

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 CobleC@leoncountyfl.gov</p> <p style="text-align: center;">Applications will be discarded if no appointment is made after two years.</p>		
Name: Robert Renzi		Date: 7/16/09
Home Phone: 850 219 8141	Work Phone: 850 656 2437	Email: Rrenzi@bigbendcares.org
Occupation: CEO	Employer: Big Bend Cares	
<p>Please check box for preferred mailing address. <input checked="" type="checkbox"/> X</p> <p><input type="checkbox"/> Work Address: 2201 South Monroe Street</p> <p style="padding-left: 20px;">City/State/Zip: Tallahassee, Florida. 32301</p>		
<p><input type="checkbox"/> Home Address 6410 Williams Road</p> <p style="padding-left: 20px;">City/State/Zip: Tallahassee, Florida. 32311</p>		
<p>Do you live in Leon County? Yes If yes, do you live within the City limits? No</p> <p>Do you own property in Leon County? Yes If yes, is it located within the City limits? No</p> <p>For how many years have you lived and/or owned property in Leon County? <u>4.5</u> years</p>		
<p>Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference</p> <p style="padding-left: 20px;">1st Choice: Human Relations Advisory Council</p>		
<p>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:</p> <p>Human Services <input checked="" type="checkbox"/> X Housing <input type="checkbox"/> Health Care <input checked="" type="checkbox"/> X Science <input type="checkbox"/> Library Services <input type="checkbox"/> Growth Management <input type="checkbox"/></p> <p>Tourist Development <input type="checkbox"/> Transportation <input type="checkbox"/> Bicycle/Pedestrian <input type="checkbox"/> Parks & Recreation <input type="checkbox"/></p> <p>Code Enforcement <input type="checkbox"/></p> <p>Other Areas _____</p>		
<p>Have you served on any previous Leon County committees? <input type="checkbox"/> No</p>		
<p>If Yes, on what Committee(s) have you served? <u>n/a</u></p>		
<p>How many days per month would you be willing to commit for Committee work? <u>4</u> or more</p> <p>And for how many months would you be willing to commit that amount of time? <u>6</u> or more</p> <p>What time of day would be best for you to attend Committee meetings? Night</p>		
<p>(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.</p> <p>Race: <input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Sex: <input type="checkbox"/> Male Age: <u>48</u> Disabled? <input type="checkbox"/> No</p> <p style="text-align: center;">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</p>		

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.

As the CEO of Big Bend Cares I have long standing collaborations with the LGBT community. We have collaborated with the local LGBT agency, The Family Tree, on numerous projects and share numerous supporters. Big Bend Cares serves as a large number of their mutual constituency and as the CEO at the agency, I have excellent working relationships with all facets of the group. As the CEO of Big Bend Cares I also have extensive experience working with minorities as the agency's clientele is 78% African American. I also have experience in supervision of government housing projects which gives me knowledge regarding numerous issues surrounding fair housing issues. I have advanced degrees and have run 3 successful non profit agencies over the last 10 years after completing 21 years of state service in Delaware. I regularly attend City Target issues and commission meetings and am fully versed in the Sunshine Laws. I also regularly attend the Leon County Healthcare Advisory group and am well versed in the County's Priorities and healthcare issues.

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

Name
 Address: Judith Barrett Executive Director Ability 1rst 850 575 9621 x101.
 1403 Alban Avenue, Tallahassee, Florida. 323

Name: Scott VanDeman 850 414 2974
 Address: 2937 Modred Lane, Tallahassee, Florida 32301

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? No
- 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? Yes
- 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? Yes
- If yes, please explain Small contract to provide HIV services with Leon County through the Department of Health. _____
- 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