



**Consortium
AGENDA**

Wednesday, June 21, 2023 – 11:00 a.m.

**Zoom Meeting: <https://us02web.zoom.us/j/89193685135>
Phone 1-646-558-8656 Meeting ID: 891 9368 5135**

Call to Order C. Zalak
Roll Call C. Schnettler
Approval of Minutes, April 14, 2023 Pages 2 - 3 C. Zalak

ACTION ITEMS

Member Appointments Pages 4 - 8 R. Skinner
2023/2024 Budget Pages 9 - 11 R. Skinner
990 Pages 12 - 56 R. Skinner
By-Laws Amendment – Term Limits Pages 57 - 78 R. Skinner
One Stop Operator Pages 79 - 91 R. Skinner

DISCUSSION ITEMS

State Update R. Skinner
Workforce Transition / Regional Planning Pages 92 - 99 R. Skinner
Workforce Issues Important to Our Community R. Skinner
Member Vacancies Page 100 R. Skinner

PUBLIC COMMENT

PROJECT UPDATES

Board Member Agenda – 6/7/2023 Pages 101 - 103 R. Skinner

MATTERS FROM THE FLOOR

ADJOURNMENT

OUR VISION STATEMENT

To be recognized as the number one workforce resource in the state of Florida by providing meaningful and professional customer service that is reflected in the quality of our job candidates and employer services.



**CAREERSOURCE CITRUS LEVY MARION
Consortium**

MINUTES

DATE: April 14, 2023
PLACE: College of Central Florida – Enterprise Center
TIME: 9:30 a.m.

MEMBERS PRESENT

Commissioner Finegan
Commissioner Hodge
Commissioner Zalak

MEMBERS ABSENT

OTHER ATTENDEES

Rusty Skinner, CSCLM
Dale French, CSCLM
Robert Stermer, Attorney

Cira Schnettler, CSCLM

CALL TO ORDER

The meeting was called to order by Commissioner Zalak, at 9:31 a.m.

ROLL CALL

Cira Schnettler called roll and a quorum was declared present.

APPROVAL OF MINUTES

Commissioner Finegan made a motion to approve the minutes from the March 1, 2023, meeting. Commissioner Hodge seconded the motion. Motion carried.

PUBLIC COMMENT

None

ACTION ITEMS

Area Recertification

Dale French explained that the re-certification occurs every two years. Commissioner Hodge made a motion to approve the recertification request for signatures. Commissioner Finegan seconded the motion. Motion carried.

Direct Service Provider Extension

Dale French explained that the extension is applied for every three years. Commissioner Zalak asked if it is common for boards to also serve as the service provider. Dale French explained that many other regions work under this waiver as we

do, but there are a few regions that have contracts for direct service providers. Commissioner Finegan made a motion to approve the extension request for signatures. Commissioner Hodge seconded the motion. Motion carried.

DISCUSSION ITEMS

State Update

Rusty Skinner provided the following updates:

- The RFP for a One Stop Operator has not garnered a response. An extension for the proposal has been filed and the RFP has been reposted. Staff have taken numerous steps and done their due diligence in requesting proposals. Updates will be provided as they develop.
- CareerSource Florida is moving to the next steps in the realignment process. The committee discussed the dynamics of regionalism and regional planning.
- Two legislative bills based on the Ernst and Young recommendations are being proposed. We are following the bills and will update the committee as needed. There are no major concerns with either of them, as they will mostly affect educational partners.

Workforce Issues Important to Our Community

Commissioner Zalak stated that many employers are still struggling to fill positions.

Rusty Skinner explained that we are working with educational partners to create career pathways for graduating seniors.

Commissioner Hodge has reached out to a manufacturer and found they are already working with CareerSource. There was discussion about a logging employer needing employees, but efforts to bolster interest in the positions through training programs have not been successful in the past.

PROJECT UPDATES

None

MATTERS FROM THE FLOOR

None

ADJOURNMENT

There being no further business, the meeting was adjourned at 9:53 a.m.

APPROVED:



RECORD OF ACTION/APPROVAL

**Consortium Meeting
Wednesday, June 21, 2023**

TOPIC/ISSUE:

Board Appointment

BACKGROUND:

POINTS OF CONSIDERATION:

STAFF RECOMMENDATIONS:

Accept appointment of the following individuals to the CareerSource CLM board of directors:

Andrea Juaristic, Ocala Housing Authority
Kevin Sheilley, Ocala/Marion County Chamber & Economic Partnership
Larry White, Primoris Services
Staci Bertrand, Duke Energy

CONSORTIUM ACTION:



NOMINATION FORM

FAX: 352 873-7956

EMAIL: rskinner@careersourceclm.com

Phone: 352 873-7939, Ext 1203

Name: Angela Juaristic

Title: Resident Services Manager

Name of Business: Ocala Housing Authority

Address: 1629 NW 4th Street

City: Ocala County: Marion Zip Code: 34475

Business Telephone-Ext: 352-369-2361 Fax _____

_____ Private Business Owner/Chief Executive

Agency/Company Representing – Must be representative with optimum Policy-making authority

Home Address: 4101 SW 7th Ave Rd

City: Ocala County: Marion Zip Code: 34471

Cell #: 352-427-8655

E-Mail Address: ajuaristic@gmail.com

INFORMATION REQUIRED BY THE STATE - Check all that Apply

Sex: Male _____	Female <input checked="" type="checkbox"/>
Race: White <input checked="" type="checkbox"/>	Black _____ Other _____
White/Hispanic _____	Black/Hispanic _____
Veteran: Yes _____	No <input checked="" type="checkbox"/> Disabled _____



NOMINATION FORM

FAX: 352 873-7956

EMAIL: rskinner@careersourceclm.com

Phone: 352 873-7939, Ext 1203

Name: Kevin T. Sheilley

Title: President/CEO

Name of Business: Ocala Metro Chamber & Economic Partnership

Address: 310 SE 3rd Street

City: Ocala County: Marion Zip Code: 34471

Business Telephone-Ext: 352.629.8051 Fax: 352.629.7651

Private Business Owner/Chief Executive

Agency/Company Representing – Must be representative with optimum Policy-making authority

Home Address: 1141 SE 8th Street

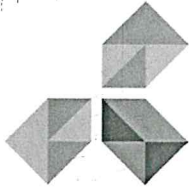
City: Ocala County: Marion Zip Code: 34471

Cell #: 352.857.2499

E-Mail Address: kevin@ocalacep.com

INFORMATION REQUIRED BY THE STATE - Check all that Apply

Sex: Male	<input checked="" type="checkbox"/>	Female	<input type="checkbox"/>
Race: White	<input checked="" type="checkbox"/>	Black	<input type="checkbox"/>
White/Hispanic	<input type="checkbox"/>	Black/Hispanic	<input type="checkbox"/>
Veteran: Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Disabled	<input type="checkbox"/>		



CareerSource
CITRUS | LEVY | MARION

NOMINATION FORM

FAX: 352 873-7956

EMAIL: rskinner@careersourceclm.com

Phone: 352 873-7939, Ext 1204

Name: CARRY WHITE

Title: PRE TRIPPER

Address: 2820 N BRENTWOOD CIR

City: LELAND County: CITRUS Zip Code: 34461

Private Business Owner/Chief Executive

Agency/Company Representing – Must be representative with optimum Policy-making authority

Name of Business: PRIMORS SERVICES

Address: 10518 US-301

City: DADE CITY County: _____ Zip Code: 33525

Business Telephone: ~~214-777-813~~ 813-996-0019 Fax #: _____

Cell #: 352-613-4985

E-Mail Address: WREC1988@YAHOO.COM

INFORMATION REQUIRED BY THE STATE - Check all that Apply

Sex: Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
Race: White <input checked="" type="checkbox"/>	Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/>
Veteran: Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> Disabled <input type="checkbox"/>

Revised 4-26-16

CareerSource Citrus Levy Marion is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed above may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711. If you need accommodations, please call 352-840-5700, ext. 7878 or e-mail accommodations@careersourceclm.com at least three business days in advance. CareerSource Florida Member.



NOMINATION FORM

FAX: 352 873-7956

EMAIL: rskinner@careersourceclm.com

Phone: 352 873-7939, Ext 1204

Staci Bertrand
 Name: _____
 Government & Community Relations Manager
 Title: _____
 6403 NW 26th Terr
 Address: _____
 Gainesville FL Zip 32653
 City: _____ County: _____ Code _____

Private Business Owner/Chief Executive
 Agency/Company Representing – Must be representative with optimum
 Policy-making authority
 Duke Energy

Name of Business: _____
 4359 SE Maricamp Rd
 Address: _____
 Ocala Marion Zip 34480
 City: _____ County: _____ Code: _____
 352-519-2399
 Business Telephone: _____ Fax #: _____
 352-519-2399
 Cell #: _____
 Staci.bertrand@duke-energy.com
 E-Mail Address: _____

INFORMATION REQUIRED BY THE STATE - Check all that Apply

Sex: Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>		
Race: White <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Black <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Veteran: Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disabled <input type="checkbox"/>	

Revised 4-26-16

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RECORD OF ACTION/APPROVAL

**Consortium Meeting, Wednesday, June 21, 2023
 Board Meeting, Wednesday, June 7, 2023
 Executive Committee, Wednesday, May 31, 2023**

TOPIC/ISSUE:

Draft program year 2023 Budget (7/1/23-6/30/24)

BACKGROUND:

2022 vs. 2023 Funding Comparison			
	2022	2023	% Change
Adult	1,208,208	1,162,150	-4.00%
Dislocated	925,993	574,175	-38.00%
Youth	1,150,624	1,121,786	-3.00%
Welfare Transition	1,762,874	1,547,640	-12.00%
Wagner Peyser	117,879	193,475	64.00%
Total:	5,165,578	4,599,226	-11%

POINTS OF CONSIDERATION:

This budget is based preliminary allocations and estimated carryforwards.

STAFF RECOMMENDATIONS:

Approve draft 2023 Budget.

COMMITTEE ACTION:

Al Jones made a motion to approve the draft 2023 budget. Charles Harris seconded the motion. Motion carried.

BOARD ACTION:

Ben Whitehouse made a motion to approve the preliminary 2023-2024 budget. Kathy Judkins seconded the motion. Motion carried.

CONSORTIUM ACTION:

Functional Budget Comparison

ATTACHMENT 2		
FUNCTIONAL BUDGET		
	7/1/2022-6/30/2023	7/1/2023-6/30/2024
Direct charge staff	788,737	652,363
Operational Expenses	559,500	367,523
ITA Training	403,536	180,595
OJT	25,000	50,000
Training staff	394,532	337,654
Internships	50,000	30,000
Employed worker	25,000	50,000
Eckerd contract	831,145	818,236
Eckerd participant	181,476	181,476
Carryforward: YouthBuild 4, Adult, DW, Youth, Vet Services, Reentry Navigator, Recovery Navigator, SNAP, WT, RESEA	2,214,332	787,055
Program Support	3,167,648	2,762,970
Indirect Costs	<u>692,079</u>	<u>670,381</u>
Total Budget	9,332,985	6,888,253

