

Application Form

Profile

NOTE: Each Applicant is advised to attend at least one meeting prior to applying for appointment.

kenyacmadison@gmail.com

Email Address

Kenya

First Name

Chaney

Middle
Initial

Madison

Last Name

301 NW 7th Avenue

Home Address

Suite or Apt

Delray Beach

City

FL

State

33444

Postal Code

Mobile: (561) 926-3032

Primary Phone

Alternate Phone

Pathways to Prosperity

Employer

Senior Director Healthier
Delray Beach

Occupation

Business Address

1105 N. Federal Hwy, Boynton Beach, FL 33435

Business Phone

561- 903-7743

Board Selection

Which Boards would you like to apply for?

Opioid Settlement Advisory Committee : Eligible

Qualifications

Please select all that apply: *

- Delray Beach resident
- Own property in Delray Beach
- Local organizer
- Member of religious or faith-based organizations

Are you a registered FL voter?

Yes No

Kenya Chaney Madison

Are you a vendor or employed by a vendor that does business with the city?

Yes No

Are you a lobbyist or employed by a lobbyist, as defined in the Palm Beach County Registration Ordinance?

Yes No

Have you attended any Delray Beach Commission or Advisory Board Meetings?

Yes No

If yes, please describe and provide dates if possible.

Are you currently serving, or have you ever served on a Delray Beach Advisory Board? If yes, please provide details and dates.

Previously on the Kids and Cops Board when there was one

Are you aware of any potential conflict of interest (including, without limitation, any potential voting conflicts or potential prohibited conflicts) that may arise from your serving on the City board or committee to which you are seeking appointment?

Yes No

If yes, please explain:

Do you, any member of your immediate family, your employer or your business (or any entity in which you have a controlling interest) currently have any contractual relationship with, or do business with, the City, or has there been any such relationship within the past 5 years?

Yes No

If yes, please explain:

Do you (or any entity in which you have a controlling interest) have any delinquent accounts with the City or owe any monies to the City?

Yes No

If yes, please explain:

Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines relating to property in the city that is owned or rented by you (or any entity in which you have a controlling interest)?

Yes No

If yes, please explain:

Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines for any other violations relating to other city codes?

Yes No

If yes, please explain:

Have you ever been found to have violated, or had a complaint filed against you alleging a violation of, the Florida Code of Ethics for public officers and employees, Palm Beach County Code of Ethics (or any other ethics code)?

Yes No

If yes, please explain:

If you lease property in the downtown area, do you pay taxes on the property as part of your lease agreement?

Yes No

Please upload a copy of your lease

Question applies to Opioid Settlement Advisory Committee

Select one of the following *

At-large member who is a resident of the City of Delray Beach.

Question applies to Opioid Settlement Advisory Committee

Relevant Licenses and/or Certifications: (Please upload)

Interests & Experiences

List any certifications or licenses which may further qualify you to serve on a board or committee.

n/a

Briefly describe why you wish to serve as a member of a board or committee and how your personal experience and background relate:

I wish to serve on the Opioid Settlement Advisory Committee because I am deeply committed to advancing community-based solutions that address the root causes and long-term impacts of substance use, addiction, and trauma. As a mental health and wellness strategist with lived experience supporting families impacted by behavioral health challenges, I bring both professional expertise and personal insight to this work. My background in trauma-informed care, community coalition building, and culturally responsive advocacy positions me to ensure that opioid settlement resources are used equitably, strategically, and with compassion—especially for those most affected and historically underserved.

List any other community/civic involvement which you would like the Commission to consider:

In addition to my professional and lived experience, I am actively engaged in several community and civic initiatives that align with the goals of the Opioid Settlement Advisory Committee: Healthier Delray Beach (Palm Health Foundation initiative): Senior Director leading trauma-informed, community-driven behavioral health strategies. Pathways to Prosperity: Collaborator on family engagement and mental health access for underserved populations. Palm Health Foundation: Partner in advancing equity-focused health initiatives, including mental wellness and brain health. Birth to 22: United for Brighter Futures - Get Your Green On (#GYGO): Co-creator, Current Co-Chair and campaign leader of a year-round trauma-informed mental health awareness movement in Palm Beach County. Palm Beach County Community Services Hub: Supporter and connector in bridging local behavioral health and social service systems. These roles reflect my long-standing commitment to health equity, prevention, and collaborative impact across Palm Beach County.

University attended:

Florida A & M University & Barry University

Degree(s) received:

Bachelor's Degree, Dual Master's Degree, Specialist Degree

Major area of study:

Elem. Education, MHC & MFT, Educational Leadership

[Upload a Resume](#)

Terms of Acceptance

Applications are kept on file in the City Clerk's Office for a period of two years.

Applicants may supplement their application with a resume or other information relevant to their qualifications.

Declaration of Personal Information Exemption:

Personal information provided in this application is public information unless the applicant qualifies for an exemption pursuant to Florida Statutes. You are encouraged to thoroughly read the applicable sub-sections of F.S. 119.071 ([Click here to view](#)). If you qualify for an exemption, please indicate below which statutory provision you are citing for the exemption. If you qualify, your address and phone number are protected information. You may contact the Board Liaison at 243-7056 if you have any questions.

My address and telephone number are statutorily exempt from public disclosure:

Yes No

If yes, pursuant to which sub-section of F.S. 119.071?

Please Agree with the Following Statement:

I understand the duties and responsibilities of the board(s) or committee(s) for which I am applying. By signing below, I warrant the truthfulness and accuracy of the information provided in this application.

I Agree

E-Signature of Applicant:

Kenya Madison

Please Agree with the Following Statement

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

I Agree