Mission: To promote high-quality school readiness, voluntary pre-kindergarten and after school programs, thus increasing all children’s chances of achieving future educational success and becoming productive members of society. The Coalition seeks to further the physical, social, emotional and intellectual needs of Miami-Dade and Monroe County children with a priority toward the ages before birth through age 5.

Nominating Committee Meeting
March 9, 2020, 11:00 a.m.
Zoom Meeting ID: 929 3764 5134
Passcode: 909329

I. Welcome & Introductions

II. Approval of Minutes
   A. Motion to approve minutes for 02/26/2021

III. Private Sector Interviews
   A. Mara Zapata – Beyond the Mark Consulting, LLC
   B. Carlos Perez – Amerant Bank
   C. Ileana Alvarez – Zomma Group, Inc
   D. Richie Tandoc – Sanson, Kline, Jacomino & Tandoc, LLP
   E. John Paul Madariaga – Gutierrez, Madariaga, CPA P.A.

IV. Public Comments

V. Adjourn
I. Welcome and Introductions

- M. Diaz called the meeting to order and welcomed everyone.
- A quorum was established with four (4) voting members.

II. Approval of Minutes

- Motion to approve minutes by S. Bisceglia
- Motion seconded by I. Strachan.
- Motion unanimously passed.

III. Rep. of program under federal Individuals with Disabilities Education Act

- M. Diaz commenced the interviews with the following candidates:
  
  A. Daniel Armstrong – University of Miami Miller School of Medicine
  B. Virginia Jacko – Miami Lighthouse for the Blind and Visually Impaired
  C. Lucia Barbeyto – Beyond Spectrum Academy

  - Motion to approve the nomination of Daniel Armstrong by S. Bisceglia.
  - Motion seconded by I. Strachan.
  - Motion unanimously passed.

IV. Monroe County Board Member Interview

- M. Diaz commenced the interviews with the following candidate:
  
  A. Stephanie Scuderi – Centennial Bank

  - Motion to approve the nomination of Stephanie Scuderi by S. Bisceglia.
  - Motion seconded by A. Slavens
  - Motion unanimously passed.

V. Public Comments

VI. Adjourn
Early Learning Coalition of Miami-Dade/Monroe
Board of Directors Membership Questionnaire
The information from this page has been requested and will be used exclusively by the Early Learning Coalition of Miami-Dade/Monroe.

1. Applicant’s Name: __________Mara Zapata________________________________________________ (Including name commonly used, please print)

2. Current Employer: ___Beyond the Mark Consulting, LLC. – President/CEO____________________
   ___Florida International University – Clinical Assistant Professor___________

3. Current Occupation: _Educational Consultant Early Childhood /STEM Education____________
   ___Professor - Early Childhood Math/Science/Inquiry Based Methods of Teaching_

4. Are you applying for a second term?:    Yes □  No X

5. Is this the first time you have applied to this Board?   Yes X  No □
   Previously served as appointee for MDC

6. *Sex: Male □  Female X

7. *Race: White X Native-American/Alaskan Native □
   Hispanic-American X Asian/Pacific Islander □
   African-American □

8. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed to the Board of Directors.
   NO

Applicants Email __________________________________________________________________________

Applicants Cellular Telephone Number __________________________________________________________________________

This information will be used to provide demographic statistics on board membership and is not requested for the purpose of discriminating on any basis.
The questionnaire MUST BE COMPLETED IN FULL. Answer “none” or “not applicable” where appropriate.

1. Business Address: ________________________________ Miami Springs, Florida 33166
   ________________________________ Miami, Florida 33199
   STREET  ST Address  CITY
   OFFICE #  ZIP CODE  AREA CODE/PHONE NUMBER

2. Residence Address: ________________________________ Miami Springs, Florida 33166
   ________________________________ STREET  CITY
   POST OFFICE BOX  STATE  ZIP CODE  AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Business ☐  Residence ☑  Fax # ______________

3. Since what year have you been a continuous resident of Florida? 1962 ________________

4. Education
   A. High School: South Miami Senior _________________________ Year Graduated:1977 ___
      (NAME AND LOCATION)
   B. List all postsecondary educational institutions attended:
      NAME & LOCATION  DATES ATTENDED  CERTIFICATES/DEGREES RECEIVED
      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________

5. Are you or have you ever been a member of the armed forces of the United States?
   Yes ☐  No ☑  If “Yes” list:
   A. Dates of service: ________________________________________________________________
   B. Branch or component: __________________________________________________________
   C. Date & type of discharge: ______________________________________________________

6. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of $150 or less was paid.) If “Yes” give details:
   DATE  PLACE  NATURE  DISPOSITION
   NO ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

7. A. State your experiences and interests or elements of your personal history that qualify you for this position.

   Have dedicated my professional career to education with first hand experience teaching in early childhood classrooms in both affluent and impoverished neighborhoods in Miami.
I have also dedicated many years to the preparation of teachers and professional development of teaching practitioners. Additionally have worked with providers to design and support the implementation of curriculum in early childhood settings in particular in the areas of early math and science.