BUDGET - CSCLM																		
PY 2023(JULY 2023 - JUNE 2024)																		
5/31/2023			9/30/23		12/31/23	3/31/2024			9/30/23	12/31/23		9/30/23	12/31/23	6/30/23		9/30/23		
ITA requirement: 35%	ADULT	YOUTH	TAA	DISL WORKER	LVER	Re-Entry Nav	YTH BUILD 4	VOC REHAB	WAGNER PEYSER	VETERAN DVOP	WTP	SNAP	RECOVERY NAVIGATOR	RAPID RESPONSE	RWB 6	REA	UN-RESTR	TOTAL
REVENUE																		
P.Y. 2023 CONTRACTS	1,162,150	1,121,786	-	574,175	-	86,000	406,453	-	193,475	43,000	1,547,640	105,000	-	68,000	5,977	-	-	5,313,656
CARRYFORWARD	241,642	97,937	22,900	153,491	28,858	7,457	-	67,763	-	-	156,492	81,889	32,258	-	-	174,513	432,865	1,498,065
INCENTIVES/SUPPLEMENTAL	-	-	-	98,532	-	-	-	-	-	-	-	-	-	-	-	-	-	98,532
TRANSFER	300,000	-	-	(300,000)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL REVENUE	1,703,792	1,219,723	22,900	526,198	28,858	93,457	406,453	67,763	193,475	43,000	1,704,132	186,889	32,258	68,000	5,977	174,513	432,865	6,910,253
EXPENDITURES																		
TOTAL ITA	36.03%																	
TRAINING:																		
ITA %	35%			41%														
ITA/TRAINING	175,000	-	3,595	2,000	-	-	-	-	-	-	-	-	-	-	-	-	-	180,595
OJT	50,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50,000
EMPLOYED WORKER	50,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50,000
INTERNSHIPS	30,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30,000
TRAINING SUPPORT	20,000	-	-	2,000	-	-	-	-	-	-	-	-	-	-	-	-	-	22,000
TRAINING STAFF	168,827	-	-	168,827	-	-	-	-	-	-	-	-	-	-	-	-	-	337,654
TOTAL TRAINING	493,827	-	3,595	172,827	-	-	-	-	-	-	-	-	-	-	-	-	-	670,249
OPERATING:																		
SUPPORTIVE SVS.	80,000	181,476	-	3,000	-	-	196,843	-	-	-	24,500	-	-	-	-	-	-	485,819
DIRECT CHARGE (STAFF)	100,000	-	-	-	-	60,522	-	19,758	-	-	304,611	78,226	6,448	25,000	-	57,798	-	652,363
ECKERD	20,000	584,524	-	20,000	-	-	193,712	-	-	-	-	-	-	-	-	-	-	818,236
DEO STAFF TRAVEL	-	-	-	-	2,000	-	-	-	3,000	6,000	-	-	-	-	-	-	-	11,000
OPERATING	-	-	-	-	2,000	-	-	-	10,000	8,000	-	-	-	-	-	-	32,180	52,180
TOTAL OPERATING	200,000	766,000	-	23,000	4,000	60,522	390,555	19,758	13,000	14,000	329,111	78,226	6,448	25,000	-	57,798	32,180	2,019,598
PROGRAM SUPPORT:																		
FACILITIES	27,799	78,047	1,251	27,799	9,938	9,938	9,243	3,475	70,124	19,877	72,348	10,008	973	2,502	5,977	9,938	-	359,238
PROGRAM	108,094	119,338	-	31,069	623	-	-	3,078	13,635	-	112,119	12,187	1,005	3,895	-	1,548	-	406,591
INFORMATION TECHNOLOGY	101,942	112,546	-	29,301	588	8,892	-	2,903	1,910	2,057	105,738	11,494	947	3,673	-	1,460	-	383,452
OUTREACH	71,801	79,270	-	20,637	414	-	-	2,045	7,608	1,449	74,475	8,095	667	2,587	-	1,028	-	270,078
BUSINESS	144,829	-	-	41,627	-	-	-	4,124	15,347	-	310,116	16,329	1,346	5,218	-	2,075	-	541,011
SELF SERVICES	78,429	-	-	22,542	-	-	-	2,233	8,311	-	167,938	8,843	729	2,826	-	1,123	-	292,975
CAREER SERVICES	136,427	-	-	39,212	-	-	-	3,885	14,457	-	292,125	15,382	1,268	4,916	-	1,954	-	509,625
TOTAL PROGRAM SUPPORT	669,321	389,201	1,251	212,188	11,563	18,831	9,243	21,743	131,392	23,382	1,134,861	82,337	6,935	25,617	5,977	19,127	-	2,762,970
TOTAL EXPENDITURES	1,363,148	1,155,201	4,846	408,015	15,563	79,353	399,798	41,501	144,392	37,382	1,463,972	160,563	13,383	50,617	5,977	76,925	32,180	5,452,817
ADMIN POOL	157,869	38,219	522	44,189	1,350	8,763	(1,890)	4,747	13,704	3,452	172,333	18,539	1,538	5,878	-	8,767	3,934	481,913
GENERAL POOL	61,740	14,947	204	17,282	528	3,427	(739)	1,856	5,359	1,350	67,397	7,250	602	2,299	-	3,429	1,538	188,469
TOTAL INDIRECT COST RATE	219,608	53,165	726	61,471	1,878	12,190	(2,629)	6,603	19,063	4,801	239,730	25,790	2,140	8,177	-	12,195	5,472	670,381
BALANCE	121,035	11,357	17,328	56,712	11,417	1,914	9,283	19,659	30,019	816	431	537	16,735	9,206	0	85,392	395,213	787,055
INDIRECT RATE CALCULATION																		
DIRECT TOTAL COSTS	1,363,148	1,155,201	4,846	408,015	15,563	79,353	399,798	41,501	144,392	37,382	1,463,972	160,563	13,383	50,617	-	76,925	32,180	5,446,840
LESS: LEASES	(51,705)	(76,554)	(574)	(23,525)	(4,520)	(7,667)	(24,702)	(2,672)	(32,287)	(9,147)	(54,203)	(8,902)	(800)	(2,534)	-	(5,209)	-	(305,000)
SUBAWARD (ECKERDS)	(20,000)	(766,000)	-	(23,000)	-	-	(390,555)	-	-	-	-	-	-	-	-	-	-	(1,199,555)
TOTAL MTDC	1,291,443	312,647	4,272	361,489	11,043	71,685	(15,458)	38,830	112,105	28,235	1,409,769	151,661	12,583	48,084	-	71,717	32,180	3,942,285



RECORD OF ACTION/APPROVAL

**Consortium, Wednesday, June 21, 2023
Board Meeting, Wednesday, June 7, 2023
Executive Committee, Wednesday, May 31, 2023**

TOPIC/ISSUE:

Form 990 Return of Organization Exempt from Income Tax for program year 7/1/21-6/30/22.

BACKGROUND:

POINTS OF CONSIDERATION:

Form 990 was completed by our auditors Powell and Jones, CPAs after the financial statements were audited.

STAFF RECOMMENDATIONS:

Approve Form 990

COMMITTEE ACTION:

Al Jones made a motion to approve the Form 990 for program year 2021-2022. Kim Baxley seconded the motion. Motion carried.

BOARD ACTION:

This item appeared on the board agenda as a consent agenda item. Mark Paugh made a motion to approve the Performance and Monitoring, Career Center, Marketing and Outreach, and Executive committee consent agenda items. John Murphy seconded the motion. Motion carried.

CONSORTIUM ACTION:

GOVERNMENT COPY

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC. EIN or SSN 59-3409057

Name and title of officer or person subject to tax THOMAS SKINNER EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 3 columns: Line number, Description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) RICHARD C, POWELL, (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize RICHARD C, POWELL to enter my PIN 34474. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ***** THIS IS NOT A FILEABLE COPY ***** Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59226132025 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature RICHARD C, POWELL Date 05/11/23

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Taxpayer identification number (TIN) 59-3409057
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3003 SW COLLEGE ROAD, STE 107, 107	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OCALA, FL 34474	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

SUSAN HELLER

• The books are in the care of ▶ **3003 SW COLLEGE ROAD, STE 107 - OCALA, FL 34474**

Telephone No. ▶ **352-873-7939** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC. Doing business as CAREERSOURCE CITRUS LEVY MARION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3003 SW COLLEGE ROAD, STE 107 107 City or town, state or province, country, and ZIP or foreign postal code OCALA, FL 34474 F Name and address of principal officer: THOMAS E. SKINNER, JR 3003 SW COLLEGE ROAD, STE 107, OCALA, FL 34	D Employer identification number 59-3409057 E Telephone number 352-873-7939 G Gross receipts \$ 6,567,887. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CAREERSOURCECLM.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1996		M State of legal domicile: FL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION BRINGS TOGETHER CITIZENS, EMPLOYERS AND EDUCATIONAL PROVIDERS TO DEVELOP PROGRAMS TO		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	28
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	73
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 7,406,896.
9		Program service revenue (Part VIII, line 2g)	101,154.	102,636.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,083.	229.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,509,133.	6,567,887.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	798,850.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,144,632.	3,918,385.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,324,920.	1,972,473.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,268,402.	6,518,838.
	19	Revenue less expenses. Subtract line 18 from line 12	240,731.	49,049.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,453,598.	End of Year 1,726,643.
	21	Total liabilities (Part X, line 26)	998,911.	1,436,052.
	22	Net assets or fund balances. Subtract line 21 from line 20	454,687.	290,591.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer THOMAS E. SKINNER, JR, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name RICHARD C. POWELL	Preparer's signature Date 05/11/23
	Firm's name ▶ POWELL AND JONES, CPA'S Firm's address ▶ 1359 SW MAIN BLVD LAKE CITY, FL 32025	Check <input type="checkbox"/> if self-employed PTIN P01426180 Firm's EIN ▶ 59-2145410 Phone no. 386-755-4200

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
THE ORGANIZATION BRINGS TOGETHER CITIZENS, EMPLOYERS AND EDUCATIONAL PROVIDERS TO DEVELOP PROGRAMS TO SUPPORT HIGH-QUALITY EDUCATION/TRAINING AND EMPLOYMENT SERVICES TO MEET REGIONAL WORKFORCE NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 3,567,686. including grants of \$ 409,422.) (Revenue \$ _____)
THE WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) SUPERSEDES THE JOB TRAINING PARTNERSHIP ACT (JTPA) AND AMENDS THE WAGNER-PEYSER ACT. WIOA ALSO CONTAINS THE ADULT EDUCATION AND FAMILY LITERACY ACT (TITLE II) AND THE REHABILITATION ACT AMENDMENTS OF 1998 (TITLE IV). WIOA REFORMS FEDERAL JOB TRAINING PROGRAMS AND CREATES A NEW, COMPREHENSIVE WORKFORCE INVESTMENT SYSTEM. THE REFORMED SYSTEM IS INTENDED TO BE CUSTOMER-FOCUSED, TO HELP AMERICANS ACCESS THE TOOLS THEY NEED TO MANAGE THEIR CAREERS THROUGH INFORMATION AND HIGH QUALITY SERVICES, AND TO HELP U.S. COMPANIES FIND SKILLED WORKERS.

4b (Code: _____) (Expenses \$ 1,578,067. including grants of \$ 81,084.) (Revenue \$ _____)
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) IS FEDERALLY FUNDED BUT IS ADMINISTRATED BY EACH STATE. TANF IS A FINANCIAL ASSISTANCE PROGRAM FOR LOW INCOME FAMILIES THAT HAVE CHILDREN AND FOR PREGNANT WOMEN IN THEIR LAST THREE MONTHS OF PREGNANCY. THE PROGRAM PROVIDES TEMPORARY FINANCIAL ASSISTANCE WHILE AT THE SAME TIME HELPS TANF RECIPIENTS FIND JOBS THAT WILL ALLOW THEM TO SUPPORT THEMSELVES.

4c (Code: _____) (Expenses \$ 275,686. including grants of \$ 128,394.) (Revenue \$ _____)
YOUTHBUILD - YOUTHBUILD PARTNERS WITH OPPORTUNITY YOUTH TO BUILD THE SKILLSETS AND MIND SETS THAT LEAD TO LIFELONG LEARNING, LIVELIHOOD AND LEADERSHIP.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 363,925. including grants of \$ 9,080.) (Revenue \$ 102,865.)

4e Total program service expenses **5,785,364.**

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	27
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	73	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	28		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	28		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
SUSAN HELLER - 352-873-7939
3003 SW COLLEGE ROAD, STE 107, OCALA, FL 34474

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Form 990 (2021)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS SKINNER CEO	40.00	X		X			139,666.	0.	22,970.	
(2) DALE FRENCH EXECUTIVE VICE PRESIDENT	1.00	X		X			101,977.	0.	18,794.	
(3) DARLENE GODDARD BOARD MEMBER	1.00	X					0.	0.	0.	
(4) KEVIN CUNNINGHAM BOARD MEMBER	1.00	X					0.	0.	0.	
(5) DR. MARK PAUGH BOARD MEMBER	1.00	X					0.	0.	0.	
(6) ANGIE WHITE BOARD MEMBER	1.00	X					0.	0.	0.	
(7) PAT REDDISH BOARD MEMBER	1.00	X					0.	0.	0.	
(8) PETE BEASLEY BOARD MEMBER	1.00	X					0.	0.	0.	
(9) TED KNIGHT BOARD MEMBER	1.00	X					0.	0.	0.	
(10) THERESA FLICK BOARD MEMBER	1.00	X					0.	0.	0.	
(11) JORGE MARTINEZ BOARD MEMBER	1.00	X					0.	0.	0.	
(12) FREDRICK MORGAN BOARD MEMBER -TREASURER	1.00	X		X			0.	0.	0.	
(13) ARNO PROCTOR BOARD MEMBER	1.00	X					0.	0.	0.	
(14) JUDY HOULIOS BOARD MEMBER	1.00	X					0.	0.	0.	
(15) KATHY JUDKINS BOARD MEMBER - PAST CHAIR	1.00	X		X			0.	0.	0.	
(16) CARL FLANAGAN BOARD MEMBER	1.00	X					0.	0.	0.	
(17) CHRISTIE MCELROY BOARD MEMBER	1.00	X					0.	0.	0.	

