MANATEE COUNTY
BOARD OF COUNTY COMMISSIONERS

1112 Manatee Avenue West, Suite 902
Bradenton, FL 34205
www.mymanatee.org/advisory_boards

Phone: (941) 745-3700
Fax: (941) 745-3790

APPLICATION for ADVISORY BOARD/COMMITTEE/COMMISSION

PLEASE TYPE OR PRINT IN INK

For which Advisory Board are you applying? A separate application is required for each advisory board.	Name of Advisory Board: Citizens Oversight Committtee for Infrastructure Sales Tax
Some advisory board positions have specific requirements for applicants. For more information please click on this link to the Manatee County website at: www.mymanatee.org/advisory_boards.	Please specify the seat you are interested in:

Name Allen J Morrell

Home Street Address 3230 58th Terrace East

Home Mailing Address

City, State, Zip Bradenton, Florida 34203

Home Phone 9413013550 | Work Phone 9417223326 | Cell Phone 9413013550

Email address Allenm@Southernautotransport.com

Occupation (if retired, please indicate) Business Owner

Business name Southern Auto Transport Services Inc

Business street address 411 43rd Street East

City, State, Zip Palmetto, Florida 34221

Are you registered to vote in Manatee County? (This is a requirement of certain boards/commissions) Yes ◉ No ○

I reside in County Commission District # 1 ○ 2 ○ 3 ○ 4 ◉ 5 ○
(This can be found on your Voter Registration Card or click on this link to a County Commission District Map)

Do you reside in unincorporated Manatee County? Yes ◉ No ○
If No, please indicate the City _____

The Board of County Commissioners strives to ensure equal access for minorities and women to serve on advisory boards/committees/commissions. Providing this information will help Manatee County compile information needed to comply with the reporting requirement in Florida State Statute 760.80.

Gender Male ◉ Female ○

Race
African American ○ Asian American ○ Caucasian ◉
Hispanic American ○ Native American ○ Other ○ _____

Please list any governmental Advisory Boards/Committees/Commissions on which you currently serve.
None

Please list any Manatee County Advisory Boards/Committees/Commissions on which you have previously served (include dates of your service).
None

Why do you want to serve on this Advisory Board or Committee?
I have lived in Manatee County for some 23 years, raising a family and running a business, however I've now reached that stage that I would like to give back to my community in a more proactive way, other then through my profession. The committee dovetails perfectly with my professional experience, and I believe my efforts would be best served on this committee.

Describe your education and experience that will provide a benefit to this Advisory Board.
UNB 2 years BA
In my professional career for 25 years I've been preparing budgets, projecting cash flow , capital expenses, providing detailed financial reports to the board, negotiating services contracts, securing financing, and managing our great work force.

List your professional credentials, licenses or certificates that are relevant to this Advisory Board.
Operating a successful transportation businees based in Manatee County for over 23 years.

List organizations and positions in which you serve in local civic or community groups.

Do you or your immediate family members have or hold any employment or contractual relationship with any business entity or agency which does business with or receives funding from Manatee County Government? Yes ○ No ◉ If yes, please explain.

Do you know of any other reason that would prohibit you from serving on this board that could be deemed as a conflict of interest? Yes ○ No ◉ If yes, please explain.

If you are appointed, are there any days of the week or months of the year you will be unavailable to serve due to job or travel? Yes ○ No ◉ If yes, please explain.

IMPORTANT INFORMATION

1. For questions regarding a specific advisory board, committee, or commission, including the duties and requirements, please contact the County staff liaison listed on that board's webpage.
2. Certain advisory boards, committees, and commissions have specific membership requirements including a valid voter registration card, financial disclosure and/or the submission of other information.
3. Attendance is required at advisory board meetings. Three unexcused absences may be grounds for removal.
4. Florida State Statute 119.07 designates this application as a public document to be made available for anyone requesting to view it. If you qualify for exemption from public disclosure under the terms of this statute, please explain:

   _____

5. Advisory boards, committees or commissions having the authority to make factual determinations, review permit applications, issue permits, grant variances, or impose fines exercise a part of the County's sovereign powers and members are prohibited by Florida law from holding more than one such position. If you currently hold another state, municipal or county government appointment, County staff will assist in confirming your eligibility to serve on the board for which you are applying.

NOTICE

Applications must be complete and signed to be valid. Resumes may not be substituted for the sections on the application but you may include extra pages to provide additional information. Applications will not be processed unless each section has been completed and all supplemental information sought by County staff has been provided. Applicants will not be permitted to change information on their submitted application materials once they have been received by the County.

The following advisory boards require a questionnaire that must also be completed and a current resume for the applicant to be considered for appointment. See pages 4 and 5 of this form.

