

**Item # 1-A**

**ADDITIONAL MATERIAL**

**Regular Meeting**

**May 4, 2021**

**SUBMITTED AT THE REQUEST OF**

**COMMISSIONER TIM**

**RYAN**



# AGENDA ITEM

# #

Meeting Date

May 4, 2021

<b>Requested Action</b>	(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)
<b>MOTION TO REAPPOINT</b> Albert Jones to the Broward Regional Health Planning Council.	
<b>Why Action is Necessary:</b> Due to an expired term, Commissioner Ryan is reappointing Albert Jones to the Broward Regional Health Planning Council.	
<b>What Action Accomplishes:</b> Reappoints Albert Jones to the Broward Regional Health Planning Council.	
<b>Is this Action Commission Goal Related?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Is this Action related to the American Recovery and Reinvestment Act of 2009?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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.)
Due to an expired term, Commissioner Ryan submits Albert Jones for reappointment to the Broward Regional Health Planning Council in the Category of "Nongovernmental Health Care Consumer Over 60 Years of Age."	
<b>Fiscal Impact/Cost Summary</b>	(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)
No fiscal impact	
<b>Exhibits Attached</b> (copies of original agreements)	(Please number exhibits consecutively.)
Exhibit 1: County Attorney Letter	
<b>Document Control</b>	<b>Commission Action</b>

<b>Authorized Signature</b>	<b>Scheduling</b>
<small>(Signature confirms that required approvals from other agencies have been received – e.g. Purchasing, Budget, Risk Mgmt, Attorney)</small>	
Signature:	Date: <b>April 27, 2021</b>
	Type: <b>Commissioner Tim Ryan, 954-357-7007</b>
<b>Source of additional information: Type Name, Agency, and Phone</b>	
Jason Kruszka, Chief of Staff, County Commission District 7, 954-357-7007	
	<small>County Admin initials</small>

<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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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 Tim Ryan

**FROM:** Andrew J. Meyers, County Attorney

**DATE:** April 27, 2021

**RE:** **Albert C. Jones, Reappointment to the Broward Regional Health Planning Council in the Category of Nongovernmental Health Care Consumer Over 60 Years of Age**  
**CAO File: 99267**

At your request, we have reviewed the information provided concerning Albert C. Jones and determined that he qualifies for reappointment to the Broward Regional Health Planning Council in the category of Nongovernmental Health Care Consumer Over 60 Years of Age.

/s/ Andrew J. Meyers  
County Attorney

AJM/KMC/mb