



President
ROB MEDINA

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DONNY FELIX
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VACANT

120 Malabar Road, SE - Palm Bay, FL 32907
(321-952-3400)
www.palmbayflorida.org

AGENDA

REGULAR MEETING 2024-01

PALM BAY MUNICIPAL FOUNDATION, INC.
THURSDAY

February 15, 2024 – Follows Regular Council Meeting
City Hall Council Chambers

CALL TO ORDER:

ROLL CALL:

BUSINESS:

1. Appointment of two (2) members to the Disaster Relief Committee.

ADJOURNMENT:

In accordance with the Americans with Disabilities Act, persons needing special accommodations for this meeting shall contact the Office of the City Clerk at (321) 952-3414 or Florida Relay System at 711.

If you use assistive technology (such as a Braille reader, a screen reader, or TTY) and the format of any material on this website or documents contained therein interferes with your ability to access information, please contact us. To enable us to respond in a manner most helpful to you, please indicate the nature of your accessibility problem, the preferred format in which to receive the material, the web address of the requested material, and your contact information. Users who need accessibility assistance can also contact us by phone through the Federal Information Relay Service at 1-800-877-8339 for TTY/Voice communication.

THIS MEETING IS BROADCAST LIVE ON THE CITY'S WEBSITE

MEMORANDUM

Palm Bay Municipal Foundation, Inc.

TO: Palm Bay Municipal Foundation, Inc., Board of Directors

FROM: Larry Wojciechowski, Treasurer

DATE: February 15, 2024

RE: Appointment of two (2) Members to the Disaster Relief Committee

SUMMARY:

As you may recall, the terms of Stephen Hayes, Keith Miller, Eunhea Park and Jimmy Backus on the above subject board expired on January 3, 2024. Mr. Miller has reapplied to continue service on the board.

The Disaster Relief Committee is comprised of five (5) individuals:

- One (1) member of the Palm Bay Municipal Foundation, and
- Four (4) members of the public, one of whom will preferably be a member of the clergy within the community.

The four (4) terms expiring have been announced at several regular Council meetings and applications solicited for same. The following applications have been received:

Keith Miller
837 Seven Gables Circle, SE 32909

Richard Michael Hammer, Jr.
874 Underhill Avenue, SE 32909

REQUESTING DEPARTMENT(S):

Legislative

FISCAL IMPACT:

None.

RECOMMENDATION:

Motion to appoint two (2) members to serve on the Disaster Relief Committee.

/jd

Attachments: Applications (2)

**APPLICATION FOR MEMBERSHIP / City Boards or Committees**

City of Palm Bay • 120 Malabar Road • Palm Bay, FL 32907
Phone: 321-952-3414 • www.palmbayflorida.org • Fax: 321-953-8971

BOARD/COMMITTEE

Name of Board/Committee: **Disaster Relief Committee**
Full Name: **Keith M. Miller**
Home Address: **837 Seven Gables Circle, S.E.**
City: **Palm Bay** Zip Code: **32909**
Telephone Number: **321-722-0918** Fax Number:
Email Address: **trm4him@gmail.com**

EMPLOYMENT

Employer: **Crown Light Studio, LLC** Occupation: **CEO**
Address: **Same as above**
City: **Palm Bay** State: **FL** Zip Code: **32909**
Telephone Number: **321-432-3685** Fax Number:
Email Address: **Keith@CrownLightStudio.com**
Job Responsibilities: **Videographer/Photographer**

EDUCATION

High School Name: **James Monroe**
Location: **Bronx, N.Y.** Years Completed: **4** Major/Degree: **Diploma**
College Business or Trade School: **University of Central Florida**
Location: **Orlando** Years Completed: **4** Major/Degree: **Public Admin/B.A.**
Professional School:
Location: Years Completed: Major/Degree:
Other: **Hostos Community College**
Location: **N.Y.** Years Completed: **2** Major/Degree: **General/A.A.**

APPLICANT INFORMATION

Have you ever held a business tax receipt? ☒ Yes ☐ No *If yes, please provide the following:*

Fla Leisure Entertainment dba Fastrax Raceway (1991-1995) & Crown Light Studio, LLC (2014)

Title: CEO

Issue Date: 1991 & 2014 Issuing Authority: City of Palm Bay

If any disciplinary action has been taken, please state the type and date of the action taken:

Disciplinary Action: Disciplinary Date:

Are you a resident of the City? ☒ Yes ☐ No *If yes, how long?* 32 Years 2 Months

How long have you been a resident of Brevard County? 32 Years 2 Months

Are you a United States citizen? ☒ Yes ☐ No

Are you a registered voter of the City? ☒ Yes ☐ No

Are you employed by the City? ☐ Yes ☒ No *If yes, what department?*

Do you presently serve on a City board(s)? ☒ Yes ☐ No *If yes, please list board(s):*

Disaster Relief Committee

Have you previously served on a City board(s)? ☒ Yes ☐ No *If yes, please list board(s):*

Disaster Relief Committee

Are you currently serving on a board, authority, or commission for another governmental agency?