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) EQUILLA WHEELER BOARD MEMBER	1.00	X					0.	0.	0.	
(19) DEBRA STANLEY BOARD MEMBER	1.00	X					0.	0.	0.	
(20) JOHN HEMKEN BOARD MEMBER	1.00	X					0.	0.	0.	
(21) JOHN MURPHY BOARD MEMBER	1.00	X					0.	0.	0.	
(22) JOYCE WILSON BOARD MEMBER	1.00	X					0.	0.	0.	
(23) LEWRISSA MAINWARING BOARD MEMBER	1.00	X					0.	0.	0.	
(24) ALBERT JONES BOARD MEMBER	1.00	X					0.	0.	0.	
(25) TIFFANY WIGGINS BOARD MEMBER	1.00	X					0.	0.	0.	
(26) KIM BAXLEY BOARD MEMBER - CHAIR	1.00	X		X			0.	0.	0.	
1b Subtotal							241,643.	0.	41,764.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							241,643.	0.	41,764.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
COLLEGE OF CENTRAL FL FOUNDATION 3001 SW COLLEGE ROAD, OCALA, FL 34474	RENT	159,941.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	6,465,022.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			6,465,022.			
Program Service Revenue	2 a PROGRAM INCOME	Business Code					
		561300	102,636.	102,636.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			102,636.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		229.	229.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			6,567,887.	102,865.	0.	0.	

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Form 990 (2021)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX **X**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	627,980.	627,980.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	293,628.	155,554.	138,074.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,782,405.	2,428,388.	354,017.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	149,944.	134,670.	15,274.	
9 Other employee benefits	480,791.	405,412.	75,379.	
10 Payroll taxes	211,617.	179,225.	32,392.	
11 Fees for services (nonemployees):				
a Management				
b Legal	4,820.	1.	4,819.	
c Accounting	16,500.		16,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	47,187.	47,187.		
17 Travel	74,182.	55,124.	19,058.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,275.	2,679.	3,596.	
20 Interest	20,595.	19,011.	1,584.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	205,879.	190,049.	15,830.	
23 Insurance	76,677.	35,243.	41,434.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUBCONTRACT	724,029.	724,029.		
b COMMUNICATIONS	174,890.	162,282.	12,608.	
c CONTRACT LABOR OTHER	147,449.	128,789.	18,660.	
d OUTREACH	130,253.	129,372.	881.	
e All other expenses SEE SCH O	343,737.	360,369.	-16,632.	
25 Total functional expenses. Add lines 1 through 24e	6,518,838.	5,785,364.	733,474.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Form 990 (2021)

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,423.	1	1,833.
	2 Savings and temporary cash investments	484,007.	2	865,029.
	3 Pledges and grants receivable, net	859,097.	3	471,529.
	4 Accounts receivable, net	57,130.	4	5,419.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,636.	9	50,385.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,373,666.		
	b Less: accumulated depreciation	2,048,204.	6,319.	325,462.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,986.	15	6,986.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,453,598.	16	1,726,643.	
Liabilities	17 Accounts payable and accrued expenses	756,856.	17	608,500.
	18 Grants payable		18	
	19 Deferred revenue	242,055.	19	319,842.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	507,710.
	26 Total liabilities. Add lines 17 through 25	998,911.	26	1,436,052.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	454,687.	29	290,591.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	0.	31	0.
	32 Total net assets or fund balances	454,687.	32	290,591.
33 Total liabilities and net assets/fund balances	1,453,598.	33	1,726,643.	

Form **990** (2021)

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,567,887.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,518,838.
3	Revenue less expenses. Subtract line 2 from line 1	3	49,049.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	454,687.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-213,145.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	290,591.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.** Employer identification number **59-3409057**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6470273.	6918510.	7408213.	7406896.	6465022.	34668914.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6470273.	6918510.	7408213.	7406896.	6465022.	34668914.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						34668914.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	6470273.	6918510.	7408213.	7406896.	6465022.	34668914.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	709.	1,579.	1,595.	1,083.	229.	5,195.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	158,712.				102,634.	261,346.
11 Total support. Add lines 7 through 10						34935455.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.24 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.18 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3409057
--------------------------------------------------------------------------------------------------------	-----------------------------------------------------

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3409057
------------------------------------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY 107 EAST MADISON STREET TALLAHASSEE, FL 32025	\$ 5,962,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPARTMENT OF LABOR 200 CONSTITUTION AVE. NW, ROOM S-1032 WASHINGTON, DC 20210	\$ 275,686.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3409057
------------------------------------------------------------------------------------------------	-----------------------------------------------------

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3409057
---------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.** Employer identification number **59-3409057**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- | | |
|-----------------------------------------------------------------------|------------------------------------------------------------|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|----------------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------------|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		408,235.	403,660.	4,575.
e Other		1,965,431.	1,644,544.	320,887.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				325,462.

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	507,710.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	507,710.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,567,887.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	6,567,887.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	6,567,887.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,518,838.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	6,518,838.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	6,518,838.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED ALL OTHER TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS AND DETERMINED THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization **CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Employer identification number
59 - 3409057

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▲
- 3 Enter total number of other organizations listed in the line 1 table ▲

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUPPORT SERVICES TO PROGRAM PARTICIPANTS	112	387,321.	0.		
TRAINING SERVICES FOR PROGRAM PARTICIPANTS	190	240,629.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS, SUPPORT SERVICES, AND TRAINING ARE PROVIDED ON BEHALF OF QUALIFIED INDIVIDUALS BASED ON PROGRAM CRITERIA ESTABLISHED BY THE ORGANIZATION. TRAINING GRANTS ARE PAID TO EMPLOYERS FOR ON-THE-JOB TRAINING AND TO EDUCATIONAL INSTITUTIONS FOR DIRECT TRAINING. SUPPORT SERVICES INCLUDE TRANSPORTATION SUPPORT, BOOKS AND UNIFORMS, ASSESSMENTS AND WORKSHOPS, AND OTHER SUPPORT SERVICES THAT MAY BE NEEDED TO ASSIST QUALIFIED INDIVIDUALS TO ACHIEVE EMPLOYMENT. THE PROGRESS OF QUALIFIED INDIVIDUALS AND THE RELATED COSTS ARE MONITORED BY

Part IV Supplemental Information

CASE MANAGEMENT STAFF.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.

Employer identification number
59-3409057

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8; and for Part II. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3409057
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FORM 990, ITEM C, DOING BUSINESS AS:

CAREERSOURCE CITRUS LEVY MARION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT HIGH-QUALITY EDUCATION/TRAINING AND EMPLOYMENT SERVICES TO MEET
REGIONAL WORKFORCE NEEDS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S PROCESS TO REVIEW FORM 990: THE ORGANIZATION'S
MANAGEMENT STAFF WILL REVIEW AND APPROVE THE FORM 990. THE BOARD OF
DIRECTORS WILL RECEIVE AND REVIEW THE FORM 990 PRIOR TO ITS SUBMISSION TO
THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

REENFORCEMENT OF CONFLICTS OF INTEREST POLICY: BOARD MEMBERS ARE REQUIRED
TO SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE. BASED ON THOSE
DISCLOSURES, STAFF ENSURES BOARD MEMBERS ABSTAIN FROM VOTING ON ITEMS
RELATED TO THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION PROCESS FOR TOP OFFICIAL: A SPECIAL REVIEW COMMITTEE OF
INDEPENDENT BOARD MEMBERS REVIEWS THE PERFORMANCE OF THE CEO CONTRACT AND
DETERMINES ANNUAL COMPENSATION. THE COMMITTEE USES A SALARY SURVEY STUDY
OF FLORIDA WORKFORCE BOARDS TO ASSIST IN THE DETERMINATION OF SALARY. THE
CEO COMPLETES AN ANNUAL REVIEW AND DETERMINES ANNUAL COMPENSATION FOR ALL
OTHER EMPLOYEES. THESE PROCESSES ARE DOUMENTED.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Name of the organization	CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number	59-3409057
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FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION: ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

TECH SUPPORT:

PROGRAM SERVICE EXPENSES	81,622.
MANAGEMENT AND GENERAL EXPENSES	4,437.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	86,059.

SUPPLIES:

PROGRAM SERVICE EXPENSES	53,113.
MANAGEMENT AND GENERAL EXPENSES	3,951.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	57,064.

UTILITIES:

PROGRAM SERVICE EXPENSES	41,320.
MANAGEMENT AND GENERAL EXPENSES	3,495.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	44,815.

JANITORIAL:

PROGRAM SERVICE EXPENSES	21,727.
MANAGEMENT AND GENERAL EXPENSES	1,838.
FUNDRAISING EXPENSES	0.

Name of the organization	CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number	59-3409057
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TOTAL EXPENSES	23,565.
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ANNUAL RENEWAL:

PROGRAM SERVICE EXPENSES	22,985.
--------------------------	---------

MANAGEMENT AND GENERAL EXPENSES	12.
---------------------------------	-----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	22,997.
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VAN EXPENSES:

PROGRAM SERVICE EXPENSES	18,948.
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MANAGEMENT AND GENERAL EXPENSES	1,311.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	20,259.
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OTHER PROGRAM:

PROGRAM SERVICE EXPENSES	68,560.
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MANAGEMENT AND GENERAL EXPENSES	-49,720.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	18,840.
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DUES AND MEMBERSHIPS:

PROGRAM SERVICE EXPENSES	15,665.
--------------------------	---------

MANAGEMENT AND GENERAL EXPENSES	438.
---------------------------------	------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	16,103.
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STAFF TRAINING:

PROGRAM SERVICE EXPENSES	11,545.
--------------------------	---------

Name of the organization	CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number	59-3409057
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MANAGEMENT AND GENERAL EXPENSES	3,531.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,076.

PAYROLL SERVICES:

PROGRAM SERVICE EXPENSES	-2.
MANAGEMENT AND GENERAL EXPENSES	12,285.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,283.

NONCONSUMABLE SUPPLIES:

PROGRAM SERVICE EXPENSES	7,325.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,325.

MAINTENANCE:

PROGRAM SERVICE EXPENSES	6,762.
MANAGEMENT AND GENERAL EXPENSES	453.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,215.

SOFTWARE:

PROGRAM SERVICE EXPENSES	6,172.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,172.

Name of the organization	CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number	59-3409057
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POSTAGE:

PROGRAM SERVICE EXPENSES	1,265.
MANAGEMENT AND GENERAL EXPENSES	314.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,579.

PEST CONTROL:

PROGRAM SERVICE EXPENSES	1,213.
MANAGEMENT AND GENERAL EXPENSES	103.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,316.

SECURITY:

PROGRAM SERVICE EXPENSES	1,167.
MANAGEMENT AND GENERAL EXPENSES	89.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,256.

DRUG AND BACKGROUND SCREENING:

PROGRAM SERVICE EXPENSES	851.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	851.

BANK CHARGES:

PROGRAM SERVICE EXPENSES	-44.
MANAGEMENT AND GENERAL EXPENSES	816.
FUNDRAISING EXPENSES	0.

Name of the organization	CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number	59-3409057
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TOTAL EXPENSES 772.

STORAGE:

PROGRAM SERVICE EXPENSES 175.

MANAGEMENT AND GENERAL EXPENSES 15.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 190.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 343,737.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT OF THE AUDIT PROCESS AND THE SELECTION OF
AUDIT SERVICES HAS NOT CHANGED FROM THE PRIOR YEAR.



RECORD OF ACTION/APPROVAL

Consortium Meeting, Wednesday, June 21, 2023
Board Meeting, Wednesday, June 7, 2023
Executive Committee, Wednesday, May 31, 2023

TOPIC/ISSUE:

By-Laws Amendment

BACKGROUND:

The REACH Act limits board member terms to eight consecutive years.

