

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

MWSBE PROGRAM EVALUATION COMMITTEE



**It is the applicant's responsibility to keep this information 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.**

Name: Frank Williams		Date: 11/30/2015 12:50:14PM
Home Phone: (850) 385-8081	Work Phone: (850) 224X6002	Email: frank@fldevelopers.com
Occupation: C E O	Employer: FLORIDA DEVELOPERS INC.	
Preferred mailing location: Work Address		
Work Address: 630 WEST BREVARD ST.		
City/State/Zip: TALLAHASSEE, FL 32304		
Home Address 630 WEST BREVARD ST.		
City/State/Zip: TALLAHASSEE, FL 32304		
Do you live in Leon County? Yes	If yes, do you live within the City limits? No	
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 in and/or owned property in Leon County?		60 years
Are you currently serving on a County Advisory Committee?		No
If yes, on what Committee(s) are you a member?		
Have you served on any previous Leon County committees?		Yes
If yes, on what Committee(s) are you a member?		LEON COUNTY M W S B E ADVISORY BOARD
<i>If you are appointed to a Committee, you are expected to attend regular meetings.</i>		
How many days permonth 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
(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: African American	Sex: Male	Age:
Disabled? No	District:	
<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.</p> <p>LEON COUNTY M W S B E ADVISORY COMMITTEE, CITY OF TALLAHASSEE MINORITY ADVISORY COMMITTEE, BLUE PRINT 2000 COMMITTEE, CAPITAL AREA COMMUNITY AREA ACTION BOARD, TALLAHASSEE CHAMBER OF COMMERCE, CAPITAL CITY CHAMBER OF COMMERCE, ROTARY INTERNATIONAL, BUFFALO SOLDIERS TALLAHASSEE CHAPTER. MERRITT COLLEGE, OAKLAND, CALIFORNIA U C BERKELEY, BERKELEY, CALIFORNIA</p> <p>I HAVE BEEN IN BUSINESS HERE IN TALLAHASSEE OVER 40 YEARS AND CLEARLY BASED ON EXPERIENCE OF WORKING AND SERVING THIS COMMUNITY UNDERSTAND THE MINORITY AND BUSINESS COMMUNITY.</p>		

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

Name: ED ANTHONY Telephone: 850-519614
Address: 8919 WINGFOOT

Name: TERRENCE HINSON Telephone: 850-224-4775
Address: 1600 S. MONROE ST.

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
Are you willing to complete a financial disclosure form and/or a background check, 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 spouse or child or their employers, do business with Leon County? Yes
If yes, please explain. CONTRACTOR

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: Frank W. Williams

This application was electronically sent: 11/30/2015 12:50:14PM

