

**ADDITIONAL MATERIAL
REGULAR MEETING**

MAY 24, 2022

SUBMITTED AT THE REQUEST OF

**COMMISSIONER JARED E.
MOSKOWITZ**



AGENDA ITEM

#

Meeting Date
May 24, 2022

Requested Action	(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)
<p>MOTION TO REAPPOINT George L. Carbonell to the Broward Regional Emergency Medical Services Council.</p> <p>Why Action is Necessary: The Board must approve appointments and reappointments.</p> <p>What Action Accomplishes: Reappoints George L. Carbonell to the Broward Regional Emergency Medical Services Council.</p> <p>Is this Action Commission Goal Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is this Action related to the American Recovery and Reinvestment Act of 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
Summary Explanation/Background	(The first sentence includes the Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item. Identify how item meets Commission Challenge Goal.)
<p>Commissioner Moskowitz is submitting George L. Carbonell for reappointment to the Broward Regional Emergency Medical Services Council.</p>	
Fiscal Impact/Cost Summary	(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)
None	
Exhibits Attached (copies of original agreements)	(Please number exhibits consecutively.)
None.	
Document Control	Commission Action

Authorized Signature		Scheduling
(Signature confirms that required approvals from other agencies have been received – e.g. Purchasing, Budget, Risk Mgmt, Attorney)		County Admin initials
<p>Signature:</p>	<p>Date: Commissioner Jared E. Moskowitz, District 8 03/15/22 Room 412 (954) 357-7008</p>	
<p>Source of additional information: Type Name, Agency, and Phone Launa Carbonell (954) 357-7008</p>		

<p>_____ Executed original(s) for permanent record (Number)</p> <p>_____ Executed copies return to: (Number)</p> <p>Other instructions (Include name, agency, and phone)</p>	<p><input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p> <p><input type="checkbox"/> DEFERRED</p> <p>From: _____</p> <p>To: _____</p>
--	--