POINTS OF CONSIDERATION:

The term limitation is not currently in the By-Laws. This amendment brings our By-Laws into compliance with State law.

STAFF RECOMMENDATIONS:

Approve amendment.

COMMITTEE ACTION:

Al Jones made a motion to approve the amendment of the By-Laws for the addition of terms limits. Kim Baxley seconded the motion. Motion carried.

BOARD ACTION:

This item appeared on the board agenda as a consent agenda item. Mark Paugh made a motion to approve the Performance and Monitoring, Career Center, Marketing and Outreach, and Executive committee consent agenda items. John Murphy seconded the motion. Motion carried.

CONSORTIUM ACTION:

**BY-LAWS OF THE CITRUS LEVY MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC. (CLMRWDB)**

A FLORIDA CORPORATION, NOT FOR PROFIT

**THESE BY-LAWS ARE AMENDED AS APPROVED ON
6/7/2023**

ARTICLE I: NAME, OFFICE AUTHORITY, AND RESPONSIBILITIES:

Section A: The name of the Corporation shall be the Citrus Levy Marion Regional Workforce Development Board, Inc. hereinafter referred to as “the CLMRWDB.”

Section B: The Principal office of the CLMRWDB shall be located at 3003 SW College Rd, Suite 205, Ocala, FL 34474. The CLMRWDB may have such other offices as the Board of Directors may designate or as the business of the CLMRWDB may require from time to time.

Section C: The registered office of the CLMRWDB, required by Florida Corporation Laws to be maintained in the State of Florida may be, but need not be, identical with principal offices in the State of Florida. The registered office of the CLMRWDB shall be in care of Robert A. Stermer, 7480 SW Highway 200, Ocala, FL 34476. The address of the registered office may be changed from time to time by the CLMRWDB.

Section D: The CLMRWDB exists as a result of the passage of the Workforce Innovation and Opportunity Act, Public Law 113-128, the Interlocal Agreement establishing the Citrus Levy Marion Workforce Development Consortium (“Consortium”), the Memorandum of Agreement between itself and the Consortium, and the Articles of Incorporation of the CLMRWDB. As such, CLMRWDB has been determined to be a Special District of the State of Florida, a unit of state government, and has all the rights granted by such status including, but not limited to, sovereign immunity.

Section E: The CLMRWDB shall have those duties and responsibilities provided for by the WIOA, other related laws of the United States, Florida Statutes (F.S.) Chapter 445, and other applicable laws, rules and policies of the State of Florida, its Articles of Incorporation and any agreements or contracts it may enter into with any third party and such other duties as are consistent with its non-profit status and with the provision of job training, job placement and benefit services to the citizens of Citrus, Levy and Marion Counties, Florida and its status as a unit of state government.

Section F: The CLMRWDB shall actively participate in the development of policies and programs for planning and implementing the activities of the Workforce Development Plan for Workforce Area Ten (Area 10).

Section G: The CLMRWDB shall maintain with the Consortium that relationship specified in the Memorandum of Agreement (“Memorandum”) between the two bodies.

ARTICLE II: COMPOSITION OF MEMBERSHIP; LENGTH OF SERVICE; ATTENDANCE ON THE CLMRWDB:

Section A: The CLMRWDB shall be comprised of not more than thirty-three (33) members who are appointed as set forth in the Agreement to Establish the CLMRWDB. A member may represent more than one federally mandated membership category. The number of the members on the CLMRWDB shall be determined by the Consortium. CLMRWDB membership shall be maintained pursuant to the Memorandum provisions.

Replacement of members who resign voluntarily, who are asked to resign or are removed because of unsatisfactory attendance records or other justifiable reason(s) will be in accordance with the Memorandum and any procedures required by the State of Florida or the United States Government.

Section B: It shall be the policy of the CLMRWDB that three (3) absences annually from regularly scheduled CLMRWDB Board or Committee meetings shall constitute just cause for recommendation for removal. A recommendation for removal shall only be made after review by the Executive Committee of the circumstances surrounding the absences. The following procedures shall be followed: The Executive Committee shall meet, discuss the circumstances, and make their determination to remove or not remove the member(s). In the event removal is recommended, the Executive Committee shall make a recommendation for removal of the member(s) to the CLMRWDB at its next meeting. A majority vote of those CLMRWDB members present shall be required for removal. Upon removal, the Consortium will be notified and seek nominations to replace that member.

Section C: The Consortium will be notified of member attendance annually and any members with three (3) unexcused absences or other justifiable reasons for removal and of any action taken by the CLMRWDB. The Consortium may, at its discretion, remove any member. It shall immediately seek nominations for a replacement.

Section D: Any member who no longer meets the criteria under which appointed to the CLMRWDB shall notify the Executive Committee in writing within 30 days of that status change, i.e., a private sector representative no longer owns his/her own business, retires from that business, or is no longer an officer, chief executive or chief operating officer of the business concerns under which he/she was appointed to the board. The Executive Committee will review all status changes and make a recommendation to the CLMRWDB. The CLMRWDB shall recommend to the Consortium that any member whose status has changed so as to affect the member's eligibility for continued membership be replaced on the CLMRWDB.

Section E: Effective July 1, 2021, no board member is eligible to serve more than eight consecutive (8) years as a board member.

Section F: Board Member Nominations and Selection Process:

Board membership requirements, are detailed in both WIOA and in Florida Statutes, Section 445

For private sector business representation, nominations must be made by general purpose business organizations. These include chambers of commerce, economic development agencies and business groups such as the Mid-Florida Regional Manufacturers Association (MRMA). Those nominations are provided to the Local Elected official (LEO) for consideration and selection.

Public sector membership will generally be “agency based” and therefore requests for nominees are directed to the agency head for either self - nomination or a designee. These nominations will be submitted to the Consortium for selection.

Recruitment:

Private sector membership is “balanced” by county whenever possible. Letters will be sent to key business organizations in each county soliciting nominations. CLMRWDB members from the county where a vacancy will occur/has occurred will be asked to contact business leaders in their county (in targeted membership sector), explain our Board’s duties as a follow to the letters.

Board member must be:

- Owners
- Key executives; or
- Top-level policy executives

Nomination Process:

- As part of the recruitment/nomination process:
- A nomination form will be completed by each nominee. The form will be transmitted to the CLMRWDB CEO or COO who will submit the form for nomination to the Consortium for consideration and selection.
- If the CLMRWDB board member is working with their county's EDC or a Chamber as part of the recruitment process, that organization should be asked to send an email to the CLMRWDB CEO nominating the prospective member.

Nominations of prospective members will be compiled by the CLM staff and prepared for consideration by the LEO Consortium at its next scheduled meeting. Nominations will be grouped by vacancy.

Appointment Process:

After selection/appointment by the LEO Consortium, staff will:

1. Advise the board members of the selection;
2. Prepare a letter of welcome to be signed by the Chair that will include:
 - a. Information of the next Board meeting, including an invitation to the New Member Reception that will be scheduled one hour prior to the meeting.
 - b. Information of electronic access to the Board – Member Orientation
 - c. Financial Disclosure Form 1 (including information on timeframe for filing and contacts for assistance, if needed;
 - d. Hard copy of a Board Member Handbook
 - i. Committee information for committee selection

New members will be asked to review the electronic Orientation prior to the New Member Reception so that any questions can be answered at

that time, or they can contact staff prior to the Reception if they desire.

ARTICLE III: OFFICERS AND THEIR DUTIES:

Section A: General:

The officers of the CLMRWDB shall be the Chair, Vice-Chair and Treasurer. The Vice-Chair and Treasurer shall be elected every two years. The Vice-Chair shall ascend to the office of Chair every two years and shall replace the outgoing Chair. The new Vice-Chair shall be elected from among the business and industry (private sector) representatives and shall rotate among the three counties' representatives every two years. The Treasurer shall be elected from the CLMRWDB public sector representatives. Treasurer shall not be eligible to ascend to the position of Chair because of the requirement that the Chair be a private sector representative. Officers shall serve two-year terms.

The Executive Assistant to the Chief Executive Officer shall serve as the Secretary to the Board and have the responsibilities of maintaining minutes of the actions of the Board and other such duties that support the Board.

Removal of Officer(s):

Any officer of the Board may be removed with or without cause by an affirmative vote of a majority of the Board of Directors at a called meeting in which a quorum is present. A motion to remove an officer may be made by any board member.

Section B: Chair:

The Chair shall have the responsibility of presiding over CLMRWDB meetings, authority for appointing Committee membership and the Chair for each Committee subject to approval by the Executive Committee. The Chair shall serve as an ex-officio member of all Operational and Ad Hoc

Committees but will not be assigned to any Committee other than the Executive Committee.

Section C: Vice-Chair:

The Vice-Chair shall preside over the CLMRWDB meetings in the absence of or at the request of the Chair. The Vice-Chair shall also serve as an ex-officio member of all Operational and Ad Hoc Committees but will not be assigned to any Committee other than the Executive.

Section D: The Treasurer or designee shall receive and deposit all funds in the name of the CLMRWDB in a bank approved by the Board. All checks shall be signed by either the Chief Executive Officer or Chief Operating Officer. Current financial records shall be kept at all times and reports on the financial status of the CLMRWDB shall be submitted at all meetings of the Board and membership, with copies to be attached to original minutes. The Treasurer shall chair the Audit Committee of the Board.

ARTICLE IV: MEETINGS OF THE CLMRWDB:

Section A: Regular Meetings:

The CLMRWDB shall meet quarterly or as determined by the Executive Committee and/or the CLMRWDB from meeting to meeting. All members of the CLMRWDB shall be notified in writing of the date, time, and place of the meetings at least five (5) days in advance. An agenda will be transmitted whenever possible.

Section B: Called Meetings:

The Chair may convene the Board at times other than the regular meetings, provided the CLMRWDB members are notified in writing at least five (5) days in advance of the date, time, and place of the meeting. An agenda will be transmitted with this notification. If the Chair determines that an emergency situation necessitates that a special meeting be called,

the requirements for notice may be waived.

Section C: Quorum of Meetings:

A quorum for all meetings of the CLMRWDB shall be declared when one-third (1/3) of the voting members are present. Once a quorum is declared at any CLMRWDB meeting, the quorum is not lost until the meeting is adjourned.

Section D: Decision on Questions:

The decision on all questions with the exception of amendments to the By-Laws provided for under ARTICLE VIII, shall be determined by a majority vote of the members voting on the question.

Section E: Waiver of Notice:

Whenever, under the laws of the State of Florida, or provisions of these By-laws, a waiver in writing is signed by persons entitled to such notice, whether before or after the time stated therein, it shall be deemed equivalent to the giving of such notice.

Section F: Robert's Rules of Order:

In matters not covered by these By-laws, Robert's Rules of Order, Revised (latest edition), shall govern the procedure of the meetings of the CLMRWDB and its Committees.

Section G: Proxy Voting:

To ensure meaningful discussion and determinations, vote by proxy will not be accepted.

Section H: Use of Technology:

Understanding the business requirements of Board members, CLMRWDB may use any form of technology to conduct the business of its committees and board meetings. If used, the technology must be accessible to the public for attendance. The use of such technology should be included on all meeting notices when used.

Section I: Engagement of Stakeholders

CLMRWDB shall work to ensure engagement by the workforce system's stakeholders and employers by developing a list of Interested Parties. This list will include key business organizations and other groups, such as local SHRM organizations, and community groups that express an interest in workforce activities or services.

Notices of all meetings and agendas will be made available to those on the Interested Parties list. In addition, social media will be used to notify persons and organizations of the meetings of the Board and its committees.

At each meeting of the committees or Board a time for public comment and input will be placed on the agenda, and at the discretion of the Chair of the Board or committee, public input may be sought on any item coming before the body.

ARTICLE V: COMMITTEES OF THE CLMRWDB:

Section A: The CLMRWDB may establish such Operational Committees as are deemed necessary to perform the specific functions of the CLMRWDB. These Committees shall be advisory to the CLMRWDB, except that they may, with specific authorization, act on behalf of the CLMRWDB. The following will be the Committees of the CLMRWDB:

Executive Committee:

This Committee shall be comprised of the Chair, Vice-Chair and Treasurer of the CLMRWDB, the immediate past Chair of the CLMRWDB, and the Chairs of the four Operational Committees, for a total of eight (8) members, at least two (2) members shall be selected from among the private sector representatives. This Committee shall be responsible for administrative matters of the CLMRWDB, shall serve as the CLMRWDB finance and personnel committee, and as such, shall handle all finance and personnel matters, if any; shall be responsible for all issues, duties and responsibilities dedicated to and by vote of the full CLMRWDB, shall be authorized to act on an emergency basis on behalf of the full CLMRWDB between CLMRWDB meetings, shall recommend and approve formal procurement actions, and shall serve as the grievance/protest committee for all procurement actions.

