

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 Applications will be discarded if no appointment is made after two years.</p>		
Name: Thomas West Allen, III		Date: 8/31/10
Home Phone: 850/528-9494	Work Phone: 850/402-7450	Email: allen.tom@ccbfg.com
Occupation:	Employer:	
<p>Please check box for preferred mailing address.</p> <p><input type="checkbox"/> Work Address: 1860 Capital Circle NE City/State/Zip: Tallahassee, Florida 32308</p>		
<p><input type="checkbox"/> Home Address 1807 Sageway Drive City/State/Zip: Tallahassee, Florida 32303</p>		
<p>Do you live in Leon County? <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> <u>No</u> Do you own property in Leon County? <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> <u>Yes</u>* <input type="checkbox"/> No • I have property in both the City and County (individually and in partnerships) For how many years have you lived in and/or owned property in Leon County? _____ years</p>		
<p>Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference</p> <p>1st Choice: <u>Innovation Park Board Seat</u> 2nd Choice: _____</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>Culture and Arts ___ Environmental/ Growth Management <u>X</u> Health Care ___ Human Relations ___ Human Services ___ Housing ___ Library Services ___ Other Areas _____</p>		
<p>Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input type="checkbox"/> <u>No</u></p> <p>If Yes, on what Committee(s) have you served? _____</p>		
<p>How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> <u>2 to 3</u> <input 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 type="checkbox"/> <u>6 or more</u> What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> <u>Day</u>* <input type="checkbox"/> Night • I can meet day or night with enough lead time on the schedule</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"/> <u>Caucasian</u> <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other Sex: <input type="checkbox"/> <u>Male</u> <input type="checkbox"/> Female Age: <u>51</u> Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> <u>No</u> District _____</p>		
<p>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</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.

Education: BS/MS Florida State University Geology. Master's focus: Water Resources

I have a diverse background starting in environmental consulting and construction on chemically-affected sites (involved in the clean-up of more than 5 State of Florida Superfund sites and several others in S.E. United States). After several years of extensive travel, in 1998, I invested with a local businessman in a small technology company in Tallahassee (business phone systems and outsourced IT services). I served as President and General Manager. The company grew rapidly and profitably and in 2005, was sold to a publically-traded company (NASDAQ: BBOX). At that time, we had close to 45 employees with 4 locations. In conjunction with those careers, I've always dabbled in real estate and hold a valid General Contractors license (CG CO54425; 12 years+); having been involved in building more than 7 residences and a large downtown Tallahassee development, Alliance Center. Since 2008, I have served as a Senior Vice President for Capital City Bank focusing on sales, technology and business intelligence strategies.

At present, I serve on the Community Foundation Board and act as the Chair of the Investment Committee. I also serve on some faith-based committees at Faith Presbyterian Church. Examples of past board leadership assignments include Maclay School Board (6 years) and Leadership Tallahassee Board of Governors (Board and Chair).

The scientific education, coupled with technology and construction expertise, should help me to be an effective and productive member of the Innovation Park Board.

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

Name: William G. Smith (Capital City Bank) Telephone: 850/402-7810

Address: P.O. Box 900, Tallahassee, Florida 32302

Name: Douglas W. Smith (Sonitrol) Telephone: 205-5000

Address: 1136 Thomasville Road, Tallahassee, Florida 32303

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 FOLLOWING QUESTIONS, YOU MUST COMPLETE THE ORIENTATION PUBLICATION www.leoncountyfl.gov/bcc/committees/training.asp BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? Yes No

Are you willing to complete a financial disclosure form and/or a background check, 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 Capital City Bank likely does business with 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: Thomas W. Allen, JFS {sig}

Please return Application

by mail: Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301

by email: coblec@leoncountyfl.gov