

# ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<p>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: Edwin Lott		Date: Wednesday, March 03, 2010
Home Phone: 878-3756	Work Phone: 566-8421	Email: Edwin.lott@goisc.com
Occupation: Managing Partner, Imager Software	Employer: Imager Software, Inc. dba ISC	
Please check box for preferred mailing address.		
<input checked="" type="checkbox"/> Work Address: 2932 Wellington Circle City/State/Zip: Tallahassee Florida, 32301		
<input checked="" type="checkbox"/> Home Address: 1211 Circle Dr. City/State/Zip: Tallahassee Florida, 32301		
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
For how many years have you lived and/or owned property in Leon County? 48 years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: <u>Sustainability Task Force</u> 2nd Choice: _____		
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 _____		
Have you served on any previous Leon County committees? ___ Yes <input checked="" type="checkbox"/> No		
If Yes, on what Committee(s) have you served? _____		
How many days per month would you be willing to commit for Committee work? ___ 1 <input checked="" type="checkbox"/> 2 to 3 ___ 4 or more		
And for how many months would you be willing to commit that amount of time? ___ 2 ___ 3 to 5 <input checked="" type="checkbox"/> 6 or more		
What time of day would be best for you to attend Committee meetings? ___ Day <input checked="" type="checkbox"/> 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: 54 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@leoncountyfl.gov

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.

I have lived in Tallahassee since the first grade attending Hartsfield Elementary, Cobb Jr. High, Richards, FAMU, TCC and FSU graduating with a BS in Finance. I have been employed in the information technology field since 1982 as a Systems Engineer, Systems Manager, CIO and owner of Imager Software, Inc. d.b.a. ISC a Florida corporation since 1989 and President of Specialized Technology Products, Inc.  
I am currently developing a 10 acre Community Garden 11 minutes from Capital Circle on Highway 27 South, just inside Jefferson County. In doing so, I have discovered a significant interest in sustainable projects of this nature in our community. This initiative provides an opportunity for families to produce their own locally grown fresh vegetables and to earn additional income if they so desire. I am interested in assisting others in developing their own community gardens and taking advantage of what I have learned and information I have developed.

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

Name: Beth Kirkland, CEcD  
Executive Director  
Economic Development Council of Tallahassee/Leon County, Inc.  
(850) 521-3114 Direct Line  
(850) 425-1056 Fax  
(850) 212-1056 Cell  
[bkirkland@taledc.com](mailto:bkirkland@taledc.com)  
[www.taledc.com](http://www.taledc.com)

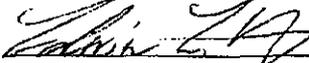
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

**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 - No  
Are you willing to complete a financial disclosure form, if applicable?  Yes - No  
Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? -Yes  No If yes, from whom? \_\_\_\_\_  
Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ? Yes - No  
Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? - Yes  No If yes, please explain \_\_\_\_\_  
Do you or your employer, or your spouse or child or their employers, do business with Leon County?  Yes - No  
If yes, please explain My company has developed a Websites for the City and County  
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? - Yes  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