

ITEM #1-K

**ADDITIONAL MATERIAL
REGULAR MEETING**

JUNE 14, 2022

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



**BROWARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

Meeting Date

06/14/22

AGENDA ITEM

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 Jonathan S. Frasher 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 Jonathan S. Frasher 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>	
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 Alston is submitting Jonathan S. Frasher 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.)
<p>None.</p>	
Exhibits Attached (copies of original agreements)	(Please number exhibits consecutively.)
<p>None.</p>	
Document Control	Commission Action

Authorized Signature		Scheduling
<small>(Signature confirms that required approvals from other agencies have been received – e.g., Purchasing, Budget, Risk Mgmt., Attorney)</small>		<small>County Admin initials</small>
<p>Signature:</p>	<p>Date: 06/13/22</p> <p>Type: Torey Alston, Commissioner, 954-357-7009</p>	
<p>Source of additional information: 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>