ADDITIONAL MATERIAL
REGULAR MEETING

SEPTEMBER 8, 2022

SUBMITTED AT THE REQUEST OF

VICE MAYOR LAMAR FISHER

PREVIOUS ITEM

**BROWARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

NEXT ITEM

Meeting Date
09/08/ 2022

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AGENDA ITEM

Requested Action	(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)

<u>MOTION TO REAPPOINT</u> Jacques Dumornay to the Pompano Beach Residential District Advisory Board in the category of "Full-time Employee: Religious, Cultural, or Social Services Entity Serving the District."

Why Action is Necessary: The Board must approve appointments and reappointments to advisory boards.

What Action Accomplishes: Reappoints Jacques Dumornay to the Pompano Beach Residential District Advisory Board.

Is this Action Commission Goal Related?   ☐ **Yes**   ☒ **No**

Is this Action related to the American Recovery and Reinvestment Act of 2009?   ☐ **Yes**   ☒ **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 Fisher is submitting Jacques Dumornay for reappointment to the Pompano Beach Residential District Advisory Board in the category of "Full-time Employee: Religious, Cultural, or Social Services Entity Serving the District."

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 (Signature confirms that required approvals from other agencies have been received – e.g. Purchasing, Budget, Risk Mgmt, Attorney)		**Scheduling** County Admin initials
Signature:	**Date:** 9/1/2022	**Type: Name, Title, Agency, and Phone** **Commissioner Lamar Fisher, ext. 7004** Lfisher@broward.org
Source of additional information: Type Name, Agency, and Phone		

_____ Executed original(s) for permanent record
(Number)

_____ Executed copies return to:
(Number)
Other instructions (Include name, agency, and phone)

☐ APPROVED   ☐ DENIED

☐ DEFERRED

From: _____

To: _____