

ITEM #1-A

**ADDITIONAL MATERIAL
REGULAR MEETING**

JUNE 6, 2023

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

**BROWARD COUNTY
BOARD OF COUNTY COMMISSIONERS**



AGENDA ITEM

#

Meeting Date

06/06/2023

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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.)	
MOTION TO REAPPOINT Albert C. Jones to the Broward Regional Health Planning Council in the category of "Senior Healthcare Consumer." Why Action is Necessary: The Board must approve appointments and reappointments to advisory boards. What Action Accomplishes: Reappoints Albert C. Jones to the Broward Regional Health Planning Council. 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 Tim Ryan is submitting Albert C. Jones for reappointment to serve on the Broward Regional Health Planning Council in the category of "Senior Healthcare Consumer."			
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		

____ 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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