The following ad hoc committees shall report to the Executive Committee: Audit; Member Recruitment; and Nominating.

Operational Committees:

CLMRWDB shall have committees aligned with its goals, objectives, and management needs. These include: Marketing Outreach and Community Relations; Career Center Services; Performance and Monitoring; and Business and Economic Development

Marketing Outreach and Community Relations:

The Marketing Outreach and Community Relations Committee shall plan and oversee the staff and Board efforts to improve the community awareness of Workforce; establish partnerships with community organizations that have missions similar to or supportive of the goals of the Board; inform the business community and the larger resident community

of the region on the services and benefits available through the local workforce system; and, approve the staff marketing and outreach plan to business and applicant customers. It shall oversee the recruitment and orientation of new board members and strengthen board member engagement.

Career Center:

The Center Committee shall provide oversight and input regarding the services offered to both business and applicant customers; the development of partnerships to improve the efficiency and effectiveness of services and otherwise review and plan the partnerships, staffing and services offered through the local one stop system.

Performance and Monitoring:

The Performance and Monitoring Committee is charged with reviewing the performance of our one stop system and contractors against established goals. Additionally, it is charged with receiving and reviewing all internal monitoring, programmatic and fiscal as well as similar monitoring performed by the State. The Committee is also charged with establishing performance goals for the system and reviewing performance comparisons with other workforce boards based upon state performance reports and metrics.

Business and Economic Development:

The Business and Economic Development Committee is charged with aligning the resources of Workforce Connection with the economic development efforts of the three counties. It is also charged with reviewing staff and economic development coordination and collaborative efforts at business outreach and development. The Committee will serve to plan and coordinate the development of career paths, training, and other services to support the needs of the business sectors targeted by

the Board. It is responsible for the review and approval of demand occupations within the workforce area and, where feasible, coordinate with other workforce areas to develop regional strategies to serve these targeted sectors and provide coordinated workforce services.

Section B: The Chair of the CLMRWDB shall have authority to appoint members of the CLMRWDB to serve on all Operational Committees subject to the approval of the Executive Committee. Membership on all Operational Committees shall be for one year. Members of the CLMRWDB who are also employees of public sector organizations may delegate other employees of the public sector organization to attend Committee meetings and cast advisory votes. The preceding sentence shall not apply to meetings of the Executive Committee.

In accordance with the above, representatives from key partners not appointed to CLMRWDB will be asked to serve on committees. These partners include but are not limited to the following: School boards, economic development; private and public higher educational partners; trade associations, social and customer-focused agencies and, organized labor.

The Chair may appoint such other members to the Operational Committees as is necessary to gain broad industry input into the deliberations of the committees. Such members shall be ex-officio and have voting privileges.

Section C: Ad Hoc Committees:

Ad Hoc Committees may be established by the Chair autonomously to deal with matters of particular or immediate concern. Ad Hoc Committees shall be composed of members of the CLMRWDB with their number and representation determined by the Chair subject to approval by the Executive Committee. An Ad Hoc Committee shall be advisory to the

CLMRWDB and shall terminate upon satisfactory completion of the task for which it was originally appointed. Non-CLMRWDB members may serve as voting members of Ad-hoc Committees.

Section D: Special Committees:

Nominating Committee:

The Committee shall be composed of members of the CLMRWDB, appointed by the Chair with appropriate representation from each County of the Area 10. The Committee will meet every other year by the end of May, so that the Committee shall have sufficient time to bring forth a slate of nominees for Vice-Chair and Treasurer to be considered at the June meeting of the CLMRWDB. Should any Officer not be able to complete the officer's term of office, the most recently appointed Nominating Committee shall be convened to draw up a slate of nominees for filling the vacancy or vacancies except in the case of a vacancy in the Chair in which case the Vice-Chair shall ascend to the office of Chair. Nominations to fill such other vacancies shall be presented to the CLMRWDB for election as soon as possible following the occurrence of the vacancy or vacancies. Those officers selected by CLMRWDB, shall be recommended for selection by the Consortium.

Audit:

The Audit Committee shall be chaired by the Treasurer and assume responsibility for recommending the selection of the Board's audit firm; and reviewing each annual audit prior to presentation to the Board.

Section E: Quorum:

A quorum for all Committee meetings of the CLMRWDB shall be declared when one-third (1/3) of the members are present. Once a quorum is declared at any CLMRWDB meeting, the quorum is not lost until the meeting is adjourned.

Section F: Chair for Operational Committees and Ad Hoc Committees:

The Chair of the CLMRWDB shall appoint the Chair for Operational Committees and Youth Council and of any Ad Hoc Committees subject to the approval of the Executive Committee.

Section G: Appointment of Committee Vice-Chairs:

The Chair for any Operational Committees or of an Ad Hoc Committee may appoint the Committee Vice-Chair from among the other members of the Committee.

Section H: Replacement of Committee Members:

The Chair of the CLMRWDB may replace any Committee member, after consultation with the committee member, and after considering the recommendations of the Chair of the Committee and subject to the approval of the Executive Committee.

ARTICLE VI: RIGHTS OF MEMBERS TO MOTION, SECOND AND VOTE:

Section A: All members of the CLMRWDB, including Committee Vice-Chairs presiding over Committee meetings, shall have the right to make and second motions, discuss and vote on any matter, notwithstanding the provisions of ARTICLE VIII, that is in order for CLMRWDB or Committee consideration, excepting that the CLMRWDB Chair when presiding over meetings of the CLMRWDB, shall only have the rights of discussion and of voting to break a tie vote of the CLMRWDB.

ARTICLE VII: CONFLICT OF INTEREST:

Section A: The CLMRWDB shall not, either directly or indirectly purchase, rent, or lease any realty, goods, or services from any business entity of which

any CLMRWDB member, the member's spouse or child is an officer, partner, director, or proprietor or in which they have any material interest.

Section B: There is hereby declared to be an exemption from Section "A" hereof, in accordance with Section 112.313(12) Florida Statutes, 1995, if:

- a. The business with the CLMRWDB is transacted under a rotation system whereby the business transactions are rotated among all qualified suppliers of the goods and services within the Workforce Area 10 service delivery area;
- b. The business is awarded under a system of sealed competitive bidding to the lowest or best bidder;
- c. The CLMRWDB member, the member's spouse, or child, has in no way participated in the determination of the bid specifications or the determination of the lowest or best bidder;
- d. The CLMRWDB member, the member's spouse, or child, has in no way used or attempted to use their influence to persuade the CLMRWDB or any personnel thereof to enter into such a contract other than by the mere submission of the bid; and
- e. The CLMRWDB member, prior to or at the time of the submission of the bid, has filed Contractor Disclosure Form and Conflict of Interest Forms disclosing the member's interest, or the interest of the member's spouse or child, and the nature of the intended business; and
- f. If CLMRWDB enters into a contract with an organization or individual represented on the Board of Directors, the contract must be approved by a 2/3 vote of the quorum of the Board, with the benefiting member abstaining from the vote (Florida Statutes 445.007(1)).

- g. If any other exemption created under Section 112.313(12) Florida Statutes or any other applicable Florida or United States statutes applies.

ARTICLE VIII: AMENDMENTS:

Section A: These By-laws may be amended or repealed by a two-thirds (2/3) vote of the CLMRWDB members voting on the question provided notice of the Amendment or request for repeal has been transmitted to members at least five (5) days in advance of the meeting in which the vote is to be taken.

ARTICLE IX: EXEMPT ACTIVITIES:

Section A: Notwithstanding any other provisions of these By-laws, no Member, Director, Officer, Employee or Representative of this Corporation shall take any action or carry on any activities by or on behalf of the Corporation, not permitted to be taken or carried on by an organization exempt under Section 501(c)(3) of the Internal Revenue Code and its regulations as they now exist or may hereafter be amended or by an organization, contributions to which are deductible under Section 170(c)(2) of such code and regulations as they now exist or as they may hereafter be amended.

ARTICLE X: INDEMNIFICATION BY CORPORATION:

Section A: Every Person who is or shall be or shall have been a Member or an Officer of the CLMRWDB and that person's Personal Representative shall be indemnified by the CLMRWDB against all costs and expenses reasonably incurred by or imposed upon that person in connection with or resulting from any actions, suit, or proceeding to which that person may be made a party by reason of being or having been a Member or Officer of the CLMRWDB, or of any subsidiary or affiliate thereof, except in relation to such matters as to which that

person shall finally be adjudicated in such action, suit or proceeding to have acted in bad faith and to have been liable by a reason of willfulness of conduct in the performance of his duty as such Member or Officer. "Costs and Expenses" shall include, but without limiting the generality thereof, attorney's fees, damages and reasonable amounts paid in settlement.

ARTICLE XI: CODE OF CONDUCT AND ETHICS:

- A. CLMRWDB's Officers, Members, Employees or Agents shall not solicit gratuities nor accept favors or anything of monetary value in excess of \$25.00 from each other or from vendors, contractors or potential vendors or contractors. Violations of this standard will result in disciplinary action being taken. Appropriate disciplinary action will be determined by an Ad Hoc Committee of the CLMRWDB whose members will be free from any conflict of interest related to the party or parties involved.

- B. Except as allowed by applicable law, any Contractor or CLMRWDB Officer, Member, Employee or Agent who develops or drafts specifications, requirements, statements of work, invitations for bids, and/or requests for proposals shall be excluded from competing for such procurement. Further, except as allowed by applicable law, Persons, Organizations, and Employees in any way associated with such Officer, Member, Employee or Agent shall be excluded from competing for such procurement when a conflict-of-interest situation would be created by such competition.

- C. Except as allowed by applicable law no CLMRWDB Officer, Member, Employee or Agent shall participate in the selection, award, or administration of a contract where, to the best of the person's knowledge, the person or the person's immediate family, partners or organizations in which the person or the person's immediate family has a financial interest, or with whom the person is negotiating has any arrangement concerning prospective employment.

- D. No CLMRWDB Officer or Member shall discuss or vote on any proposal which is in competition with a proposal submitted by any party with whom the Officer or Member, or the Officer or Member's immediate family, has business, organizational or family ties.
- E. Arm's length relationships shall be maintained between contractors and CLMRWDB Officers, Members, Employees and Agents in the award and administration of contracts.
- F. Meetings of the CLMRWDB, its Committees, and between members, shall comply with the Florida Government in the Sunshine Act, Florida Statutes, Section 286.011.
- G. CLMRWDB Officers, Members and Employees shall complete a Disclosure of Potential Conflicts and Certification/Code of Conduct/Ethics Form (ADM-2) annually by July 1st, and a copy should be returned to CLMRWDB Administrative Office to be kept on file for the CLMRWDB.
- H. CLMRWDB Officers and Members shall complete a Financial Disclosure (Form 1) annually by July 1st and should be filed with the Supervisor of Elections of the county in which they permanently reside.
- I. Upon discovery of an actual or potential conflict of interest, a CLMRWDB Officer, Member, Employee or Agent shall promptly file a written statement of disqualification and shall withdraw from any further participation in the transaction involved. The Officer, Member, Employee or Agent may, at the same time, apply to CLMRWDB's Legal Counsel for an advisory opinion as to what further participation, if any, the Officer, Member, Employee or Agent may have in the transaction.
 - a. No employee shall:
 - i. Accept any direct or indirect financial benefit from any source other than the CLMRWDB as a result of the performance of official duties.

- ii. Accept any position, whether compensated or uncompensated, which will impair independence of judgment in the exercise of official duties.
- iii. Accept any position or engage in any business which will require disclosure of information that could provide a competitive advantage to one party over another in procurement matters.
- iv. Improperly disclose information acquired in the performance of official duties that could result in personal gain or provide a party a competitive advantage over another party in procurement matters.
- v. Use or attempt to use official position to secure unwarranted privileges or exemptions personally or on behalf of others or give the appearance of such action.
- vi. By conduct, give reasonable basis for the impression that any person or organization can improperly influence the performance of official duties.
- vii. Pursue a course of conduct which will raise suspicion among citizens that acts engaged in are in violation of public trust.
- viii. Pursue a course of conduct which will give rise to a violation of conflict-of-interest standards.
- ix. Take part in any prohibited political activities.
- x. Take part in any religious or anti-religious activity in the discharge of official responsibilities.
- xi. Promote or oppose unionization in the discharge of official duties.
- xii. Participate in any effort to violate any other applicable Federal,

State or Local Law or Regulation.

