ADDITIONAL MATERIAL REGULAR MEETING

APRIL 20, 2021

SUBMITTED AT THE REQUEST OF

COMMISSIONER BEAM FURR

PREVIOUS ITEM

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS

NEXT ITEM

Meeting Date 4/20/2021

BROWARD COUNTY

AGENDA ITEM

#

Page 1 of 2

Requested Action (Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)						utcome		
A. MOTION TO APPOINT Peter Powers to the Broward Regional Health Planning Council.								
B. <u>MOTION TO APPROVE</u> waiver of conflict under Section 112.313(7)(a), Florida Statutes for Peter Powers who holds an employment or contractual relationship with an entity that receives funds from Broward County.								
Why Action is Necessary:	/hy Action is Necessary: A. Fills a vacancy on the Broward Regional Health Planning Council.					ıcil.		
	B.	Statutes, require	es two	sing under Sectior -thirds approval by 12), Florida Statut	the Boa	. , . ,		
What Action Accomplishes:	at Action Accomplishes: A. Appoints Peter Powers to the Broward Regional Health Planning Council.					ng		
B. Waives the existence of any conflict arising under Section 112.313(7)(a), as authorized under applicable law.						No		
Is this Action Commission Goal Related? Yes No							NO	
Is this Action related to the American Recovery and Reinvestment Act of 2009?								
Summary Explanation/Background (The first sentence includes the Agency recommendation. Provid summary of the action that gives an overview of the relevant deta how item meets Commission Challenge Goal.)								
Commissioner Furr is submitting Peter Powers for appointment to the Broward Regional Health Planning Council in the category of "health care purchaser".								
Approval of this item would give rise to certain employment conflicts under Section 112.313(7)(a),								
Authorized Signature (Signature confirms that required approvals from other agencies have been received – e.g. Purchasing, Budget, Risk Mgmt, Attorney) Scheduling County Admin initials								
Signature: Date: Type: Name, Title, Agency, and Phone								
			Co	mmissioner Ream Furr 9	54-357-7006			

 $Source\ of\ additional\ information:\ Clay\ Miller,\ Legislative\ Director\ to\ Commissioner\ Furr,\ 954-357-7339$

Continued Page 2 of 2

Florida Statutes, which provides that "no public officer...shall have or hold any employment or contractual relationship with any business entity...which is...doing business with an agency of which he or she is an officer or employee." In accordance with Section 112.313(12), Florida Statutes, Board approval is required to waive any conflict arising under Section 112.313(7)(a), Florida Statutes. An effective waiver requires a two-thirds vote of the County Commission after full disclosure of the conflicting relationship (Motion B). Form 4A, Disclosure of Business Transaction, Relationship or Interest, is attached hereto as Exhibit 2 and constitutes full disclosure of any existing conflicts.

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 consecutive	ly.)				
Exhibit 1 – County Attorney Memo of Qualification for Peter Powers Exhibit 2 – Conflict Waiver for Peter Powers						
Document Control		Commis	sion Action			
Executed original(s) for permanent record		☐ APPROVED	☐ DENIED			
(Number) Executed copies return to: Other instructions (Include name, agency, and phone)		☐ DEFERRED				
		From:				
		To:				

Andrew J. Meyers County Attorney



OFFICE OF THE COUNTY ATTORNEY 115 S. Andrews Avenue, Suite 423 Fort Lauderdale, Florida 33301

954-357-7600 · FAX 954-357-7641

MEMORANDUM

TO: Commissioner Beam Furr

FROM: Andrew J. Meyers, County Attorney

DATE: April 13, 2021

RE: Peter Powers, Appointment to the Broward Regional Health Planning

Council in the Category of Health Care Purchaser

CAO File: 99266

At your request, we have reviewed the information provided concerning Peter Powers and determined that he qualifies for appointment to the Broward Regional Health Planning Council in the category of Health Care Purchaser.