☐ Yes ☒ No *If yes, what board(s):*

Have you ever been convicted or pled guilty to a criminal charge or pled nolo contendere (no contest) to a criminal charge? ☐ Yes ☒ No *If yes, what charge:*

Where: When:

Disposition was: ☐ Convicted ☐ Pled Guilty ☐ Pled No Contest

Have your civil rights been restored? ☐ Yes ☐ No

Are you a member or participant of any community organizations? ☒ Yes ☐ No

If yes, please list: HELPS Community Initiatives (HCI)

What are your hobbies / interests? Fishing, mentoring youth, volunteering (church)

Why do you want to serve on this board / committee? As a long time member of this community, I have

seen Palm Bay grow immensely. With growth comes responsibility and accountability. Serving our community

should be on the forefront of every citizen and not just locally, but also globally. It's about what legacy you leave.

Section 760.80, Florida Statutes, requires certain information on statutorily created boards to be filed on an annual basis. Please complete the following.

Race: African American Gender: Male Physically Disabled: ☐

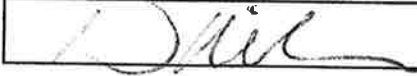
APPLICATION CERTIFICATION

By filing this application with the City of Palm Bay and placing my signature below, I do hereby acknowledge the following:

1. This Application, when completed and filed with the Office of the City Clerk, is a PUBLIC RECORD under Chapter 119, Florida Statutes, and is open to public inspection.
2. I am responsible for keeping the information on this form current and that any changes or updates will be provided to the Office of the City Clerk.
3. I consent to filing the Statement of Financial Interests if required for this board.
<http://www.ethics.state.fl.us>
4. If appointed to a board/committee, I acknowledge that it is my obligation and duty to comply with the following:

Code of Ethics for Public Officials (Florida Statutes, Chapter 112, Part III)
Florida Sunshine Law (Florida Statutes, Chapter 286)
<http://www.flsenate.gov/Statutes>
5. I understand the responsibilities associated with being a board/committee member, and I will have adequate time to serve on this board/committee.

The information provided on this form is true and correct, and consent is hereby given to the City Council or its designated representative to verify any and/or all information provided.

Signature:  Date: 11/27/2023

Mail the application to:
City of Palm Bay
Office of the City Clerk
120 Malabar Road, SE
Palm Bay, Florida 32907

Fax the application to:
321-953-8971

SUBMIT FORM

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BOARD/COMMITTEE

Name of Board/Committee: Disaster Relief Committee
Full Name: Richard Michael Hammer Jr.
Home Address: 874 underhill Ave
City: Palm Bay Zip Code: 32909
Telephone Number: 321-821-8889 Fax Number:
Email Address: xxmikehammerxx@yahoo.com

EMPLOYMENT

Employer: Cumberland International Occupation: Customer Service
Address: 1875 Robert J Conlan Blvd
City: Palm Bay State: FL Zip Code: 32905
Telephone Number: 321-984-2899 Fax Number:
Email Address: mhammer@cltte.com
Job Responsibilities: Cater to 160+ customers

EDUCATION

High School Name: Melbourne High School
Location: Melbourne, FL Years Completed: 3 Major/Degree: Diploma
College Business or Trade School: HCC - Criminal Justice (Criminal/Civil/Tort Law)
Location: Ybor City, FL Years Completed: 1 Major/Degree: Certification
Professional School: IRCC - Fire Science (Firefighter 1&2)
Location: Fort Pierce, FL Years Completed: 1 Major/Degree: Certification
Other: SCHA - EMT
Location: Melbourne, FL Years Completed: 1 Major/Degree: Certification

APPLICANT INFORMATION

Have you ever held a business tax receipt? ☐ Yes ☒ No *If yes, please provide the following:*

Title:

Issue Date: Issuing Authority:

If any disciplinary action has been taken, please state the type and date of the action taken:

Disciplinary Action: Disciplinary Date:

Are you a resident of the City? ☒ Yes ☐ No *If yes, how long?*

20

 Years

6

 Months

How long have you been a resident of Brevard County?

43

 Years

11

 Months

Are you a United States citizen? ☒ Yes ☐ No

Are you a registered voter of the City? ☒ Yes ☐ No

Are you employed by the City? ☐ Yes ☒ No *If yes, what department?*

Do you presently serve on a City board(s)? ☐ Yes ☒ No *If yes, please list board(s):*

Have you previously served on a City board(s)? ☐ Yes ☒ No *If yes, please list board(s):*

Are you currently serving on a board, authority, or commission for another governmental agency?

☐ Yes ☒ No *If yes, what board(s):*

Have you ever been convicted or pled guilty to a criminal charge or pled nolo contendere (no contest) to a criminal charge? ☐ Yes ☒ No *If yes, what charge:*

Where: When:

Disposition was: ☐ Convicted ☐ Pled Guilty ☐ Pled No Contest

Have your civil rights been restored? ☐ Yes ☐ No

Are you a member or participant of any community organizations? ☒ Yes ☐ No

If yes, please list:

Football Coach at West Melbourne and Pineapple Cove.

What are your hobbies / interests?

Why do you want to serve on this board / committee? I worked with FEMA thru several disasters as well
 as used my Fire and EMT cert to rescue people during disaster. Also worked for Public Works and know alot
 how the city works and the resources we have used in the past. (Mothers Day Fires and countless storms)

Section 760.80, Florida Statutes, requires certain information on statutorily
created boards to be filed on an annual basis. Please complete the following.

Race: White Gender: Male Physically Disabled: ☐

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Signature:

Date: 2/2/24

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Fax the application to:
321-953-8971

SUBMIT FORM