Violations of any provision of this Code may be cause for immediate dismissal or other disciplinary actions provided for under the CLMRWDB's Personnel Rules and Policies.

ARTICLE XII: NONDISCRIMINATION:

Section A: All actions taken by the CLMRWDB shall be made without regard to age, sex, race, religion, national origin, political affiliation, marital status, other prohibited bases under applicable law or handicap.

SIGNATURE PAGE

APPROVED:

CLMRWDB Chair

CLMRWDB Vice-Chair

Board Attorney

ATTEST:

CLMRWDB Treasurer



RECORD OF ACTION/APPROVAL

Consortium, Wednesday, June 21, 2023
Board Meeting, Wednesday, June 7, 2023
Executive Committee, Wednesday, May 31, 2023
Career Center Committee, Thursday, May 18, 2023

TOPIC/ISSUE:

One Stop Operator Procurement and Contracting

BACKGROUND:

Procurement of a One Stop Operator is a requirement under the Workforce Innovation and Opportunity Act. Since the termination of the OSO contract with Thomas P. Miller & Associates in November 2022, CareerSource has been acting as the One Stop Operator until such time the REACH Act and Realignment had been finalized. An ITN was issued on March 9, 2023, with Expression of Interest due on March 23, 2023. Due to no response, the ITN was re-issued April 6, 2023. Southern Indiana Works responded with the Expression of Interest on 4/12/23 and proposal on May 4, 2023. There were no other responses received.

POINTS OF CONSIDERATION:

Tony Waterson, President & CEO of Southern Indiana Works and Kristen Barry, Consultant to Southern Indiana Works have 25 years' combined experience in workforce development. Tony and Kristen have also served in this role previously for CSCLM. This will provide an existing knowledge of the region, the three career centers and many of the staff members.

STAFF RECOMMENDATIONS:

Approve the sole source selection of Southern Indiana Works to provide One Stop Operator duties for CareerSource CLM beginning July 1, 2023, through June 30, 2024 with a renewal review each year up to June 30, 2027.

COMMITTEE ACTION:

Career Center - Jorge Martinez made a motion to approve the contract with Southern Indiana Works as One Stop Operator. Lanny Mathis seconded the motion. Motion carried.

Executive – Al Jones made a motion to approve the contract with Southern Indiana Works as One Stop Operator through sole source selection. Jeff Chang seconded the motion. Motion carried.

BOARD ACTION:

This item appeared on the board agenda as a consent agenda item. Mark Paugh made a motion to approve the Performance and Monitoring, Career Center, Marketing and Outreach, and Executive committee consent agenda items. John Murphy seconded the motion. Motion carried.

CONSORTIUM ACTION:

Organizational Information
Cover Page

Legal Organization Name: Southern Indiana Works

Address: 2125 State St.

New Albany, IN 47150

Federal Tax ID Number (FEID): 20-4981068

Florida Tax ID Number: _____

Unemployment Insurance Number _____

Dun and Bradstreet Number: _____

CAGE Number (if applicable): _____

Primary Contact: Tony Waterson

Title: President & CEO

Phone Number: (502) 494-8811

E-Mail Address: tony@soinworks.com

FOR WORKFORCE BOARD STAFF USE ONLY

Date Received: _____ Time Received: _____

Received by: _____

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Response Summary

This response represents Southern Indiana Works' proposal to serve as the One Stop Operator for CareerSource Citrus Levy Marion. The primary staff serving in this role will be Tony Waterson, President & CEO of Southern Indiana Works, and Kristen Barry, Consultant to Southern Indiana Works. In addition to nearly 25 years of combined workforce development service, Tony and Kristen have also served in this role previously for CSCLM. This will provide us with an existing knowledge of the region, the three career centers, and many of the staff members.

The team will conduct quarterly on-site meetings, traveling to each career center and scheduling meetings with CSCLM partners to explore further alignment or collaboration within the region. Enclosed is additional detail about the team's proposed approach and experience. We are open to discussion or negotiation upon receipt of this proposal to ensure that we are meeting the needs of CSCLM.

Budget

Southern Indiana Works proposes a budget of \$75,000.00, inclusive of all expenses, including personnel, supplies, and travel costs.

Tony Waterson, President and CEO of Southern Indiana Works, has the authority to negotiate and bind SIW to a contract. He will also be the individual available to answer questions about this response, should any arise.

Tony Waterson
President & CEO
Southern Indiana Works
2125 State Street
New Albany, IN 47150
Phone: 502-494-8811

Description of Organization and Staff Qualifications

Region 10 Workforce Board, Inc., d/b/a Southern Indiana Works has been a certified non-profit in the state of Indiana, operating as a local workforce board since 2007.

OUR VISION

A workforce that empowers regional businesses to be competitive in the global economy.

OUR MISSION

To lead a robust talent development system and cultivate a skilled workforce that advances our community, economy, and quality of life.

SIW convenes, facilitates, and organizes the regional talent development system by serving as an intermediary linking regional business and industry to talent. We strengthen our community by serving as an economic development resource to our business partners for talent attraction, retention and expansion. SIW provides career, training, and business services to enhance the skills of individual jobseekers to meet the current and future demand of business. We accomplish this by designing, coordinating, and implementing innovative regional workforce initiatives and programs.

The OSO team looks forward to leveraging current experience leading and operating local areas – Southern Indiana Works and EmployIndy – as well as past experience operating and consulting across the United States to share best practices and bring an outside perspective to the CSCLM team.

SIW has the financial means to support the work described in this proposal until reimbursement may be provided by CSCLM. The OSO team will provide monthly invoices in a format approved by CSCLM, supported by a description and/or documentation of that month's activities to ensure ease of process for reimbursement.

Quarterly Goals

The OSO team recommends the following goals for PY2023. We will work with CSCLM leadership to refine these goals and monitor progress throughout the year.

Q1

- Presentation of work plan and goals to WDB
- Communication with all MOU partners, meeting either in person or virtually
- Visit all three career centers
- Participation virtually in Board committee meetings as requested by CSCLM leadership

Q2

- Hold biannual partner convening with 70% participation
- Visit all three career centers
- Participation virtually in Board committee meetings as requested by CSCLM leadership

Q3

- Visit all three career centers
- Participate in person in Career Center Committee meeting

- Participation virtually in Board committee meetings as requested by CSCLM leadership
- Conduct training for staff and partners in alignment with CLM leadership goals

Q4

- Hold biannual partner convening with 70% participation
- Completed MOUs
- Visit all three career centers
- Participation virtually in Board committee meetings as requested by CSCLM leadership

References

Walter Simmons, GCDF

President & CEO, Employ Prince George's
 1801 McCormick Drive, Suite 400, Largo, MD 20774
 (301) 618-8400
 wsimmons@co.pg.md.us

Alex Berry

Associate Dean of Career and Technical Education, Mesa College
 7250 Mesa College Drive, San Diego, CA 92111-4998
 (619) 388-2600 x2644
 aberry@sdccd.edu

Diane Head

President & CEO, CareerSource North Florida
 705. E. Base Street, Madison, FL 32340
 (850) 973-7219
 diane.head@careersourcenorthflorida.com

Shamar Herron

Executive Director, Michigan Works! Southeast
 21 Care Dr, Hillsdale, MI 49242
 (513) 487-3381
 sherron@mwse.org

Wendy Dant Chesser

President & CEO, One Southern Indiana
 4100 Charlestown Rd, New Albany, IN 47150
 (812) 945-0226
 wendy@1si.org

Work Plan

Upon contract award and within the first two weeks of the engagement, the OSO Team will meet virtually with the CSCLM Leadership to discuss the current state of system partnerships, MOU agreements, Strategic Plan implementation/progress, and any other relevant topics to get an updated understanding of the talent development landscape in the area. We will begin to discuss CSCLM's goals for the OSO and perspectives on current strengths and areas of opportunity. Upon completion of the call, the OSO Team will review all relevant documents including but not limited to:

- Current Memorandums of Understanding (MOUs) and Infrastructure Funding Agreements
- CSCLM current Strategic Plan
- CSCLM current WIOA Local Plan
- CSF State WIOA Plan
- Regional partner strategic plans

After completing the launch, the OSO Team will work with CSCLM's OSO Point of Contact (POC) to finalize a workplan, including a timeline for on-site visits and any identified priorities from the launch meeting.

The OSO Team will actively coordinate services among workforce development partners through onsite visits, virtual meetings, and consistent communication.

The OSO Team will be on-site a minimum of four (4) times annually. A typical schedule may be as follows:

- Day 1. OSO Team arrive in Central Florida and facilitate an afternoon meeting with CLM Leadership. Partner meetings in the late afternoon or evening.
- Day 2. Visit and observe Career Center in the morning while meeting with staff and talking with program participants. Afternoon meeting(s) with partners.
- Day 3. Visit and observe two Career Centers in the morning and afternoon while meeting with staff and talking with program participants.
- Day 4. Partner meeting(s) in the morning and depart Central Florida in the afternoon.

We will align the first quarterly visit with the first full Workforce Development Board meeting of the year to meet with Board members and introduce the scope of work and goals. We will also utilize this trip to meet with several MOU partners to begin discussions around renewed MOUs.

During the second quarterly visit, the OSO team will prioritize meeting with any outstanding MOU partners to finalize and execute MOUs. The OSO team also proposes

holding biannual MOU partner convenings, the first of which would occur in quarter two. We will host a lunch for partners to discuss alignment opportunities, referral processes, and common issues that could use collaborative solutions.

During the third quarter of the program year, we will align the on-site visit with the Career Center Committee's in person meeting. The OSO team also proposes to develop a training for CLM and/or partner staff to provide an added professional development opportunity for keeping partners on the same page. If appropriate, we will work with CLM leadership to determine suitable topics and priorities.

In the fourth quarter, the OSO team's onsite visit will include the second biannual partner convening, in addition to regular partner engagement and center visits.

The OSO team will work with CSCLM to align travel and activities with existing schedules and shift priorities throughout the year. Each visit will be followed by a virtual exit meeting with CSCLM leadership. The OSO team will also be available to attend Board and committee meetings virtually throughout the year.

We will stay in close communication with the CLM leadership team through monthly virtual meetings to ensure these priorities are met. We will discuss progress and changes among career centers and MOU partners, as well as any potential ad hoc needs with which the CLM team would like OSO assistance, such as any additional staff training topics or facilitation or special project planning.

Each quarter, the OSO team will submit a Quarterly Report on activities completed and recommendations for future growth or change. This report will be written to be shared widely to ensure staff and board transparency.

Goals and Performance Levels

The OSO team believes that the work plan described above will satisfy the deliverables requested in Section III Program Parameters and Description of Services Sought in the ITN.

We also believe that through the coordination of partners within the region we will be able to help CSCLM work toward its strategic plan goals:

Goal 1: Enhance the existing sector strategy approach, driving career pathways and systemically addressing business needs.

- The OSO team will connect with partners around the region to understand initiatives that exist and how CSCLM may align to expand its approaches to sector strategies and career pathways. We will make recommendations for how to better engage with business and education institutions to continue to be a valuable intermediary bridging the gap between education and employers.

Goal 2: Leverage the strong service delivery structure to provide access to the comprehensive talent pool.

- The OSO team will work with career center staff and partners to review service delivery practices and make recommendations for any improvements if needed. We will discuss with staff their ideas for providing the best customer service possible that enables them to serve and attract more talent to the career centers.

Goal 3: Serve as convener for talent development in the region.

- The OSO team is proposing biannual partner convenings to discuss common strategies and challenges and opportunities for further collaboration.

Goal 4: Tell the talent development story of Citrus, Levy and Marion counties.

- In quarterly reports, the OSO team will highlight best practices and feedback gained throughout onsite visits that can support CSCLM's communication strategies.

Facilities

The proposed team will operate primarily from our home office in Indiana and will not require on-site space at any of CareerSource Citrus Levy Marion's career centers. We will spend one week each quarter on site and visit each career center in the region. Prior to these trips, we will coordinate with Board staff and Career Center leadership to ensure appropriate timing of these visits and the availability of temporary space.