I served previously on the ELC while Chair of Teacher Preparation Programs at Miami Dade College and on the ELC provider violation subcommittee as well as Chair of the ELC Strategic Planning Committee

B. Have you received any degree(s), professional certification(s), or designation(s) related to the subject matter of this position? Yes ☐ No ☐

If “Yes”, list:

I am State of Florida – Department of Education Certified in the area of Early Childhood Education

C. Have you received any awards or recognitions relating to the subject matter of this position? Yes ☒ No ☐

If “Yes”, list:

_______________________________________________________________________________________
Received the ELC Chairman’s Award for service to the ELC in 2017 ______________________
_______________________________________________________________________________________
_______________________________________________________________________________________

D. Identify all association memberships and association offices held by you that relate to this position:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

8. A. Have you ever been elected or appointed to any public office in this state? Yes ☒ No ☐

If “Yes”, state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

<table>
<thead>
<tr>
<th>OFFICE TITLE</th>
<th>DATE OF ELECTION OR APPOINTMENT</th>
<th>TERM OF OFFICE</th>
<th>LEVEL OF GOVERNMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Councilwoman</td>
<td>April 2017</td>
<td>2 years</td>
<td>Municipal</td>
</tr>
<tr>
<td>Chair, Miamia Dade County Commission for Women 2014-2016</td>
<td>______________________</td>
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<td>______________________</td>
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</tbody>
</table>

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: Monthly _________________________________

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

<table>
<thead>
<tr>
<th>MEETINGS ATTENDED</th>
<th>MEETINGS MISSED</th>
<th>REASON FOR ABSENCE</th>
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</table>

Revised 12/2007
Attended and ran over 20 meetings open to the public and which at times took place in different Miami Dade County neighborhoods ___________________________________________________

9. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes ☐ No X

If “Yes”, give details:

<table>
<thead>
<tr>
<th>DATE</th>
<th>NATURE OF VIOLATION</th>
<th>DISPOSITION</th>
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10. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes ☐ No X

If “Yes”, provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

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<tr>
<th>LICENSE/CERTIFICATE</th>
<th>ORIGINAL</th>
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<td>ISSUE DATE</td>
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11. Have you or members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☐ No X

If “Yes”, explain:

<table>
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<tr>
<th>FAMILY MEMBER’S</th>
<th>FAMILY MEMBER’S</th>
<th>BUSINESS’ RELATIONSHIP</th>
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<td>NAME OF BUSINESS</td>
<td>RELATIONSHIP TO YOU</td>
<td>RELATIONSHIP TO BUSINESS</td>
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12. Are you a private child care provider or employee who receives funding services from the Coalition in which you are applying for membership? Yes ☐ No X

A. If yes, are you: For Profit ☐ Not for Profit ☐ Faith Based ☐ Other ☐

B. Please list all services/programs for which you receive funding: ______________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Revised 12/2007
C. If you are a VPK provider or employee and you or your center receive funding for VPK: Did the most recent kindergarten rate for each program type (school year and/or summer) exceed the minimum kindergarten readiness rate established pursuant to s. 1002.69, F.S., for that program year? Yes ☐ No ☐ N/A

D. If you are a VPK or School Readiness Provider, did you submit accurate and timely monthly attendance roster for the VPK program in accordance with subsection 60BB-8.305(3), F.A.C? Yes ☐ No ☐ N/A

E. If you are a School Readiness provider, did you submit accurate and timely monthly attendance rosters for the School Readiness program? Yes ☐ No ☐ N/A

F. Are you accredited by a recognized agency? Yes ☐ No ☐ N/A
   1. If yes, please list accrediting body: ________________________________________________
   _____________________________________________________________

   2. Date of accreditation: ___________________________________________________________

G. If you are a VPK provider, have you ever been determined to be a LLP (Low Performing Provider) by the FDOE (Florida Department of Education)? Yes ☐ No ☐ N/A

H. A provider is not eligible for board membership, if during the last 24 months, the provider: (please circle all applicable):

   1. Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters 10 or more calendar days after the required submission date;

   2. Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters containing inaccurate reporting of a student’s child’s attendance; or

   3. Failed to repay an overpayment by the required repayment date after the Coalition discovered the overpayment and requested repayment; or

   4. Submitted a monthly attendance roster resulting in an overpayment that exceeded 20 percent of the payment for a calendar month due to the provider’s inaccurate reporting of a student’s child’s attendance; or

   5. Submitted a monthly attendance roster containing fraudulent reporting or other intentional misreporting of a student’s child’s attendance; or

   6. Failed to comply with the terms of the Coalition’s School Readiness Provider Agreement.

   7. Licensed by the Department of Children and Family Services or a local licensing agency is not eligible to if the provider’s license status, as recorded in the department’s Child Care Information System, is “Revocation Action Pending,” “Suspension Action Pending/Suspended,” or “Closed.”

   8. A provider which is not licensed by the Department of Children and Family Services or a local licensing agency but which is accredited as described in s.1002.55(3)b., F.S., is not eligible if the provider’s accreditation status has expired or been rescinded.
13. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives.

<table>
<thead>
<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE NUMBER</th>
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<tbody>
<tr>
<td>Alejandro Gallard, Ph.D., Professor and Goizueta Distinguished Chair</td>
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<tr>
<td>Georgia Southern University</td>
<td></td>
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<td>Statesboro, Georgia 30458</td>
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<tr>
<td>E-mail:</td>
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<td>Ofc.</td>
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Mr. David Lawrence, Jr. President, The Early Childhood Initiative Foundation
Chair, The Children’s Movement of Florida and Founding Chair of the Early Learning Coalition
Miami, Florida 33129
E-mail: | | | |
Ofc. | | | |

Ms. Laura Morilla, Executive Director
Miami Dade County Office of Community Advocacy
Stephen P. Clark Center Bldg.
Miami, Florida 33128
E-mail: | | | |
Ofc. | | | |

14. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

<table>
<thead>
<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
<th>OFFICE(S) HELD &amp; TERM</th>
<th>DATE(S) OF MEMBERSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Association for Supervision and Curriculum Development</td>
<td></td>
<td>Since 2006</td>
<td></td>
</tr>
<tr>
<td>American Educational Research Association</td>
<td></td>
<td>Since 2004</td>
<td></td>
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<tr>
<td>National Association for Research in Science Teaching</td>
<td></td>
<td>Since 2005</td>
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</table>

15. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes ☐ No X

If “Yes”, explain:

___________________________________________________________________________________________

___________________________________________________________________________________________
16. If required by law or administrative rule, will you file financial disclosure statements? Yes X   No □
CERTIFICATION

I __________Mara Zapata________________________ (print name), have carefully and personally prepared or read the answers to the foregoing questions. The information contained in said answers is complete and true.

