

## 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: Larry Simmons		Date: 05/20/2010
Home Phone: 850-408-8228	Work Phone: 850-224-0558	Email: larrysimmons57@gmail.com
Occupation: Social Worker	Employer: Tallahassee Housing Authority	
Please check box for preferred mailing address.		
<input type="checkbox"/> Work Address: 2940 Grady Rd.		
City/State/Zip: Tallahassee/Florida/32312		
<input checked="" type="checkbox"/> Home Address 2106 Seasons Lane		
City/State/Zip: Tallahassee/Florida/32305		
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you own property in Leon County? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For how many years have you lived and/or owned property in Leon County? <u>  3  </u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: Minority, Women, & Small Business Enterprise 2nd Choice: Human Service Grants Review 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 <input type="checkbox"/> Housing <input type="checkbox"/> Health Care <input type="checkbox"/> Science <input type="checkbox"/> Library Services <input type="checkbox"/> Growth Management <input type="checkbox"/>		
Tourist Development <input type="checkbox"/> Transportation <input type="checkbox"/> Bicycle/Pedestrian <input type="checkbox"/> Parks & Recreation <input type="checkbox"/>		
Code Enforcement <input type="checkbox"/>		
Other Areas _____		
Have you served on any previous Leon County committees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, on what Committee(s) have you served? 2010 Charter Review Commission		
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input checked="" type="checkbox"/> 4 or more		
And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more		
What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> 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: 52 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 just recently served on the 2010 Charter Review Commission. The experience provided me with opportunity to gain a greater understanding about our local government and share my thoughts for improving our local charter; I have a bachelor's degree in Social Work from the University of West Florida; As a concerned citizen and social worker, I am concerned about the direct link of social problems in minority communities and the lack of economic development that's currently taking place. I believe that I could provide insight to social issues that may impede progress and offer solutions regarding this issue. I also hope to bring forth creative ideas to help move the committee forward in implementing new strategies towards greater success and sustainability; As a Resident Initiative Coordinator with the Tallahassee Housing Authority, I've received training in implementing the HUD Family Self-Sufficiency Program. Therefore, part of my duties includes helping residents to become financially self-sufficient. That micro concept could easily be applied to a macro approach in addressing this issue in dealing with minority business and business owner issues.

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

Name: Rod Woodfaulk Telephone: (850) 322-8570  
 Address: 215 West College Avenue #202 Tallahassee, Florida 32301

Name: Jon Ausman Telephone (850) 321-7799  
 Address: 2202 Woodlawn Drive Tallahassee, FL 32303-3915

**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 \_\_\_\_\_

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: Larry Darnell Simmons, Sr.

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