who are residents of the county as members of the Authority created for such county, and

WHEREAS, the Board of County Commissioners finds that it would be in the public interest to create such an authority in Palm Beach County,

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COMMISSION OF PALM BEACH COUNTY, FLORIDA:

Section 1. The Board of County Commissioners finds and declares that there is a need for a health facilities authority to function in Palm Beach County, Florida, for the purposes authorized and set forth in Chapter 74-323, Laws of Florida, Acts of 1974.

Section 2. An authority, henceforth to be known as the "Palm Beach County Health Facilities Authority", a public body corporate and politic, is hereby established and created for the purpose authorized by Chapter 74-323.

Section 3. The following persons who are residents of Palm Beach County are designated and appointed as members of the Palm Beach County Health Facilities Authority, namely:

Saniel H. James who shall serve for a period of four years; James Johnson who shall serve for a period of four years; Fred Edelmuth who shall serve for a period of three (Lynd) vears:

Attachment #

years;

Roy W. Brown, MP who shall serve for a period of two years;

who shall serve for a period of one year.

The foregoing resolution was offered by Commissioner , who moved its adoption. The motion was seconded by Commissioner , and upon being put to a vote, the

vote was as follows:

LAKE LYTAL PEGGY B. EVATT DENNIS P. KOEHLER WILLIAM MEDLEN BILL BAILEY

The Chairman thereupon declared the resolution duly passed and adopted this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 1977.

PALM BEACH COUNTY, FLORIDA, BY ITS BOARD OF COUNTY COMMISSIONERS

JOHN B. DUNKLE, Clerk

By\_\_

Deputy Clerk

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

By <u>Cherles</u> Viture County Attorney

-2-

Statutes & Constitution : View Statuter :->2006->Ch0154->Section 207 : Online Sunshine

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Select Year: 2006 Go

# The 2006 Florida Statutes

<u>Title XI</u> COUNTY ORGANIZATION AND INTERGOVERNMENTAL RELATIONS Chapter 154 PUBLIC HEALTH FACILITIES <u>View Entire</u> <u>Chapter</u>

154.207 Creation of health facilities authorities.--

(1) In each local agency there may be created a public body corporate and politic to be known as the "<u>(name of local agency)</u> Health Facilities Authority." Each of said authorities shall be constituted as a public instrumentality, and the exercise by an authority of the powers conferred by this part shall be deemed and held to be the performance of an essential public function. Each of said authorities shall not transact any business or exercise any power hereunder until and unless the governing body of the local agency by proper ordinance or resolution shall declare that there is a need for an authority to function in such local agency. The determination as to whether there is such need for an authority to function:

(a) May be made by the governing body on its own motion.

(b) May be made by the governing body upon the filing of a petition signed by 25 residents of the local agency asserting that there is need for an authority to function in such local agency and requesting that the governing body so declare.

(2) The governing body may abolish the authority at any time by ordinance or resolution. However, the authority shall not be abolished until such time as all bonded indebtedness incurred pursuant to this part has been paid.

(3) In any suit, action, or proceeding involving the validity or enforcement of, or relating to, any contract of the authority, the authority shall be conclusively deemed to have been established and authorized to transact business and exercise its powers hereunder by adoption of an ordinance or resolution by the governing body declaring the need for the authority. Such ordinance or resolution shall be sufficient if it declares that there is such a need for an authority in the local agency. A copy of such ordinance or resolution duly certified by the clerk shall be admissible in evidence in any suit, action, or proceeding.

(4) The governing body of the local agency shall designate five persons who are residents of the local agency as members of the authority created for said local agency. Of the members first appointed, one shall serve for 1 year, one for 2 years, one for 3 years, and two for 4 years; in each case until a successor is appointed and has qualified. Thereafter the governing body shall appoint, for terms of 4 years each, a member or members to succeed those whose terms expire. The governing body shall fill any vacancy for an unexpired term. A member of the authority shall be eligible for reappointment. Any member of the authority may be removed by the governing body for misfeasance, malfeasance, or willful neglect of duty. Each member of the authority, before entering upon his or her duties, shall take and subscribe the oath or affirmation required by the State Constitution. A record of each oath shall be filed in the Department of State and with the clerk.

Statutes & Constitution : View Statutes :->2006->Ch0154->Section 207 : Online Sunshine

Page 2 of 2

(5) The authority shall annually elect one of its members as chair and one as vice chair.

(6) The authority shall keep a record of its proceedings and shall be custodian of all books, documents, and papers filed with it and of its minute book or journal and official seal. The authority shall cause copies to be made of all its minutes and other records and documents and shall give certificates under its official seal to the effect that such copies are true copies, and all persons dealing with it may rely upon such certificates.

(7) Three members of the authority shall constitute a quorum, and the affirmative vote of a majority of the members present at a meeting of the authority shall be necessary for any action taken by an authority. However, any action may be taken by the authority with the unanimous consent of all of its members. No vacancy in the membership of the authority shall impair the right of a quorum to exercise all the rights and perform all the duties of the authority. Any action taken by the authority under the provisions of this part may be authorized by resolution at any regular or special meeting, and each such resolution shall take effect immediately and need not be published or posted. All meetings of the authority, as well as all records, books, documents, and papers, shall be open and available to the public in accordance with s. <u>286.011.</u>

(8) The members of the authority shall receive no compensation for the performance of their duties hereunder, but each member shall be paid his or her necessary expenses incurred while engaged in the performance of such duties pursuant to s. <u>112.061.</u>

(9) Any general or special law, rule or regulation, or ordinance of any local agency to the contrary notwithstanding, service as a member of an authority by a trustee, director, officer, or employee of a health facility shall not in and of itself constitute a conflict of interest. However, any member of the authority who is employed by, or receives income from, a health facility under consideration by the authority shall not vote on any matter related to such facility.

History.--s. 4, ch. 74-323; s. 871, ch. 95-147.

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