___________________________________________
Signature
March 1, 2021

___________________________________________
Date

*Applicant must attach a resume or biography.
Bio – Mara Zapata, PhD.

Dr. Mara Zapata, was born in Cuba and has lived in Miami since the age of two years. She has dedicated her professional life to education and supporting teachers and students. She earned her Ph.D. from Florida State University in Science Education and a Masters degree in Educational Leadership from Florida International University.

Mara Zapata is a product of Miami Dade County Public Schools, where she completed her K-12 education. She began her career as an Elementary School teacher at one of the first bilingual education elementary schools in the district. After approximately 10 years of classroom teaching she went on to serve as a math and science consultant under the NSF funded MDCPS Urban Systemic Initiative and later as a master teacher on special assignment at the Miami Museum of Science directing statewide science and technology initiatives across the state. While employed at MDCPS, she also served as an administrator in Curriculum & Instruction for Miami Dade County Public Schools, overseeing the implementation of several federally funded district wide programs and initiatives in the area of Social Sciences.

Later serving as Director of Educational Programming for History Miami (formerly Historical Museum of Southern Florida) Dr. Zapata secured funding from the History Channel, the American Association of University Women and the State of Florida's 21st Century Community Learning Centers to fund programs implemented in MDCPS schools. Working with Florida State University, she served as Co-Principal Investigator of the National Science Foundation funded REALM; Really Exploring and Learning Meteorology, a program which served middle school science teachers and students in Miami Dade County Public Schools.

She currently serves as Associate Director of the FIUteach program in the STEM Transformation Institute of FIU and previously also in higher education, hese served as collegewide Chairperson of K-12 Teacher Education Programs in the School of Education at Miami Dade College.

Prior to this current position with Florida International University, Dr. Zapata had returned to Miami Dade County Public Schools, serving as an Instructional Supervisor in the area of Human Capital, focusing on the recruitment, retention and support of new teachers and the development of programming to ensure quality and consistent availability of teachers in difficult to staff district schools. She has supported and mentored many pre-service and in-service teachers; many of whom are currently employed in Miami Dade County Public Schools.

Beyond her passion for education; Dr. Zapata believes in community involvement and public service. She is past Chair of the Miami Dade County Commission for Women, has served as a Guardian Ad Litem representing the voice of children in dependency court and has supported parents of at-risk youth in the educational advocacy of their children in local schools. She currently serves as Councilwoman for the City of Miami Springs and is currently running for Miami Dade County School Board in District 5.
Early Learning Coalition of Miami-Dade/Monroe
Board of Directors Membership Questionnaire
ELCMADM BOD MEMBERSHIP APPLICATION

The information from this page has been requested and will be used exclusively by the Early Learning Coalition of Miami-Dade/Monroe.

1. Applicant’s Name: Carlos Manuel Pérez Gonzalez
   (Including name commonly used, please print)

2. Current Employer: Amerant Bank

3. Current Occupation: Middle Market Relationship Manager

4. Are you applying for a second term?: Yes ☐ No ☒

5. Is this the first time you have applied to this Board? Yes ☒ No ☐

6. *Sex: Male ☒ Female ☐

7. *Race:
   White ☐ Native-American/Alaskan Native ☐
   Hispanic-American ☒ Asian/Pacific Islander ☐
   African-American ☐

8. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed to the Board of Directors.

Applicants Email Address: [Redacted]

Applicants Cellular Telephone Number: [Redacted]

* This information will be used to provide demographic statistics on board membership and is not requested for the purpose of discriminating on any basis.
The questionnaire MUST BE COMPLETED IN FULL. Answer “none” or “not applicable” where appropriate.

1. Business Address: ____________________________
   STREET
   OFFICE #
   CITY
   POST OFFICE BOX
   STATE
   ZIP CODE
   AREA CODE/PHONE NUMBER
   Coral Gables
   FL
   33134

2. Residence Address: ____________________________
   STREET
   CITY
   POST OFFICE BOX
   STATE
   ZIP CODE
   AREA CODE/PHONE NUMBER
   Miami
   Dade
   FL
   33173

Specify the preferred mailing address: Business ☐ Residence ☑ Fax # ____________________________

3. Since what year have you been a continuous resident of Florida? ____________________________

4. Education
   A. High School: Santiago de los Vegas, Bayano
      Year Graduated: 1994
      Ciudad Habana, Cuba

   B. List all postsecondary educational institutions attended:
      NAME & LOCATION
      DATES ATTENDED
      CERTIFICATES/DEGREES RECEIVED
      Miami Dade College 9/29/05
      Florida International Univ. 1/17/06
      Associate Degree in Business Admin.
      Florida International Univ. 1/12/10
      Bachelor of Business Administration
      Florida International Univ. 12/10/11
      Graduate Certificate Accounting
      Florida International Univ. 12/10/11
      Master of Science in Taxation

5. Are you or have you ever been a member of the armed forces of the United States?
   Yes ☐ No ☑ If “Yes” list:
   A. Dates of service:__________________________________________
   B. Branch or component:______________________________________
   C. Date & type of discharge:___________________________________

6. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of $150 or less was paid.) If “Yes” give details: No
   DATE
   PLACE
   NATURE
   DISPOSITION

7. A. State your experiences and interests or elements of your personal history that qualify you for this position.
   I’m a good example of how education is a great tool to succeed in life. I came to the USA as a young adult and relied on education in order to adapt into a new
culture and improve myself. As a result, I feel compelled to give back and motivate others to succeed in life, regardless of their background or where they came from.