Experience

Region 10 Workforce Board, Inc., d/b/a Southern Indiana Works (SIW) has been a certified non-profit in the state of Indiana, operating as staff to the local workforce development board since 2007. Two individuals will be actively engaged in work under this contract. SIW has years of experience operating both comprehensive and affiliate career centers. SIW served at its own OSO from 2007-2016. SIW funding sources include federal, state, and local public funds, private contributions as a nonprofit, and foundation awards. SIW understands WIOA performance indicators and has direct experience working with OSO and Services Providers to meet and exceed those indicators.

Tony Waterson, President and CEO, joined Southern Indiana Works in January 2020 after more than a decade in the workforce development field. Prior to joining SIW, Tony served as the Director of Workforce Development for Thomas P. Miller and Associates, where he

led a team of consultants in a national workforce development consulting practice, focusing on WIOA implementation, strategic planning, and operational design. Prior to that, he served as the Program Manager for Jobworks and the SIW. Tony has facilitated Talent Ecosystem partners in states, regions, and local areas around the country to analyze, strategize, and implement various solutions to workforce challenges. He is a subject matter expert in the Workforce Innovation and Opportunity Act (WIOA) and the Talent Development Ecosystem. Tony has led and managed numerous projects around the United States including Colorado, Florida, Illinois, Michigan, and more. He has served on the One-Stop Operator team for three workforce boards in the past, including Michigan Works! Southeast, EmployIndy, and CareerSource Citrus Levy Marion.

Kristen Barry is a Consultant to Southern Indiana Works, and currently also serves as the Senior Director of Research & Strategy at EmployIndy, the local workforce development board for Indianapolis, IN. In her role, she manages a variety of philanthropic grants, facilitating local and state partners to work toward systems change within the education to workforce pipeline, advocating for policy change and building collaborative programs to strengthen career pathways. Prior to joining EmployIndy, Kristen spent nine years working at Thomas P. Miller and Associates, where she grew to be Director of Workforce Solutions, leading a team of consultants and project engagements across the country. She worked with workforce development boards, community colleges, state agencies, and more in over 25 states. Kristen specializes in research and policy, strategic planning, process improvement, and strategic partner facilitation. She has served on the One-Stop Operator team for two workforce boards in the past, including EmployIndy and CareerSource Citrus Levy Marion.

Tony and Kristen have worked on more than 20 consulting engagements together, including:

CareerSource Citrus Levy Marion, FL, One-Stop Operator, 2017-2021: Served as one-stop operator for the three-county region, assessing customer flow at each career center and providing recommendations for improvements among center staff and partner engagement.

CareerSource North Central Florida, FL, Strategic Plan, 2019: Conducted Board and stakeholder engagement as well as a labor market assessment for the two-county region and facilitated multiple sessions with the Workforce Development Board members to set strategy.

GO Virginia Region 2, VA, Talent Attraction and Retention Study, 2018-2019: Conducted 50 in person business interviews, education representative focus groups, and a student survey to better understand the talent attraction and retention climate in Southwest Virginia. Facilitated discussions with the regional Talent Attraction Council to plan strategies for strengthening the available workforce.

Phoenix Business and Workforce Development Board, AZ, Strategic Plan Update 2017: Facilitated an update of the PBWDB's strategic plan, as well as provided recommendations for operational design to maximize opportunity and comply with WIOA regulations.

New Hampshire Office of Workforce Opportunity, NH, WIOA Combined State Plan 2015-2016, and 2019-2020: Completed the State of New Hampshire's first two WIOA State Plans, including the development of a strategic plan for the Board. Engaged stakeholders across the state to find areas of strategic alignment.

San Diego Continuing Education, CA, Coordinated Business Engagement and Job Development Strategy, 2018: Worked with a new job development team at San Diego Community College to design operations, understand the needs of the community, and align with partners in the region that shared common goals.

NAWDP Business Services Academy, National, Talent Pipeline Development Training, 2019: Trained business services professionals on addressing all aspects of the talent pipeline, including strategic engagement, customized business services, and labor market information support.

CareerSource North Florida, FL, WIOA Policy Alignment, 2018-2019: Assisted CSNF with updating its policies, guidance, procedures, and other documents to address gaps and align with new regulations, and created a structure and process for future updates.

Budget Narrative

The OSO team will consist of Tony Waterson, President and CEO, at an hourly rate of \$101.00 and Kristen Barry, Strategic Consultant, at an hourly rate of \$96.00. The OSO Team estimates that each member will dedicate approximately 226 hours annually to the contract. Travel cost is inclusive of transportation, lodging, and meals.

Category	Amount
Wages and Fringe Benefits	\$53,000.00
Travel	\$12,000.00
Supplies	\$1,200.00
Technology	\$2,400.00
Operations/Administrative	\$6,400.00
Total	\$75,000.00

Reasonableness of Costs

SIW is willing to discuss the budget proposed should CSCLM have any questions. We will be happy to provide any additional documentation to support the reasonableness of cost as is needed.

System-wide Improvements

Background

In February 2023, the CareerSource Florida Board of Directors directed the CareerSource Florida professional team and the Florida Department of Economic Opportunity, in collaboration with the Governor's Reimagining Education and Career Help (REACH) Office and local workforce development boards, to develop a plan for specific system-wide improvements for consistency, improved customer experience and efficiencies to include, but may not be limited to, technology, administration, fiscal, procurement/contracts and programmatic policies.

The 2021 REACH Act further instructs the state workforce development board to:

- Eliminate multiple layers of administrative entities to improve coordination of the workforce development system.
- Establish consistent eligibility standards across the state to improve the accountability of workforce-related programs.
- Provide greater flexibility in the allocation of resources to maximize the funds directed to training and business services.

Revisions to the REACH Act included in Florida Senate Bill 240, which was recently signed into law, requires the state workforce development board to require administrative cost arrangements among planning regions, implement consistent contract and procurement policies and procedures, require the use of a state-established template for contracts or other method for ensuring all contract mechanisms follow standards established by the state workforce development board and leverage buying power to achieve cost savings for fringe benefits, including, but not limited to, health insurance, life insurance and retirement.

Schedule of CareerSource Florida Board of Directors Meetings

To demonstrate continuous progress on this pillar of the new Florida Workforce System Transformation Plan, consistent communications with the CareerSource Florida Board of Directors will be required to include but not limited to static reports included in agenda packets, verbal reports at board or council meetings, and specific action items presented to board and/or councils for actions.

Board and council meetings follow a typical cadence from year to year as indicated below. For a description of each council, see the [CareerSource Florida Finance Council Charter](#) and the [CareerSource Florida Strategic Policy and Performance Council Charter](#).

Schedule

Date	Meetings	Notes for Consideration
June 2023	Finance Council Strategic Policy and Performance Council CareerSource Florida Board of Directors	2023-2024 fiscal year budget brought for review for approval
September 2023	Finance Council Strategic Policy and Performance Council CareerSource Florida Board of Directors	
December 2023	Finance Council Strategic Policy and Performance Council CareerSource Florida Board of Directors	
February 2024	Finance Council Strategic Policy and Performance Council CareerSource Florida Board of Directors	WIOA 2024-2028 State Plan brought to the state workforce development board for discussion, review and approval
June 2024	Finance Council Strategic Policy and Performance Council CareerSource Florida Board of Directors	2024-2025 fiscal year budget review and approval

Policies are developed by CareerSource Florida and the Florida Department of Economic Opportunity using the [Policy-Development-Framework.pdf \(careersourceflorida.com\)](#) and are typically brought to either the Strategic Policy and Performance Council or Finance Council for action prior to bringing to the board of directors for approval.

Proposed System-wide Improvements

Ernst & Young (EY) was contracted to conduct background research and stakeholder engagement that ultimately supported development of the Florida Workforce System Transformation Plan approved by the CareerSource Florida Board of Directors in February 2023. EY reports relevant to System-wide Improvements include:

- [Future-State-Options-Report.pdf \(careersourceflorida.com\)](#) – This report includes the final recommendations from EY. This report informed the final plan approved by the CareerSource Florida Board of Directors.
- [Stakeholder Engagement Summary Report \(careersourceflorida.com\)](#) – This report is a collection of the findings resulting from various stakeholder

engagement sessions held in Fall 2022 through Spring 2023. Stakeholders engaged included local workforce development board members and their staff, partners, employers and state leaders.

- [Organizational-and-Operational-Research-Report.pdf \(careersourceflorida.com\)](#)
 – This report is a summary of organizational and operational elements gathered from local workforce development board websites, local WIOA plans, and cost allocation plans. It shows a high-level look at the variability in service and offerings among the 24 current local workforce development boards. Because the information in this report was gathered through static sources, it is highly recommended that the vendor for implementation work conduct in-depth interviews with each area to validate, refine and add to the information gathered in this report.

These reports can be used to identify potential system-wide improvements. Additional sources should include the CareerSource Florida professional team, Department of Economic Opportunity’s Workforce Services and Finance divisions, the Florida Workforce Development Association, and partners at the Department of Education including the Division of Career and Adult Education, Florida College System, Division of Vocational Rehabilitation, Division of Blind Services, and the Department of Children and Families Economic Self-Sufficiency division.

Organization

Proposed initiatives should be organized within the following matrices:

Category	Description
Policy	Policy initiatives that are either at the strategic (intent, purpose, goal) or administrative (operations, implementation, and performance/monitoring requirements). Some improvements may only require policies, and some may need to be supported by policies yet be in another category.
Process	Define processes at either state, regional, or local levels that achieve the objectives in the Workforce Transformation Plan.
Technology/Tools	Implementation of standard technology or tools at either state or regional levels

Improvements in the above categories should be identified by their specific impact.

Impact	Description
Cost Savings	These initiatives will result in cost savings for either the state or local workforce development areas. Specific cost savings should be analyzed and measured for these initiatives.
Customer experience	These initiatives will result in an improved experience for either job seekers or businesses. The specific improvements should be described.

Efficiency	Initiatives with this impact will result in efficiencies at either the state or local levels through decreased staff time, removal of unnecessary processes or other areas.
Performance	The performance impact of any initiative should be identified. Metrics include but are not limited to WIOA performance indicators, letter grades and services to businesses as well as the number of participants served by program or type of service received.

Initiatives should also be designated a responsible party based on primary responsibility or function. Responsible parties include the CareerSource Florida Professional Team, Department of Economic Opportunity, Local Workforce Development Area, Regional Planning Area, or the REACH Office. Other responsible parties may be designated if appropriate.

Workforce Innovation and Opportunity Act (WIOA) Regional Planning Areas Summary

In February 2023, the CareerSource Florida Board of Directors approved the [Reimagining Florida's Workforce System: A Three-Pillar Plan for Transformation](#) action item directing the CareerSource Florida Professional Team to develop recommendations to the Governor for the designation of regional planning areas made up of two or more local workforce development areas to further improve workforce system alignment with larger economic development areas to support economic mobility, growth and prosperity. The Workforce Innovation and Opportunity Act (WIOA) establishes requirements for planning regions, also known as regional planning areas, which are further defined within the 2021 Reimagining Education and Career Help (REACH) Act and revisions enacted in 2023 with the passing of Florida Senate Bill 240, which was signed into law by Governor Ron DeSantis on May 15.

Requirements for Planning Areas

- Regional Planning Areas must include, at a minimum, two contiguous local workforce development areas within Florida.
- Regional Planning Areas may not break up existing local workforce development areas.
- Regional Planning Areas shall have relevant relationships as evidenced by population centers, commuting patterns, industrial composition, location quotients, labor force conditions and geographic boundaries.
- Chief Local Elected Officials (CLEOs) in a new regional planning area MUST participate in the regional planning process that results in the preparation of a regional WIOA plan that provides a description of activities that result in the:
 - Establishment of regional service strategies using cooperative service delivery agreements that include but are not limited to:
 - Consistent eligibility standards and enrollment processes.
 - Common training and coordination of supportive service offerings.
 - Common technology tools and sharing of data within tools outside of Employ Florida.
 - Development and implementation of sector strategies for in-demand sectors or occupations.
 - Collection and analysis of regional labor market data.
 - Coordination of administrative cost arrangements including the pooling of funds for administrative costs.
 - Coordination of supportive services.
 - Coordination of services with regional economic development services and providers.

- Establishment of agreement concerning how the regional planning area will collectively negotiate performance for the local workforce development areas or the planning region.