Children's Services Advisory Board – page 4
Healthcare Advisory Board – page 5

Please sign and date below

I have reviewed the qualifications of this position and the duties of the board or commission for which I am applying and certify that I am fully able to serve. I agree to commit the necessary time to fulfill these responsibilities. I understand that I am offering my service without compensation. I agree to abide by all Manatee County Commission rules and policies either published or in effect by usage, and all regulations and laws of the State of Florida. I further hereby acknowledge that should my professional, residential or other status change subsequent to my appointment to this board or commission, I have a continuing obligation to inform the County's staff liaison of that change to the extent it may alter my eligibility to continue in service.

By typing my name and submitting this application, I confirm that the information provided in this application is true and complete, and this constitutes my signature under the Florida Electronic Signature Act.

Electronic Signature Type or Sign Name Allen J Morrell **Date** 10/10/2019

Your application may be mailed to the address below.

Mail: Board of County Commissioners
1112 Manatee Avenue West, Suite 902
ATTN: Advisory Boards
Bradenton, FL 34205

You may also fax or email your application, as follows:

Fax: 941-745-3790

Email: Save this pdf form to your computer and then attach it to an email. Email to this address: advisoryboards@mymanatee.org

The Board of County Commissioners of Manatee County, Florida does not discriminate upon the basis of any individual's disability status. This non-discrimination policy involves every aspect of the Board's functions including one's access to, participation, employment, or treatment in its programs or activities. Anyone requiring reasonable accommodation for meetings as provided for in the Americans with Disabilities Act should contact the Citizens Action Center, three days before a meeting at 742-5800; TDD ONLY 742-5802 and wait 60 seconds; or FAX 745-3790.

Supplemental Questions for Applicants to the Manatee County Children's Services Advisory Board

Please complete all questions with current and accurate information.

Are you affiliated with any agency that receives Children's Services dedicated millage funds from Manatee County? Affiliated means: an employee of the agency; owner of the agency; voting member on the agency's Board of Directors; or contract with the agency.

Yes ◯ No ◯

If yes, please select the agency from the list below. Check all that apply:

- ☐ AMIkids Manatee, Inc.
- ☐ Big Brothers/Big Sisters of the Suncoast
- ☐ Boys & Girls Clubs of Manatee
- ☐ Centers for Success (Tallevast Comm Ctr)
- ☐ Centerstone of Florida
- ☐ Community Coalition for Youth (New Path)
- ☐ D.L. Randall Foundation
- ☐ Early Learning Coalition of Manatee County
- ☐ Easter Seals of SW Florida
- ☐ Educational Consultants Consortium
- ☐ Family Network on Disabilities
- ☐ Family Resources
- ☐ Feeding Empty Little Tummies
- ☐ Florida Center for Early Childhood
- ☐ Foundation for Dreams
- ☐ Hope Family Services
- ☐ Insight Counseling Services
- ☐ Manatee Children's Services, Inc.
- ☐ Manatee County Girls Club (Just for Girls)
- ☐ Meals on Wheels Plus of Manatee
- ☐ Myakka City Community Center
- ☐ Pace Center for Girls
- ☐ Palmetto Youth Center
- ☐ Parenting Matters
- ☐ Sarasota Family YMCA
- ☐ Sarasota Manatee Assn. Riding Therapy
- ☐ School District of Manatee County
- ☐ Step Up Suncoast (MCAA)
- ☐ The Salvation Army
- ☐ United Community Centers

Please explain the affiliation you have with the above agencies:

An application to the Children's Services Advisory Board requires a **current and comprehensive** resume or curriculum vitae, which may be emailed along with your application to advisoryboards@mymanatee.org, or may be mailed or faxed to Manatee County at the address and fax number provided on page 3.

Supplemental Questions for Applicants to the Manatee County Healthcare Advisory Board.

Please complete all questions with current and accurate information.

What is your field of expertise? (Please indicate all that apply)

- ☐ Healthcare
- ☐ Behavioral/Mental Healthcare
- ☐ Substance Abuse Care
- ☐ Social Services
- ☐ Higher Education
- ☐ Medically Needy Consumer of Healthcare
- ☐ Representative of the business community not listed above (please explain below)

Are you an employee, contractor for, owner or voting member on the Board of Directors of any agency that receives funding from Manatee County directly or indirectly? Yes ◯ No ◯
If Yes, please explain:

Do you currently, or have you in the past 5 years, participated in any community health care initiatives or committees (e.g.: Health Care Alliance, Chamber Health Care Committee, Acute Care Committee, etc.)?

Yes ◯ No ◯

If yes, which ones? (include dates of service)

An application to the Healthcare Advisory Board requires a **current and comprehensive** resume or curriculum vitae, which may be emailed along with your application to advisoryboards@mymanatee.org, or may be mailed or faxed to Manatee County at the address and fax number provided on page 3.