

**ADDITIONAL MATERIAL
REGULAR MEETING**

JUNE 14, 2022

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



AGENDA ITEM

#

Meeting Date

June 14, 2022

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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> Jorge H. Ibacache to the Advisory Board for Individuals with Disabilities.	
Why Action is Necessary: The Board must approve appointments and reappointments.	
What Action Accomplishes: Reappoints Jorge H. Ibacache to the Advisory Board for Individuals with Disabilities.	
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 Moskowitz is submitting Jorge H. Ibacache for reappointment to the Advisory Board for Individuals with Disabilities in the category of registered voter; dedicated to advancement of the disabled."	
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: 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		

____ Executed original(s) for permanent record (Number) ____ Executed copies return to: (Number) Other instructions (Include name, agency, and phone)	☐ APPROVED ☐ DENIED ☐ DEFERRED From: _____ To: _____
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