B. Have you received any degree(s), professional certification(s), or designation(s) related to the subject matter of this position? Yes □ No X
   If "Yes", list:

   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

C. Have you received any awards or recognitions relating to the subject matter of this position? Yes □ No X
   If "Yes", list:

   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

D. Identify all association memberships and association offices held by you that relate to this position: Co-Chair of the Early Learning Children Foundation

   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

B. Have you ever been elected or appointed to any public office in this state? Yes □ No X
   If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

<table>
<thead>
<tr>
<th>OFFICE TITLE</th>
<th>DATE OF ELECTION OR APPOINTMENT</th>
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</table>

B. If your service was on an appointed board(s), committee(s), or council(s):
(1) How frequently were meetings scheduled: ________________________________

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s):

<table>
<thead>
<tr>
<th>MEETINGS ATTENDED</th>
<th>MEETINGS MISSED</th>
<th>REASON FOR ABSENCE</th>
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</table>
9. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes □ No ❌

If "Yes", give details:

<table>
<thead>
<tr>
<th>DATE</th>
<th>NATURE OF VIOLATION</th>
<th>DISPOSITION</th>
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</table>

10. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes □ No ❌

If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<table>
<thead>
<tr>
<th>LICENSE/CERTIFICATE</th>
<th>ORIGINAL TITLE &amp; NUMBER</th>
<th>ISSUE DATE</th>
<th>ISSUING AUTHORITY</th>
<th>DISCIPLINARY ACTION/DATE</th>
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11. Have you or members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes □ No ❌

If "Yes", explain:

<table>
<thead>
<tr>
<th>NAME OF BUSINESS</th>
<th>FAMILY MEMBER'S RELATIONSHIP TO YOU</th>
<th>FAMILY MEMBER'S RELATIONSHIP TO BUSINESS</th>
<th>BUSINESS' RELATIONSHIP TO AGENCY</th>
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</tbody>
</table>

12. Are you a private child care provider or employee who receives funding services from the Coalition in which you are applying for membership? Yes □ No ❌

A. If yes, are you: For Profit □ Not for Profit □ Faith Based □ Other □

B. Please list all services/programs for which you receive funding: N/A

C. If you are a VPK provider or employee and you or your center receive funding for VPK: Did the most recent kindergarten rate for each program type (school year and/or summer) exceed the minimum kindergarten readiness rate established pursuant to § 1002.69, F.S., for that program year? Yes □ No ❌
D. If you are a VPK or School Readiness Provider, did you submit accurate and timely monthly attendance roster for the VPK program in accordance with subsection 608B-8.305(3), F.A.C? Yes ☐ No X

E. If a School Readiness provider, did you submit accurate and timely monthly attendance rosters for the School Readiness program? Yes ☐ No X

F. Are you accredited by a recognized agency? Yes ☐ No X

1. If yes, please list accrediting body: ________________________________

2. Date of accreditation: ________________________________

G. If you are a VPK provider, have you ever been determined to be a LLP (Low Performing Provider) by the FDOE (Florida Department of Education)? Yes ☐ No X

H. A provider is not eligible for board membership, if during the last 24 months, the provider: (please circle all applicable):

1. Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters 10 or more calendar days after the required submission date;

2. Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters containing inaccurate reporting of a student’s child’s attendance; or

3. Failed to repay an overpayment by the required repayment date after the Coalition discovered the overpayment and requested repayment; or

4. Submitted a monthly attendance roster resulting in an overpayment that exceeded 20 percent of the payment for a calendar month due to the provider’s inaccurate reporting of a student’s child’s attendance; or

5. Submitted a monthly attendance roster containing fraudulent reporting or other intentional misreporting of a student’s child’s attendance; or

6. Failed to comply with the terms of the Coalition’s School Readiness Provider Agreement.

7. Licensed by the Department of Children and Family Services or a local licensing agency is not eligible to if the provider’s license status, as recorded in the department’s Child Care Information System, is “Revocation Action Pending,” “Suspension Action Pending/Suspended,” or “Closed.”

8. A provider which is not licensed by the Department of Children and Family Services or a local licensing agency but which is accredited as described in s.1002.55(3)b., F.S., is not eligible if the provider’s accreditation status has expired or been rescinded.
13. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives.

<table>
<thead>
<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
<th>AREA CODE/PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matthew Bruno</td>
<td></td>
<td>305-555-1234</td>
</tr>
<tr>
<td>Daniel Rivera</td>
<td></td>
<td>305-555-2345</td>
</tr>
<tr>
<td>Fanny Hanono</td>
<td></td>
<td>305-555-3456</td>
</tr>
</tbody>
</table>

14. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

N/A

15. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes □ No □

If "Yes", explain:

16. If required by law or administrative rule, will you file financial disclosure statements? Yes X No □
CERTIFICATION

I, [Print Name], have carefully and personally prepared or read the answers to the foregoing questions. The information contained in said answers is complete and true.

[Signature]

[Date]

*Applicant must attach a resume or biography.
Early Learning Coalition of Miami-Dade/Monroe
Board of Directors Membership Questionnaire
The information from this page has been requested and will be used exclusively by the Early Learning Coalition of Miami-Dade/Monroe.

1. Applicant’s Name: Ileana C. Alvarez (Including name commonly used, please print)

2. Current Employer: Zomma Group, Inc

3. Current Occupation: CPA

4. Are you applying for a second term?: Yes ☐ No ☑

5. Is this the first time you have applied to this Board? Yes ☑ No ☐

6. *Sex: Male ☐ Female ☑

7. *Race: White ☑ Native-American/Alaskan Native ☐
   Hispanic-American ☑ Asian/Pacific Islander ☐
   African-American ☐

8. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed to the Board of Directors. ☑

Applicants __________________________

Applicants Cellular Telephone Number ________________________

* This information will be used to provide demographic statistics on board membership and is not requested for the purpose of discriminating on any basis.
The questionnaire MUST BE COMPLETED IN FULL.  Answer “none” or “not applicable” where appropriate.