/s/ Andrew J. Meyers
County Attorney

AJM/KMC/mb

FORM 4A DISCLOSURE OF BUSINESS TRANSACTION, RELATIONSHIP OR INTEREST

CIN	WI 4A DISCLOSURE OF	DOUNTEDO TRAIN	SACTION, RELATION	orm or management	
LAST NAM	ME - FIRST NAME - MIDDLE INITIAL	OWERS PETER	ADVISORY BOARD	MEMBER	
MAILING A	ADDRESS		AGENCY OR ADVISORY BOARD		
350			BROWARD REGIONAL	HEALTH PLANNING C AVE. FORT LANDER P	OUNC
CITY	ZIP	COUNTY	ADDRESS OF AGENCY	AVE FORT I AMORDO	DALE
HOLL	4W60D 33021	BROWARD	113 S. ANDREWS	ANC. INC. CHURCH	
		W TO COMPLETE AND		FL, 33301	
ethics la rate exe	and B of this form serve two diffences that is applicable only to advisimption that is applicable when the complete and file this form:	sory board members. Part B i	s for public officers and employed	es who wish to use a sepa-	
	prior to the waiver.	on the reverse side. pointing body or person that w	vill be waiving the restrictions of 1 abdivision in which the reporting p		
PAF	RT A - DISCLOSURE OF TRA	NSACTION OR RELATIO	NSHIP CONCERNING ADVIS	SORY BOARD MEMBER	
	and employees, including persor brochure entitled "A Guide to the details on these prohibitions. Ho waive these requirements in a paffirmative vote of that body; or (case the advisory board membe Subsections (3) of (7) of Section on Ethics for such disclosure, if a COMPLETE THE FOLLOWING The partnership, directorship, pro	ns serving on advisory boards a Sunshine Amendment and Cowever, Section 112.313(12), larticular instance provided: (a b) waiver by the appointing per must fully disclose the transaction 112.313, Florida Statutes. The and when applicable to an additional composition of a more supported to the section of th		da Statutes, and/or the and Employees" for more binting official or body to must be upon a two-thirds blic hearing; and (c) in either I otherwise be prohibited by escribed by the Commission T, employment, or contractual	
	check applicable space(s)]: (The reporting person;	se violate Subsection (5) of (7	701 0001011 112.010, 1101100 010	, (1000)	
	(V) The reporting person,				
	() The spouse of the reporting	person, whose name is		; or	
	() A child of the reporting pers	on, whose name is		·	
2.	The particular transaction or relationship for which this waiver is sought involves [check applicable space]:				
	(W Supplying the following rea		201 E P. C. C. P. C. P. C. P. C. P. C. P.	SKUIUS.	
			ency served by the advisory boar	rd member.	
3.	The following business entity is MEMORIAL HEAL			·	
4.	The relationship of the undersigness entity transacting this busin () Officer; () Partner; () As the assets of capital stock in suc () Other, please describe:	ness is [check applicable spac sociate: (or spouse or child of the advisory les]:) Stockholder; () Director; () oyee; () Contractual relationship) Owner of in excess of 5% of	

PART B - DISCLOSURE OF INTEREST IN SOLE SOURCE OF SUPPLY

wно м	UST COMPLETE THIS PART:					
lic o Am 112 enti	ctions 112.313(3) and 112.313(7), Florida Statutes, prohibi officers and employees. See Part III, Chapter 112, Florida endment and Code of Ethics for Public Officers and Employ. 313(12)(e), Florida Statutes, provides an exemption from ity involved is the only source of supply within the political employee's interest in the business entity must be fully disform 4A has been prescribed by the Commission on Ethic	Statutes, and/or the brochure entitle byees" for more details on these pro- the above-mentioned restrictions in subdivision of the officer or employed closed to the governing body of the	ed "A Guide to the Sunshine hibitions. However, Section the event that the business e. In such cases the officer's political subdivision. This Part			
PLEASE	COMPLETE THE FOLLOWING:					
1.	The partnership, directorship, proprietorship, ownership or relationship which would otherwise violate Subsection (3 check applicable space(s)]:	of a material interest, position of office or (7) of Section 112.313, Florida S	cer, employment, or contractual Statutes, is held by [please			
	() The reporting person;					
	() The spouse of the reporting person, whose name is		; or			
	() A child of the reporting person, whose name is					
2.						
3.	The business entity which is the only source of supply of	the goods, realty, or services within	the political subdivision is:			
	(NAME OF ENTITY)	(ADDRESS OF ENT	ITY)			
4.	4. The relationship of the undersigned public officer or employee, or spouse or child of such officer or employee, to the business entity named in Item 3 above is [check applicable spaces]: () Officer; () Partner; () Associate; () Sole proprietor; () Stockholder; () Director; () Owner of in excess of 5% of the assets or capital stock in such business entity; () Employee; () Contractual relationship with the business entity; () Other, please describe:					
SIGNATURE						
SIGNATU	RE A	DATE SIGNED	DATE FILED			
l	Petr Poven	4/12/21				
Section 1 To the Control of the Cont						

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES \$. 112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10.000.