

**ITEM #1-N**

**ADDITIONAL MATERIAL  
REGULAR MEETING**

**JUNE 7, 2022**

**SUBMITTED AT THE REQUEST OF  
COMMISSIONER TOREY ALSTON**



**BROWARD COUNTY  
BOARD OF COUNTY COMMISSIONERS**

Meeting Date

**06/07/22**

# AGENDA ITEM #

<b>Requested Action</b>	(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)
<p><b>MOTION TO REAPPOINT</b> Lisa Feinstein to the Animal Care Advisory Committee.</p> <p><b>Why Action is Necessary:</b> The Board must approve appointments and reappointments.</p> <p><b>What Action Accomplishes:</b> Reappoints Lisa Feinstein to the Animal Care Advisory Committee.</p> <p><b>Is this Action Commission Goal Related?</b> <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b></p>	
<b>Summary Explanation/Background</b>	(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 Alston is submitting Lisa Feinstein for reappointment to the Animal Care Advisory Committee in the category of "licensed Broward veterinarian."</p>	
<b>Fiscal Impact/Cost Summary</b>	(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)
<p>None.</p>	
<b>Exhibits Attached</b> (copies of original agreements)	(Please number exhibits consecutively.)
<p>None.</p>	
<b>Document Control</b>	<b>Commission Action</b>

<b>Authorized Signature</b>		<b>Scheduling</b>
(Signature confirms that required approvals from other agencies have been received – e.g., Purchasing, Budget, Risk Mgmt., Attorney)		County Admin initials
<p><b>Signature:</b></p>	<p><b>Date:</b> 5/27/22</p>	<p><b>Type:</b> Torey Alston, Commissioner, 954-357-7009</p>
<p><b>Source of additional information:</b> Type Name, Agency, and Phone</p>		

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