1. Business Address: __________________________________________________________
   STREET OFFICE # CITY
   POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

2. Residence Address: _________________________________________________________
   STREET CITY COUNTY
   POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Business □ Residence □ Fax # ______________

3. Since what year have you been a continuous resident of Florida? 1981

4. Education
   A. High School: St Brendan High School Miami, FL Year Graduated: 1999

   B. List all postsecondary educational institutions attended:
      NAME & LOCATION DATES ATTENDED CERTIFICATES/DEGREES RECEIVED
      Florida International University 1999-2003 Bachelors in Accounting
      St. Thomas University 2004-2005 Masters in Accounting

5. Are you or have you ever been a member of the armed forces of the United States?
   Yes □ No □ If “Yes” list:
   A. Dates of service: ____________________________________________________________
   B. Branch or component: ______________________________________________________
   C. Date & type of discharge: ___________________________________________________

6. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of $150 or less was paid.) If “Yes” give details:
   DATE PLACE NATURE DISPOSITION
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

7. A. State your experiences and interests or elements of your personal history that qualify you for this position.
   Current and past experiences in not for profit board involvement includes the following:
   1) Audit chair of the Early Learning Coalition audit committee
   2) Previous Co chair of the United Way Audit Committee (served on the UW about 5 years)

Revised 12/2007
3) Past president of the Cuban American CPA Association
4) Executive Committee member of the FICPA Peer Review Committee

B. Have you received any degree(s), professional certification(s), or designation(s) related to the subject matter of this position? Yes ☐ No ☐
   If “Yes”, list:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

C. Have you received any awards or recognitions relating to the subject matter of this position? Yes ☐ No ☐
   If “Yes”, list:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

D. Identify all association memberships and association offices held by you that relate to this position:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

8. A. Have you ever been elected or appointed to any public office in this state? Yes ☐ No ☐
   If “Yes”, state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):
   OFFICE TITLE DATE OF ELECTION OR APPOINTMENT TERM OF OFFICE LEVEL OF GOVERNMENT
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

B. If your service was on an appointed board(s), committee(s), or council(s):
   (1) How frequently were meetings scheduled: quarterly or annually
   (2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).
   MEETINGS ATTENDED MEETINGS MISSED REASON FOR ABSENCE
   __________________________________________________________
   n/a
   __________________________________________________________

Revised 12/2007
9. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes ☐ No ☐

If “Yes”, give details:

<table>
<thead>
<tr>
<th>DATE</th>
<th>NATURE OF VIOLATION</th>
<th>DISPOSITION</th>
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<tbody>
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</tr>
</tbody>
</table>

10. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes ☐ No ☐

If “Yes”, provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<table>
<thead>
<tr>
<th>LICENSE/CERTIFICATE</th>
<th>ORIGINAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE &amp; NUMBER</td>
<td>ISSUE DATE</td>
</tr>
<tr>
<td>Certified Public Accountant #40034</td>
<td>1/19/2008</td>
</tr>
</tbody>
</table>

11. Have you or members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☐ No ☐

If “Yes”, explain:

<table>
<thead>
<tr>
<th>FAMILY MEMBER'S NAME</th>
<th>RELATIONSHIP TO YOU</th>
<th>RELATIONSHIP TO BUSINESS</th>
<th>BUSINESS' RELATIONSHIP TO AGENCY</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

12. Are you a private child care provider or employee who receives funding services from the Coalition in which you are applying for membership? Yes ☐ No ☐

A. If yes, are you: For Profit ☐ Not for Profit ☐ Faith Based ☐ Other ☐

B. Please list all services/programs for which you receive funding: ______________________

C. If you are a VPK provider or employee and you or your center receive funding for VPK: Did the most recent kindergarten rate for each program type (school year and/or summer) exceed the minimum kindergarten readiness rate established pursuant to s. 1002.69, F.S., for that program year? Yes ☐ No ☐
D. If you are a VPK or School Readiness Provider, did you submit accurate and timely monthly attendance roster for the VPK program in accordance with subsection 60BB-8.305(3), F.A.C? Yes ☐ No ☐

E. If a School Readiness provider, did you submit accurate and timely monthly attendance rosters for the School Readiness program? Yes ☐ No ☐

F. Are you accredited by a recognized agency? Yes ☐ No ☐
   1. If yes, please list accrediting body: ____________________________________________
   ______________________________________________________________________________

   2. Date of accreditation: _____________________________________________________________

G. If you are a VPK provider, have you ever been determined to be a LLP (Low Performing Provider) by the FDOE (Florida Department of Education)? Yes ☐ No ☐

H. A provider is not eligible for board membership, if during the last 24 months, the provider: (please circle all applicable):
   1. Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters 10 or more calendar days after the required submission date;
   2. Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters containing inaccurate reporting of a student’s child’s attendance; or
   3. Failed to repay an overpayment by the required repayment date after the Coalition discovered the overpayment and requested repayment; or
   4. Submitted a monthly attendance roster resulting in an overpayment that exceeded 20 percent of the payment for a calendar month due to the provider’s inaccurate reporting of a student’s child’s attendance; or
   5. Submitted a monthly attendance roster containing fraudulent reporting or other intentional misreporting of a student’s child’s attendance; or
   6. Failed to comply with the terms of the Coalition’s School Readiness Provider Agreement.
   7. Licensed by the Department of Children and Family Services or a local licensing agency is not eligible to if the provider’s license status, as recorded in the department’s Child Care Information System, is “Revocation Action Pending,” “Suspension Action Pending/Suspended,” or “Closed.”
   8. A provider which is not licensed by the Department of Children and Family Services or a local licensing agency but which is accredited as described in s.1002.55(3)b., F.S., is not eligible if the provider’s accreditation status has expired or been rescinded.
13. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives.

