

Item # 1-C

ADDITIONAL MATERIAL

Regular Meeting

May 18, 2021

SUBMITTED AT THE REQUEST OF

COMMISSIONER BARBARA

SHARIEF

**BROWARD COUNTY
BOARD OF COUNTY COMMISSIONERS**



Meeting Date
May 18, 2021

AGENDA ITEM

Requested Action	(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)
<p><u>A. MOTION TO APPOINT</u> Alexander Fernandez to the Broward Regional Health Planning Council.</p> <p><u>B. MOTION TO APPROVE</u> waiver of conflict under Section 112.313(7)(a), Florida Statutes for Alexander Fernandez who holds an employment or contractual relationship with an entity who receives funds from Broward County.</p>	
Why Action is Necessary:	<p>A. Fills Commissioner Sharief's vacancy on the Broward Regional Health Planning Council.</p> <p>B. A waiver of conflict arising under Section 112.313(7)(a), Florida Statutes, requires two-thirds approval by the Board in accordance with Section 112.313(12), Florida Statutes.</p>
What Action Accomplishes:	<p>A. Appoints Alexander Fernandez to the Broward Health Planning Council</p> <p>B. Waives the existence of any conflict arising under Section 112.313(7)(a), as authorized under applicable law.</p>
Is this Action Commission Goal Related?	<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.)
<p>A. Fills Commissioner Dr. Barbara Sharief's vacancy on the Broward Regional Health Planning Council by submitting Alexander Fernandez for appointment in the category of "health care provider".</p> <p>B. Approval of this item would give rise to certain employment conflicts under Section 112.313(7)(a), Florida Statutes, which provides that "no public officer...shall have or hold any employment or contractual relationship with any business entity...which is...doing business with an agency of which he or she is an officer or employee." In accordance with Section 112.313(12), Florida Statutes, Board approval is required to waive any conflict arising under</p>	

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: 5/7/2021 Commissioner Dr. Barbara Sharief, District 8 Room 437-C (954) 357-7008	
Source of additional information: Type Name, Agency, and Phone		

Section 112.313(7)(a), Florida Statutes. An effective waiver requires a two-thirds vote of the County Commission after full disclosure of the conflicting relationship. Form 4A, Disclosure of Business Transaction, Relationship or Interest, is attached hereto as **Exhibit #2** and constitute full disclosure of any existing conflicts

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.)

Exhibit #1: County Attorney Memo of Qualification

Exhibit #2: Conflict Waiver Form for Alexander Fernandez

Document Control

Commission Action

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

APPROVED DENIED

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

DEFERRED

From: _____

To: _____

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 Barbara Sharief

FROM: Andrew J. Meyers, County Attorney

DATE: May 7, 2021

RE: **Alexander Fernandez, Appointment to the Broward Regional Health Planning Council in the Category of Health Care Provider**
CAO File: 99268

At your request, we have reviewed the information provided concerning Alexander Fernandez and determined that he qualifies for appointment to the Broward Regional Health Planning Council in the category of Health Care Provider.

/s/ Andrew J. Meyers
County Attorney

AJM/KMC/mb

FORM 4A DISCLOSURE OF BUSINESS TRANSACTION, RELATIONSHIP OR INTEREST

LAST NAME - FIRST NAME - MIDDLE INITIAL <i>Francis Alexander M</i>	OFFICE / POSITION HELD <i>Advisory Board Member</i>
MAILING ADDRESS [REDACTED]	AGENCY OR ADVISORY BOARD <i>Broward Regional Health Care Council</i>
CITY [REDACTED]	COUNTY <i>Broward</i>
ADDRESS OF AGENCY [REDACTED]	ADDRESS OF AGENCY <i>Andrews Ave Fort Lauderdale FL 33301</i>

HOW TO COMPLETE AND FILE THIS FORM:

Parts A and B of this form serve two different purposes. Part A is for advisory board members who wish to use an exemption in the ethics laws that is applicable only to advisory board members. Part B is for public officers and employees who wish to use a separate exemption that is applicable when the business entity involved is the sole source of supply within the political subdivision. In order to complete and file this form:

- **Fill out** Part A or Part B, as applicable.
- **Sign** and date the form on the reverse side.
- **File Part A** with the appointing body or person that will be waiving the restrictions of 112.313(3) or (7), Fla. Stat., prior to the waiver.
- **File Part B** with the governing body of the political subdivision in which the reporting person is serving, prior to the transaction.