Source Data for Decision Making

Source data needed to designate a regional planning area may be found in the following reports completed as part of CareerSource Florida’s Phase II Alignment Evaluation initiative conducted by Ernst & Young (EY) in September 2022-March 2023.

[Future State Options](#) – This report includes multiple options for the realignment of Florida’s local workforce development areas. The state workforce development board chose to proceed with the option for twenty-one local workforce development areas. The report additionally includes data-supported options that consist of 16 or 19 local workforce development areas, which may be the basis for regional planning areas.

[Background Research and Analysis Report](#) – This report includes all the background data used to develop the options in the Future State Options report. This data may be used to designate regional planning areas beyond the potential new local workforce development area options presented to the state workforce development board in February 2023.

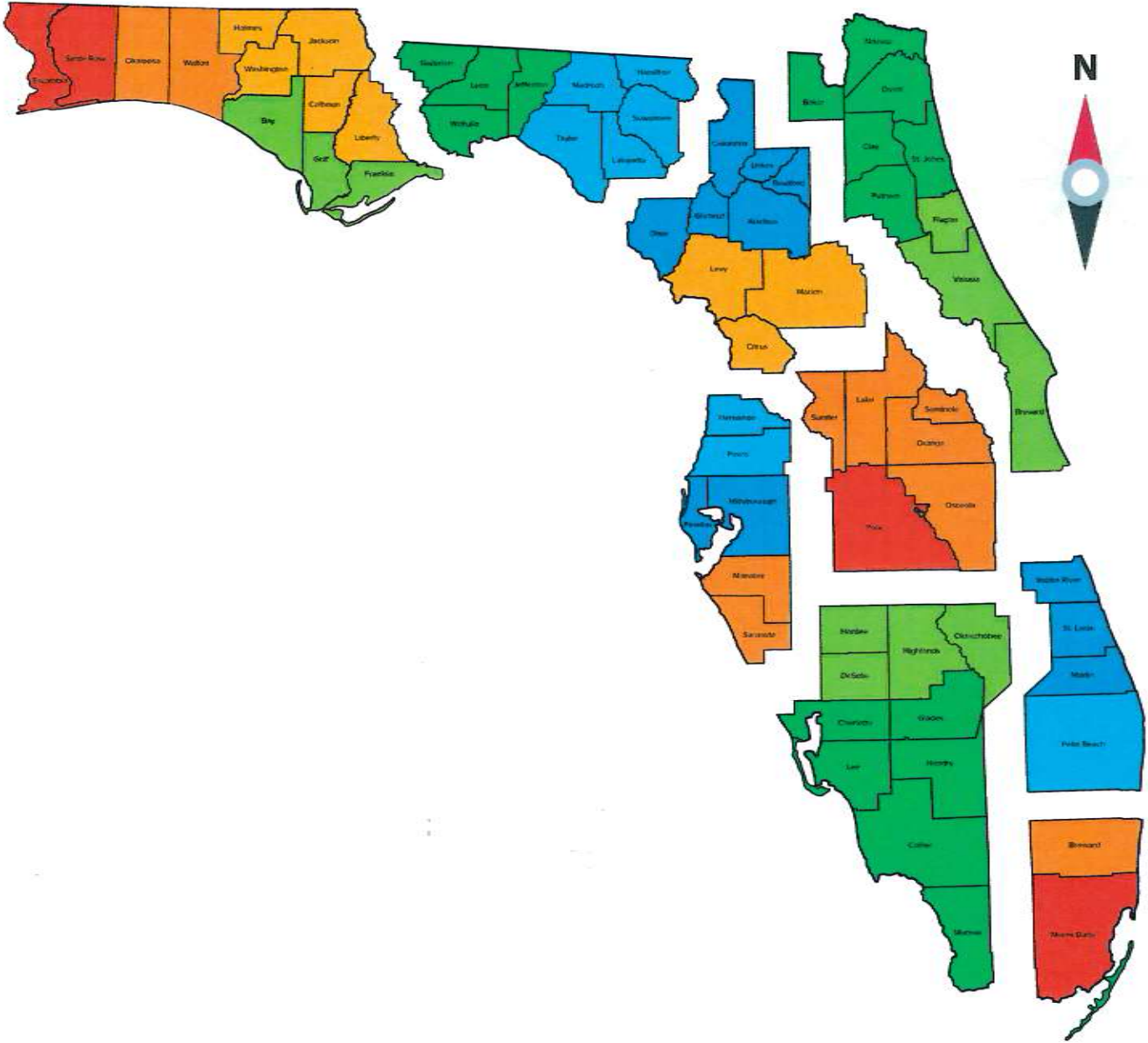
Additional Maps for Consideration – In addition to the options detailed in the Future State Options report, there are existing structures in Florida that may be consulted for future regional planning areas including [Florida Regional Planning Councils](#), [Florida Economic Development Regions](#) and [Designated Rural Areas of Opportunity](#).

Next Steps

Below is a draft implementation timeline for designation of Regional Planning Areas.

Date	Event	Description
May 2023	Partners Council Meeting	Notify LWDB CEOs/EDs that Regional Planning Area Policy is being drafted for September 2023 Board Meeting. Provide a summary of what will be in the policy. Share discussion starter maps and foundational data from EY.
Summer 2023	Policy Development/ Implementation Planning	Continued development of policy to incorporate requirements from WIOA, REACH, state workforce development board, Florida Department of Economic Opportunity (DEO). Collaborate with local workforce development board leaders through a stakeholder workgroup. Target regional planning areas identified and impacted areas notified. Will require vendor to assist in identification of regional planning areas.

September 2023	Board Meeting	Regional Planning Area Policy presented to state workforce development board for approval. Draft map of planned regional planning areas presented to board with plan for implementation.
December 2023	Board Meeting	Request for initial regional planning area designation submitted to state workforce development board for approval and recommendation to Governor. Initial regional planning areas to include local workforce development areas not impacted by consolidation or alignment actions.
February 2024	Board Meeting	2024-2028 WIOA State Plan presented to state workforce development board for approval prior to submission to USDOL.
March 2024	WIOA State Plan Submission	Plan submitted for public comment, then to USDOL for review and approval. Initial designated regional planning areas and all 21 newly designated local workforce development areas included in plan.
April - May 2024	Performance Negotiations	New regional planning areas will negotiate performance as a region in addition to local workforce development area negotiations.
Fall 2024	Local/Regional Plan Submission	DEO creates local and regional planning instructions per policy and newly designated regional planning areas and local workforce development areas develop plans.
March 2025	WIOA State Plan Modification Submitted	Additional planning areas designated and included in a WIOA State Plan modification to USDOL.
March 2026	WIOA Two-Year Modification Submitted	Required two-year modification submitted to USDOL with remaining regional planning areas designated.
April - May 2026	Performance Negotiations	New regional planning areas will negotiate performance as a region in addition to local workforce development area negotiations.



BOARD MEMBERSHIP TERMS - March 2023

WORKFORCE REP(20%)=8 MEMBERS (AT 33 TOTAL)				
	SECTOR	NAME	TERM EXPIRES	COUNTY
1	Apprenticeship	Fred Morgan	2029	Marion
2	CBO/ Barriers	Theresa Flick	2029	Citrus
3	CBO/ Barriers	Charles Harris	2026	Marion
4	CBO/Barriers-Vet	Ted Knight	2028	Citrus
5	Labor	Fred Morgan	2029	Marion
6	Labor	Nelson Mathis, Jr	2029	Levy
7	Youth Serving Organization	Jorge Martinez	2027	Marion
8	Youth Serving Organization	Tanya Taylor	2029	Levy
GOVERNMENT/ EDC 4 SEATS				
9	Economic Development	Joyce Wilson	2026	Levy
10	Economic Development	Kevin Sheilley*	2026	Marion
11	Trans/ Public Housing	Andrea Juraristic*	2027	Marion
12	Voc Rehab	Angie White	2029	All
EDUCATION 4 SEATS				
13	Education-Adult	Ben Whitehouse	2027	Marion
14	Education-Higher Private	Pete Beasley	2029	Marion
15	Education-Higher Public	Mark Paugh	2026	All
16	Education-School District	Debra Stanley	2028	Citrus
PRIVATE SECTOR 17 SEATS				
17	Private Sector	Al Jones	2028	Citrus
18	Private Sector	Kevin Cunningham	2026	Citrus
19	Private Sector	Larry White*	2028	Citrus
20	Private Sector	John Murphy	2028	Citrus
21	Private Sector	Staci Bertrand*	2029	Citrus
22	Private Sector	Carl Flanagan	2026	Citrus
23	Private Sector	Arno Proctor	2029	Levy
24	Private Sector	Kim Baxley	2027	Levy
25	Private Sector	John Hemken	2028	Levy
26	Private Sector	Lewrissa Mainwaring	2026	Levy
27	Private Sector	Vacant	2026	Levy
28	Private Sector	Brandon Whiteman	2027	Marion
29	Private Sector	Darlene Goddard	2026	Marion
30	Private Sector	Jeff Chang	2028	Marion
31	Private Sector	Kathy Judkins	2026	Marion
32	Private Sector	Pat Reddish	2027	Marion
33	Private Sector	Equilla Wheeler	2028	Marion

*Nominations Submitted

BOARD MEETING REVISED AGENDA
Wednesday, June 7, 2023 – 11:30 a.m.
College of Central Florida – Marion Campus – Webber Center
3001 SW College Road, Ocala, FL 34474

Join Zoom Meeting: <https://us02web.zoom.us/j/83425853236>
Conference Line: 1 646 558 8656 Meeting ID: 834 2585 3236

Call to Order		B. Whiteman
Invocation and Pledge of Allegiance		R. Stermer
Roll Call		C. Schnettler
Public Comment		B. Whiteman
Approval of Minutes, March 8, 2023	Pages 4 - 14	B. Whiteman

PRESENTATION

DEO Annual Performance Review

APPROVAL OF CONTRACTS 2023-2024

Master Contracts Requiring 2/3rds Vote

1. Citrus County Chamber of Commerce
2. Levy County Schools
3. College of Central Florida
4. Marion County School Board

Pages 15 - 16

B. Whiteman /
R. Skinner

Master Contracts Requiring 2/3rds Vote - OJT, CBT, or
Apprenticeship Training Opportunities

5. Ancorp
6. Key Training Center
7. A & M Manufacturing
8. Ocala Housing Authority

Contracts Not Requiring 2/3rds Vote

9. Ocala Metro Chamber and Economic Partnership
10. Eckerd Connects
11. Powell and Jones – Joint Auditing
12. Powell and Jones – Subrecipient Monitoring
13. CD Staffing
14. Region 6 Financial Services Agreement
15. Castle Branch

DISCUSSION ITEMS

State Update		R. Skinner
Workforce Transition	Pages 17 - 24	R. Skinner
Workforce Issues that are Important to our Community		R. Skinner
Financial Disclosure Forms / Annual Conflicts Reminder		R. Skinner

ACTION ITEMS

2023/2024 Budget	Pages 25 - 27	D. French
FWDA Dues	Pages 28 - 29	R. Skinner

CONSENT AGENDA

<u>CEO Contract Review – 5-22-2023, 5/31/2023</u> CEO Contract Renewal	Page 31 - 36	B. Whiteman
<u>Performance and Monitoring – 5/9/2023</u> Youth Build Monitoring Report	Page 37	J. Chang
<u>Business and Economic Development – 5/10/2023</u> No Action Items		P. Beasley
<u>Career Center – 5/18/2023</u> Training Provider Approvals One Stop Operator Contract Approval (Documented under Executive) Broadband Grant	Page 38 - 40	C. Harris
<u>Marketing and Outreach – 5/24/2023</u> Top Workplaces	Page 41 - 42	L. Byrnes
<u>Executive Committee – 4/10/2023, 5/31/2023</u> Area Recertification Direct Service Provider Training Provider Approval Gray Robinson Contract Extension By-Laws Amendment - Term Limits Bank Statement Reconciliation Policy Educational Assistance Policy Teleflex Policy Emergency Paid Sick Leave One Stop Operator Annual Healthcare Renewal Schedule of Operations	Page 43 - 61	B. Whiteman / R. Skinner

Regional Planning
Independent Monitoring RFP
Workforce Champion
990
Retention Incentives
Severance Pay

PROJECT UPDATES

None

MATTERS FROM THE FLOOR

ADJOURNMENT

LUNCH