<table>
<thead>
<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE NUMBER</th>
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<tbody>
<tr>
<td>Monique Bustamante</td>
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14. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

<table>
<thead>
<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
<th>OFFICE(S) HELD &amp; TERM</th>
<th>DATES(S) OF MEMBERSHIP</th>
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<tr>
<td>n/a</td>
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15. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes ☐ No ☑

If “Yes”, explain:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

16. If required by law or administrative rule, will you file financial disclosure statements? Yes ☑ No ☐
CERTIFICATION

I ____________________________ (print name), have carefully and personally prepared or read the answers to the foregoing questions. The information contained in said answers is complete and true.

___________________________________________
Signature

1/12/2021

___________________________________________
Date

*Applicant must attach a resume or biography.
The information from this page has been requested and will be used exclusively by the Early Learning Coalition of Miami-Dade/Monroe.

1. Applicant’s Name: ________________________________________________________________________________
   (Including name commonly used, please print)

2. Current Employer: ________________________________________________________________________________

3. Current Occupation: ________________________________________________________________________________

4. Are you applying for a second term?:    Yes ☐ No ☒

5. Is this the first time you have applied to this Board?   Yes ☐ No ☒

6. *Sex:   Male ☒ Female ☐

7. *Race:   White ☐ Native-American/Alaskan Native ☐
            Hispanic-American ☐ Asian/Pacific Islander ☒
            African-American ☐

8. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed to the Board of Directors.
   NO

Applicants Email Address__ __________________________________

Applicants Cellular Telephone Number__ __________________________

* This information will be used to provide demographic statistics on board membership and is not requested for the purpose of discriminating on any basis.
The questionnaire MUST BE COMPLETED IN FULL. Answer “none” or “not applicable” where appropriate.

1. Business Address: ________________________________
   STREET OFFICE # CITY
   Florida 33126
   POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

2. Residence Address: ________________________________
   STREET CITY COUNTY
   Florida 33176
   POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Business ☒ Residence ☐ Fax # ______

3. Since what year have you been a continuous resident of Florida? 1971

4. Education
   A. High School: Miami Killian Senior High School
      (NAME AND LOCATION)
      Year Graduated: 1988

   B. List all postsecondary educational institutions attended:
      NAME & LOCATION DATES ATTENDED CERTIFICATES/DEGREES RECEIVED
      Miami Dade Comm. College 6/88 - 6/90 Associates of Liberal Arts
      Florida Int. University 9/90 - 5/93 Bachelor of Accounting
      Florida Int. University 5/95 - 5/97 Master of Accounting

5. Are you or have you ever been a member of the armed forces of the United States?
   Yes ☐ No ☒ If “Yes” list:
   A. Dates of service: ____________________________________________
   B. Branch or component: ________________________________________
   C. Date & type of discharge: ________________________________

6. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of $150 or less was paid.) If “Yes” give details: NO
   DATE PLACE NATURE DISPOSITION
   ____________________________________________
   ____________________________________________
   ____________________________________________

7. A. State your experiences and interests or elements of your personal history that qualify you for this position.

   I've provided professional services to non-profit organizations for over 27 years and feel the need to volunteer my knowledge and experience to those organizations that support and help other members of our community. As such, I've been a member of the Agency Audit Committee of the United Way of Miami-Dade County for the

Revised 12/2007
B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this position? Yes □ No ☒
   If “Yes”, list:
   ________________________________________________
   ________________________________________________
   ________________________________________________
   ________________________________________________

C. Have you received any awards or recognitions relating to the subject matter of this position? Yes □ No ☒
   If “Yes”, list:
   ________________________________________________
   ________________________________________________
   ________________________________________________
   ________________________________________________

D. Identify all association memberships and association offices held by you that relate to this position:
   None
   ________________________________________________
   ________________________________________________
   ________________________________________________
   ________________________________________________

8. A. Have you ever been elected or appointed to any public office in this state? Yes □ No ☒
   If “Yes”, state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

<table>
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<th>OFFICE TITLE</th>
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B. If your service was on an appointed board(s), committee(s), or council(s):
   (1) How frequently were meetings scheduled: ________________________________
   (2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

<table>
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<th>MEETINGS ATTENDED</th>
<th>MEETINGS MISSED</th>
<th>REASON FOR ABSENCE</th>
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</table>
9. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes ☐ No ☑

If “Yes”, give details:

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10. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes ☑ No ☐

If “Yes”, provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

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<tbody>
<tr>
<td>TITLE &amp; NUMBER</td>
<td>ISSUE DATE</td>
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<td>CPA - AC0031252</td>
<td>5/13/1998</td>
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11. Have you or members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☐ No ☑

If “Yes”, explain:

<table>
<thead>
<tr>
<th>FAMILY MEMBER'S NAME OF BUSINESS</th>
<th>RELATIONSHIP TO YOU</th>
<th>FAMILY MEMBER'S RELATIONSHIP TO BUSINESS</th>
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12. Are you a private child care provider or employee who receives funding services from the Coalition in which you are applying for membership? Yes ☐ No ☑

A. If yes, are you: For Profit ☐ Not for Profit ☐ Faith Based ☐ Other ☐

B. Please list all services/programs for which you receive funding: ______________________

C. If you are a VPK provider or employee and you or your center receive funding for VPK: Did the most recent kindergarten rate for each program type (school year and/or summer) exceed the minimum kindergarten readiness rate established pursuant to s. 1002.69, F.S., for that program year? Yes ☐ No ☐
D. If you are a VPK or School Readiness Provider, did you submit accurate and timely monthly attendance roster for the VPK program in accordance with subsection 60BB-8.305(3), F.A.C? Yes □ No □

E. If a School Readiness provider, did you submit accurate and timely monthly attendance rosters for the School Readiness program? Yes □ No □

F. Are you accredited by a recognized agency? Yes □ No □
   1. If yes, please list accrediting body: ____________________________________________________________
      _______________________________________________________________________________________
   2. Date of accreditation: _____________________________________________________________

G. If you are a VPK provider, have you ever been determined to be a LLP (Low Performing Provider) by the FDOE (Florida Department of Education)? Yes □ No □

