

# ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<p style="text-align: center;">It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 606-5300 or by e-mail at <a href="mailto:CobleC@leoncountyfl.gov">CobleC@leoncountyfl.gov</a></p> <p style="text-align: center;">Applications will be discarded if no appointment is made after two years.</p>	
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Name: Monica Taina	Date: 12/8/2008
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Home Phone: 850-559-5432	Work Phone: 850-245-9420	Email: <a href="mailto:monica.taina@fldoe.org">monica.taina@fldoe.org</a>
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Occupation: Auditor	Employer: Florida Department of Education
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**Please check box for preferred mailing address.**

Work Address: 325 W. Gaines Street

City/State/Zip: Tallahassee, Florida 32399

Home Address: 3171 Huttersfield Circle

City/State/Zip: Tallahassee, Florida 32303

Do you live in Leon County? Yes    If yes, do you live within the City limits? Yes

Do you own property in Leon County? Yes    If yes, is it located within the City limits? Yes

For how many years have you lived and/or owned property in Leon County?   15   years

Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference

1st Choice: Audit Advisory Committee 2nd Choice: Minority/Women Small Business Enterprise (M/WSBE) Committee

If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:

Human Services \_\_ Housing \_\_ Health Care \_\_ Science \_\_ Library Services \_\_ Growth Management \_\_  
 Tourist Development \_\_ Transportation \_\_ Bicycle/Pedestrian \_\_ Parks & Recreation \_\_  
 Code Enforcement \_\_  
 Other Areas Tourist Development Council & Human Services Grants Review Committee

Have you served on any previous Leon County committees?    No

If Yes, on what Committee(s) have you served? \_\_\_\_\_

How many days per month would you be willing to commit for Committee work?    2 to 3

And for how many months would you be willing to commit that amount of time?    6 or more

What time of day would be best for you to attend Committee meetings?    Day & Night

**(OPTIONAL)** Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.

Race:     Caucasian     African American     Hispanic     Asian     Other

Sex:     Male     Female    Age: \_\_\_\_\_    Disabled?     Yes     No

Persons needing a special accommodation to participate in an Advisory Committee should contact  
Christine Coble by telephone at 606-5300 or e-mail at [CobleC@mail.co.leon.fl.us](mailto:CobleC@mail.co.leon.fl.us)

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

Florida A&M University, School of Business and Industry – Tallahassee, Florida

- 4/00 - B.S. in Business Administration
- 4/04 - B.S. in Accounting
- 4/04 - Minor in Spanish
- 5/07 – Certified Government Auditing Professional

04/07 – Present **Florida Department of Education** - Tallahassee, Florida  
Office of Inspector General - **Internal Auditor**

Performance Audits:

- Conduct professional audits, management reviews, and special studies
- Develop audits and reviews which include scope, objective, methodology, and testing procedures
- Evaluate the adequacy and effectiveness of internal management controls for activities being audited or reviewed

10/05 - 03/07 **Florida Department of Transportation** - Tallahassee, Florida  
Office of Inspector General - **Senior Internal Management Auditor**

Performance Audits:

- Coordinated and conducted performance audits by examining and evaluating Department's programs, systems, controls, policies and procedures

Procedure Reviews:

- Performed reviews of draft procedures prepared by Department offices and made recommendations for improvement.

11/01 - 10/05 **Florida Department of Financial Services** - Tallahassee, Florida  
Office of Insurance Regulation - Managed Care Section – **Insurance Examiner II**

Financial Statements Desk Audits:

- Applied Generally Accepted Accounting Principles, auditing standards, and Statutory Accounting Principles in assessing the financial condition of each HMO
- Verified and evaluated net worth through asset and liability statements to determine reliability and accuracy with GAAP and SAP
- Examined required quarterly and annual financial statements of HMOs

References (you must provide at least one personal reference who is not a family member):

Name: John Hale Telephone: 852-413-4250

Address: Florida Department of Financial Services  
200 E. Gaines St.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP**

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

- Have you completed the Orientation? Yes
- Are you willing to complete a financial disclosure form, if applicable? Yes
- Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? No If yes, from whom? \_\_\_\_\_
- Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? No
- Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? No If yes, please explain \_\_\_\_\_
- Do you or your employer, or your wife or child or their employers, do business with Leon County? No  
If yes, please explain \_\_\_\_\_
- Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? No  
If yes, please explain \_\_\_\_\_

All statements and information provided in this application are true to the best of my knowledge.

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

Please return Application to Christine Coble, Agenda Coordinator  
Leon County Board of County Commissioners  
301 South Monroe Street  
Tallahassee, FL 32301