

ITEM #1-C

**ADDITIONAL MATERIAL
REGULAR MEETING**

MAY 10, 2022

**SUBMITTED AT THE REQUEST OF
COMMISSIONER TIM RYAN**



AGENDA ITEM

#

Meeting Date
05/10/2022

Requested Action	(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)
MOTION TO APPOINT Tracy Stafford to the Advisory Board for Individuals with Disabilities (ABID).	
Why Action is Necessary: The Board must approve appointments and reappointments.	
What Action Accomplishes: Appoints Tracy Stafford to the Advisory Board for Individuals with Disabilities (ABID).	
Is this Action Commission Goal Related?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this Action related to the American Recovery and Reinvestment Act of 2009?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.)
Due to Mr. Stafford's Covid-19-related resignation from the Advisory Board for Individuals with Disabilities (ABID) board, Commissioner Tim Ryan is submitting Tracy Stafford for appointment to serve on the Advisory Board for Individuals with Disabilities (ABID)."	
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: Tim Ryan, Commissioner District 7 954-357-7007	
Source of additional information: Jason Kruszka, Chief of Staff for Tim Ryan, Commissioner District 7 – 954-357-7007		

<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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