H. A provider is not eligible for board membership, if during the last 24 months, the provider: (please circle all applicable):
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   2. Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters containing inaccurate reporting of a student’s child’s attendance; or
   3. Failed to repay an overpayment by the required repayment date after the Coalition discovered the overpayment and requested repayment; or
   4. Submitted a monthly attendance roster resulting in an overpayment that exceeded 20 percent of the payment for a calendar month due to the provider’s inaccurate reporting of a student’s child’s attendance; or
   5. Submitted a monthly attendance roster containing fraudulent reporting or other intentional misreporting of a student’s child’s attendance; or
   6. Failed to comply with the terms of the Coalition’s School Readiness Provider Agreement.
   7. Licensed by the Department of Children and Family Services or a local licensing agency is not eligible to if the provider’s license status, as recorded in the department’s Child Care Information System, is “Revocation Action Pending,” “Suspension Action Pending/Suspended,” or “Closed.”
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13. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives.

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<th>ZIP CODE</th>
<th>AREA CODE/PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manuel Paucar</td>
<td>6________________Miami, FL 33143</td>
<td>(________________</td>
<td></td>
</tr>
<tr>
<td>Dr. Gene Hernandez</td>
<td>8________________Coral Gables 33134</td>
<td>__________________</td>
<td></td>
</tr>
<tr>
<td>Jorge Gonzalez</td>
<td>1________________Coral Gables 33146</td>
<td>__________________</td>
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</tr>
</tbody>
</table>

14. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

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<th>NAME</th>
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<th>OFFICE(S) HELD &amp; TERM</th>
<th>DATE(S) OF MEMBERSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Way of MDC</td>
<td>Co-Chair, Agency Audit Committee (3 yrs)</td>
<td>Since 7/2017</td>
<td></td>
</tr>
<tr>
<td>ELCMDM</td>
<td>Member, Audit Committee</td>
<td>Since 5/2020</td>
<td></td>
</tr>
<tr>
<td>Florida Inst. of CPAs</td>
<td>Member, Audit Committee</td>
<td>Since 1/2021</td>
<td></td>
</tr>
<tr>
<td>American Inst. of CPAs</td>
<td>Member, Not-for-Profit Section</td>
<td>Since 2007</td>
<td></td>
</tr>
</tbody>
</table>

15. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes □ No □

If “Yes”, explain:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

16. If required by law or administrative rule, will you file financial disclosure statements? Yes ☒ No □
CERTIFICATION

I ________________________________ (print name), have carefully and personally prepared or read the answers to the foregoing questions. The information contained in said answers is complete and true.

___________________________________________
Signature

___________________________________________
Date

1/13/2021

*Applicant must attach a resume or biography.
Early Learning Coalition of Miami-Dade/Monroe
Board of Directors Membership Questionnaire
The information from this page has been requested and will be used exclusively by the Early Learning Coalition of Miami-Dade/Monroe.

1. Applicant's Name: John Paul Madariaga
   (Including name commonly used, please print)

2. Current Employer: Gutierrez Madariaga, CPA P.A.

3. Current Occupation: Certified Public Accountant

4. Are you applying for a second term?: Yes ☐ No ☑

5. Is this the first time you have applied to this Board? Yes ☑ No ☐

6. *Sex: Male ☐ Female ☐

7. *Race: White ☐ Native-American/Alaskan Native ☐
   Hispanic-American ☐ Asian/Pacific Islander ☐
   African-American ☐

8. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed to the Board of Directors. ☑

Applicants Email Address: ________________________________

Applicants Cellular Telephone Number: ____________________

* This information will be used to provide demographic statistics on board membership and is not requested for the purpose of discriminating on any basis.
The questionnaire MUST BE COMPLETED IN FULL. Answer “none” or “not applicable” where appropriate.

1. Business Address: ____________________________________________________________
   STREET: ______________________ OFFICE #: _______
   STATE: __________ CITY: __________
   POST OFFICE BOX: __________
   ZIP CODE: __________ COUNTY: __________
   AREA CODE/PHONE NUMBER: __________

2. Residence Address: __________________________________________________________
   STREET: ______________________ CITY: __________
   STATE: __________ ZIP CODE: __________
   POST OFFICE BOX: __________
   COUNTY: __________ AREA CODE/PHONE NUMBER: __________

Specify the preferred mailing address: Business X Residence □ Fax #: __________

3. Since what year have you been a continuous resident of Florida? __________

4. Education
   A. High School: Belen Jesuit Prep School
      Year Graduated: 2001
      (NAME AND LOCATION)

   B. List all postsecondary educational institutions attended:
      NAME & LOCATION  DATES ATTENDED  CERTIFICATES/DEGREES RECEIVED
      FLY  2001-2005  Bachelors of Accounting
      FLY  2006-2007  Masters of Accounting

5. Are you or have you ever been a member of the armed forces of the United States?
   Yes □ No X If “Yes” list:
   A. Dates of service: __________________________________________________________
   B. Branch or component: __________________________________________________
   C. Date & type of discharge: ________________________________________________

6. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of $150 or less was paid.) If “Yes” give details: NO
   DATE  PLACE  NATURE  DISPOSITION

7. A. State your experiences and interests or elements of your personal history that qualify you for this position.
   "In my career I have served various non-profit organizations and can bring my experience to the board. I also value the importance of early education for a child and feel I can make a difference."

