# Health Facilities Authority Applicant Package - Citizen at Large

Health Facilities Authority - Citizen at Large
Term 01 Oct 2024 - 30 Sep 2028
Positions Available 1
Number of applicants in this package 2

- Faron, Daniel
- Johnson, Tyrone

Name: Faron, Daniel

Address: 4429 SW 282nd Street, Newberry, FL, 32669

Email: faronpl2022@gmail.com

**Board Name:** Health Facilities Authority

Please list any civic and professional accomplishments/honors, training or experience related to this appointment::

My skills in long-term planning and strategic initiatives help address future healthcare needs and challenges, while my experience in budgeting and financial oversight ensures my ability to properly review and respond to the inquiries that come up before the Authority.

#### Please list any current/previous Advisory Board appointments:

Three terms with the Health Facilities Authority

What Contributions do you feel you could make if you were selected to this board?:

My community outreach skills and resource management expertise in securing funding for pediatric programs allows me to be a valuable asset to the advisory board.

## Please Agree with the following statements:

I understand this application is the property of Alachua County and subject to public records laws. I hereby certify that the statements made on this application are true and correct. I understand that Appointees to advisory board/committees are required to attend scheduled meetings as specified in the "Guidelines for Citizen Advisory Boards and Committees". I understand that some boards and committees require Financial Disclosure (Chapter 112, Florida Statutes) and I am willing to file if required. I affirm that my personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities rules and regulations?:

Yes

Are you currently serving, or have you ever served, on an Alachua County advisory board? :

Yes

If yes, please list board(s):

**Health Facilities Authority** 

Time of Submission: 07/15/24 1:21:02 PM

Name: Johnson, Tyrone

Address: P.o box 1153, Tyrone Johnson, Newberry, 32669

Email: Johnsonsuretyandcasualty@gmail.com

**Board Name:** Health Facilities Authority

Please list any civic and professional accomplishments/honors, training or experience related to this appointment::

Being experienced in owning a financial firm and currently a real estate investor, I believe offer some assistance in those areas.

## Please list any current/previous Advisory Board appointments:

**Housing Authority** 

What Contributions do you feel you could make if you were selected to this board?:

I would contribute by bringing creativity while exploring innovative options.

#### Please Agree with the following statements:

I understand this application is the property of Alachua County and subject to public records laws. I hereby certify that the statements made on this application are true and correct. I understand that Appointees to advisory board/committees are required to attend scheduled meetings as specified in the "Guidelines for Citizen Advisory Boards and Committees". I understand that some boards and committees require Financial Disclosure (Chapter 112, Florida Statutes) and I am willing to file if required. I affirm that my personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities rules and regulations?:

Yes

Time of Submission: 08/22/24 1:50:58 AM