

ITEM #1-L

**ADDITIONAL MATERIAL
REGULAR MEETING**

JUNE 14, 2022

**SUBMITTED AT THE REQUEST OF
COMMISSIONER JARED E.
MOSKOWITZ**



AGENDA ITEM

#

Meeting Date
June 14, 2022

Requested Action	(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)
MOTION TO REAPPOINT Abby Freedman to the Medical Marijuana Advisory Board.	
Why Action is Necessary: The Board must approve appointments and reappointments.	
What Action Accomplishes: Reappoints Abby Freedman to the Medical Marijuana Advisory Board.	
Is this Action Commission Goal Related?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this Action related to the American Recovery and Reinvestment Act of 2009?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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.)
Commissioner Moskowitz is submitting Abby Freedman for reappointment to the Medical Marijuana Advisory Board in the category of "academic institution; scientific knowledge medical marijuana."	
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
Signature: 	Date: 06/13/22	Commissioner Jared E. Moskowitz, District 8 Room 412 (954) 357-7008
Source of additional information: Type Name, Agency, and Phone Launa Carbonell (954) 357-7008		

<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>
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