Revised 12/2007
B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this position? Yes ☐ No ☐

If "Yes", list:

Certified Public Accountant certification

C. Have you received any awards or recognitions relating to the subject matter of this position? Yes ☐ No ☐

If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this position: N/A

8. A. Have you ever been elected or appointed to any public office in this state? Yes ☐ No ☐

If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

<table>
<thead>
<tr>
<th>Office Title</th>
<th>Date of Election or Appointment</th>
<th>Term of Office</th>
<th>Level of Government</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: 

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

<table>
<thead>
<tr>
<th>Meetings Attended</th>
<th>Meetings Missed</th>
<th>Reason for Absence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes [ ] No [ ]

If “Yes”, give details:

<table>
<thead>
<tr>
<th>DATE</th>
<th>NATURE OF VIOLATION</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

10. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes [ ] No [ ]

If “Yes”, provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<table>
<thead>
<tr>
<th>LICENSE/CERTIFICATE</th>
<th>ORIGIN</th>
<th>TITLE/NUMBER</th>
<th>ISSUE DATE</th>
<th>ISSUING AUTHORITY</th>
<th>DISCIPLINARY ACTION/DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AC44872</td>
<td>7/12/12</td>
<td>Florida Board of Accountancy</td>
<td>None</td>
</tr>
</tbody>
</table>

11. Have you or members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes [ ] No [ ]

If “Yes”, explain:

<table>
<thead>
<tr>
<th>NAME OF BUSINESS</th>
<th>FAMILY MEMBER’S RELATIONSHIP TO YOU</th>
<th>FAMILY MEMBER’S RELATIONSHIP TO BUSINESS</th>
<th>BUSINESS’ RELATIONSHIP TO AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

12. Are you a private child care provider or employee who receives funding services from the Coalition in which you are applying for membership? Yes [ ] No [ ]

A. If yes, are you: For Profit [ ] Not for Profit [ ] Faith Based [ ] Other [ ]

B. Please list all services/programs for which you receive funding: ________________________________

C. If you are a VPK provider or employee and you or your center receive funding for VPK: Did the most recent kindergarten rate for each program type (school year and/or summer) exceed the minimum kindergarten readiness rate established pursuant to s. 1002.69, F.S., for that program year? Yes [ ] No [ ]
D. If you are a VPK or School Readiness Provider, did you submit accurate and timely monthly attendance roster for the VPK program in accordance with subsection 60BB-8.305(3), F.A.C? Yes □ No □

E. If a School Readiness provider, did you submit accurate and timely monthly attendance rosters for the School Readiness program? Yes □ No □

F. Are you accredited by a recognized agency? Yes □ No □
   1. If yes, please list accrediting body: _____________________________________________________________

   2. Date of accreditation: ______________________________________________________________________

G. If you are a VPK provider, have you ever been determined to be a LLP (Low Performing Provider) by the FDOE (Florida Department of Education)? Yes □ No □

H. A provider is not eligible for board membership, if during the last 24 months, the provider: (please circle all applicable):
   1. Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters 10 or more calendar days after the required submission date;
   2. Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters containing inaccurate reporting of a student’s child’s attendance; or
   3. Failed to repay an overpayment by the required repayment date after the Coalition discovered the overpayment and requested repayment; or
   4. Submitted a monthly attendance roster resulting in an overpayment that exceeded 20 percent of the payment for a calendar month due to the provider’s inaccurate reporting of a student’s child’s attendance; or
   5. Submitted a monthly attendance roster containing fraudulent reporting or other intentional misreporting of a student’s child’s attendance; or
   6. Failed to comply with the terms of the Coalition’s School Readiness Provider Agreement.
   7. Licensed by the Department of Children and Family Services or a local licensing agency is not eligible if the provider’s license status, as recorded in the department’s Child Care Information System, is “Revocation Action Pending,” “Suspension Action Pending/Suspended,” or “Closed.”
   8. A provider which is not licensed by the Department of Children and Family Services or a local licensing agency but which is accredited as described in s.1002.55(3)b., F.S., is not eligible if the provider’s accreditation status has expired or been rescinded.
13. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives.

NAME | MAILING ADDRESS | ZIP CODE | AREA CODE/PHONE NUMBER
--- | --- | --- | ---
Angel Guzbertez | Miami, FL 33016 | | |
Albert Ordiz | Miami, FL 33173 | | |
Luis Perez-Cordoba | Miami, FL 33157 | | |

14. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

NAME | MAILING ADDRESS | OFFICER/HELD A TERM | DATE(S) OF MEMBERSHIP
--- | --- | --- | ---
American Institute of Certified Public Accountants | | 7/2012 - Present |
Florida Institute of Certified Public Accountants | | 7/2012 - Present |

15. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes □ No □

If "Yes", explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

16. If required by law or administrative rule, will you file financial disclosure statements? Yes □ No □
CERTIFICATION

I _______________________________(print name), have carefully and personally prepared or read the answers to the foregoing questions. The information contained in said answers is complete and true.

Signature

1/28/21

Date

*Applicant must attach a resume or biography.
John-Paul “JP” Madariaga, CPA is a partner at Gutierrez Madariaga, CPA P.A. with over 13 years of experience in accounting and public accounting. JP has extensive experience in the areas of not-for-profit organization audits, condominium and homeowner associations, as well as pension plan audits including 403(B) and 401(K) plans. In addition, JP has assisted with program specific audits and financial statement preparation for The Children’s Trust in accordance with their guidelines.

JP also offers his services in the areas of bookkeeping, accounting and taxation. Prior to joining the firm, JP worked at a large South Florida independent private school as their controller overseeing accounting and their internal operations. Prior to that he worked for a mid-sized CPA firm in the South Florida area.

JP holds a Bachelors and Master’s degree in Accounting from Florida International University and is a Certified Public Accountant in the State of Florida. He is also a member of the American Institute of Certified Public Accountants and Florida Institute of Certified Public Accountants.

**Education and Years of Experience:**

- Over 13 years of experience
- Florida International University, B.A.
- Florida International University, Masters.
- Belen Jesuit Preparatory School
- Certified Public Accountant – State of Florida

**Professional Associations and Activities:**

- American Institute of Certified Public Accountants
- Florida Institute of Certified Public Accountants
- Served on Board of Cuban American CPA’s Association
- Audit Committee Chair - Casa Familia, Inc.
- Audit Committee Member - Early Learning Coalition of Miami-Dade/Monroe