

DATE: July 18, 2024

TO: Local Workforce Development Board 24: Southwest Florida
FROM: Keantha B. Moore, Chief, Bureau of One-Stop and Program Support
SUBJECT: Related Party Contract Review Notification

The above-referenced local workforce development board (LWDB) submitted the following related party contract(s) to FloridaCommerce for reporting purposes or prior approval:

Contracting Entity	Service Type	Contract Amount
Lee Health	Training	\$150,000

FloridaCommerce reviewed the documents provided to ensure compliance with Section 15 of the grantee-subgrantee agreement between FloridaCommerce and the LWDB, as well as CareerSource Florida Strategic Policy (2012.05.24.A.2), as amended.

Based on the amount of the contract and the outcome of FloridaCommerce's review, the contract(s) is determined to be:

- Compliant** – The above-referenced contract(s) did not require prior approval by FloridaCommerce but was determined to meet the statutory requirements. The contract(s) must be published on the LWDB's website within 10 days after approval by the LWDB and must remain on the website for at least one year after the contract is terminated.
- Approved** – The above-referenced contract(s) was determined to meet the criteria for approval. The LWDB may proceed with the contracting process with the contracting entity. The contract(s) must be published on the LWDB's website within 10 days after approval by FloridaCommerce and must remain on the website for at least one year after the contract is terminated.
- Denied** – The contract(s) submitted was determined not to meet the criteria for approval.

Please contact the FloridaCommerce team at worfor@commerce.fl.gov with any questions.

EXHIBIT C
CONTRACT INFORMATION FORM

This form is to disclose a conflict or potential conflict and to seek approval of a contract involving a conflict or potential conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Mike Biskie, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource Southwest Florida and will be executed and implemented immediately after receiving the State's approval in compliance with section 445.007(11), Florida Statutes.

Identification of all parties to the contract: CareerSource Southwest Florida and Lee Health

Contractor Name & Address: Lee Health 9800 S. Healthpark Drive, suite 405 Fort Myers, FL 33908

Contractor Contact Phone Number: 239-343-6316

Contract Number or Other Identifying Information, if any: _____

Contract Term: July 1, 2024 to June 30, 2025

Value of the Contract with no extensions or renewals exercised: not to exceed \$150,000

Value of the Contract with all extensions and renewals exercised: not to exceed \$150,000

Description of goods and/or services to be procured: _____

Method of procurement for the goods and/or services to be procured: Work Based Training

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: Michael Wukitsch

The nature of the conflicting interest in the contract: Michael Wukitsch is the Chief People Officer of Lee Health

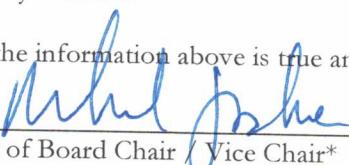
The board member or employee with the conflict of interest _____ did did not (check one) attend the meeting(s), including subcommittee meetings, at which the board discussed or voted to approve the contract.

If the board member or employee with the conflict of interest attended the meeting(s), including subcommittee meetings, at which the board discussed or voted on the contract, the board member or employee abstained from voting.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting(s), including subcommittee meetings, and for those in attendance, the affirmative and negative votes and abstentions for each member.
- Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting(s) in which a vote related to the contract took place, for board member/employee who has any relationship with the contracting vendor.
- A draft copy of the related party contract and amendments, as applicable.
- Documentation supporting the method of procurement of the related party contract.
- A copy of the board meeting and committee meeting minutes that document the discussion and approval of the related party contract.

I certify that the information above is true and correct.



Signature of Board Chair / Vice Chair*

Mike Biskie

Print Name

6/12/24

Date

* Must be certified and attested to by the board's Chair or Vice Chair.

EXHIBIT D
DISCLOSURE AND CERTIFICATION OF
CONFLICT OF INTEREST IN A CONTRACT

I, Michael Wukitsch disclose that I, myself a board member / an employee of the board (circle one) hereby disclose that I, myself my employer / my business / my organization/ OR "Other" (describe) _____ (circle one or more) could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource Southwest Florida

Contractor Name & Address: Lee Health 9800 S Healthpark Drive, suite 405 Fort Myers, FL 33908

Contractor Contact Phone Number: 239-343-6316

Description or Nature of Contract: Work Based Training Contracts (multiple OJT, Work Experience, Customized Training agreements)

Description of Financial Benefit*: _____

For purposes of the above contract the following disclosures are made: The contractor's principals**/owners***: (check one)

have no relative who is a member of the board or an employee of the board; OR

have a relative who is a member of the board or an employee of the board, whose name is: _____

The contractor's principals**/owners*** is is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____



Signature of Board Member/Employee

Michael Wukitsch
Print Name

6/26/2024

Date

* "Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.

*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S DISCUSSION OR VOTING TO APPROVE THE CONTRACT. BOARD MEMBERS WHO BENEFIT FINANCIALLY OR BOARD MEMBERS OR EMPLOYEES OF THE BOARD WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM VOTING DURING THE PERIOD OF TIME THE VOTES ARE CAST, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERSEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, FLORIDA STATUTES, OR SECTION 101(f), WIOA.

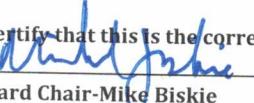


Board Meeting Voting Roster
Wednesday, June 12, 2024

Lee Health - work-based training agreements not to exceed \$150,000

Board Members	Attendance	Yes Vote	No Vote	Abstained from Vote
*Mike Biskie-Chair	Present	x		
Aaron Stitt	Absent			
Adrian Llanes	Present	x		
Amy Terovich	Absent			
Anthony Oakes	Absent			
Bill Diamond	Present	x		
Brad Myers	Present	x		
Carl Stringer	Present	x		
Cutis Brown	Absent			
Dave Gammon	Present	x		
Drummond Camel	Present	x		
John Talmage	Absent			
Keitha Daniels	Present	x		
Mike Wukitsch	Absent			
Total		9	0	0

I certify that this is the correct voting roster for 6/12/2024


Board Chair-Mike Biskie