PART A - DISCLOSURE OF TRANSACTION OR RELATIONSHIP CONCERNING ADVISORY BOARD MEMBER

WHO MUST COMPLETE THIS PART:

Sections 112.313(3) and 112.313(7), Florida Statutes, prohibit certain business relationships on the part of public officers and employees, including persons serving on advisory boards. See Part III, Chapter 112, Florida Statutes, and/or the brochure entitled "A Guide to the Sunshine Amendment and Code of Ethics for Public Officers and Employees" for more details on these prohibitions. However, Section 112.313(12), Florida Statutes, permits the appointing official or body to waive these requirements in a *particular instance* provided: (a) waiver by the appointing body must be upon a two-thirds affirmative vote of that body; or (b) waiver by the appointing person must be effected after a public hearing; and (c) in either case the advisory board member must fully disclose the transaction or relationship which would otherwise be prohibited by Subsections (3) of (7) of Section 112.313, Florida Statutes. This Part of Form 4A has been prescribed by the Commission on Ethics for such disclosure, *if and when applicable* to an advisory board member.

PLEASE COMPLETE THE FOLLOWING:

1. The partnership, directorship, proprietorship, ownership of a material interest, position of officer, employment, or contractual relationship which would otherwise violate Subsection (3) or (7) of Section 112.313, Florida Statutes, is held by [please check applicable space(s)]:
 - The reporting person;
 - The spouse of the reporting person, whose name is _____, or _____
 - A child of the reporting person, whose name is _____
2. The particular transaction or relationship for which this waiver is sought involves [check applicable space]:
 - Supplying the following realty, goods, and/or services: Health care services
 - Regulation of the business entity by the governmental agency served by the advisory board member.
3. The following business entity is doing business with or regulated by the governmental agency:

Broward Health
4. The relationship of the undersigned advisory board member, or spouse or child of the advisory board member, to the business entity transacting this business is [check applicable spaces]:
 - Officer; Partner; Associate; Sole proprietor; Stockholder; Director; Owner of in excess of 5% of the assets of capital stock in such business entity; Employee; Contractual relationship with the business entity;
 - Other, please describe:

PART B - DISCLOSURE OF INTEREST IN SOLE SOURCE OF SUPPLY

WHO MUST COMPLETE THIS PART:

Sections 112.313(3) and 112.313(7), Florida Statutes, prohibit certain employment and business relationships on the part of public officers and employees. See Part III, Chapter 112, Florida Statutes, and/or the brochure entitled "A Guide to the Sunshine Amendment and Code of Ethics for Public Officers and Employees" for more details on these prohibitions. However, Section 112.313(12)(e), Florida Statutes, provides an exemption from the above-mentioned restrictions in the event that the business entity involved is the only source of supply within the political subdivision of the officer or employee. In such cases the officer's or employee's interest in the business entity must be fully disclosed to the governing body of the political subdivision. This Part of Form 4A has been prescribed by the Commission on Ethics for such disclosure, *if and when applicable*.

PLEASE COMPLETE THE FOLLOWING:

1. The partnership, directorship, proprietorship, ownership of a material interest, position of officer, employment, or contractual relationship which would otherwise violate Subsection (3) or (7) of Section 112.313, Florida Statutes, is held by [please check applicable space(s)]:
 - () The reporting person;
 - () The spouse of the reporting person, whose name is _____; or
 - () A child of the reporting person, whose name is _____.

2. The following are the goods, realty, or services being supplied by a business entity with which the public officer or employee, or spouse or child of such officer or employee, is involved is:

3. The business entity which is the only source of supply of the goods, realty, or services within the political subdivision is:

(NAME OF ENTITY) (ADDRESS OF ENTITY)

4. The relationship of the undersigned public officer or employee, or spouse or child of such officer or employee, to the business entity named in Item 3 above is [check applicable spaces]:
 - () Officer; () Partner; () Associate; () Sole proprietor; () Stockholder; () Director; () Owner of in excess of 5% of the assets or capital stock in such business entity; () Employee; () Contractual relationship with the business entity;
 - () Other, please describe:

SIGNATURE

SIGNATURE 	DATE SIGNED <p align="center">5/10/21</p>	DATE FILED
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NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES s. 112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.