

**Item # 1-E**

**ADDITIONAL MATERIAL**

**10:00 a.m. Regular Meeting**

**JUNE 6, 2017**

**SUBMITTED AT THE REQUEST OF**

**COMMISSIONER MICHAEL UDINE**



# AGENDA ITEM

# 1-E

Meeting Date  
6/6/2017

<b>Requested Action</b>	(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)
<u>MOTION TO REAPPOINT</u> Dr. Eleanor Nelson-Wernick to the Substance Abuse Advisory Board	
<b>Why Action is Necessary:</b>	Commissioner Udine is reappointing Dr. Eleanor Nelson-Wernick to the Substance Abuse Advisory Board.
<b>What Action Accomplishes:</b>	Reappoints Dr. Eleanor Nelson-Wernick to serve on the Substance Abuse Advisory Board.
<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.)
Commissioner Udine is reappointing Dr. Eleanor Nelson-Wernick to serve on the Substance Abuse Advisory Board.	
<b>Fiscal Impact/Cost Summary</b>	(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)
None	
<b>Exhibits Attached</b> (copies of original agreements)	(Please number exhibits consecutively.)
Exhibit 1 – County Attorney Memo of Qualification	
<b>Document Control</b>	<b>Commission Action</b>

<b>Authorized Signature</b>		<b>Scheduling</b>
(Signature confirms that required approvals from other agencies have been received – e.g. Purchasing, Budget, Risk Mgmt, Attorney)		County Admin initials
Signature: 	Date: <b>Csr. Michael Udine, Commissioner District 3, Phone: 954-357-7003</b>	
Source of additional information: Type Name, Agency, and Phone		

<p>____ Executed original(s) for permanent record (Number)</p>	<p><input type="checkbox"/> APPROVED    <input type="checkbox"/> DENIED</p>
<p>____ Executed copies return to: (Number)</p>	<p><input type="checkbox"/> DEFERRED</p>
<p>Other instructions (Include name, agency, and phone)</p>	<p>From: _____ To: _____</p>

Joni Armstrong Coffey  
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 Michael Udine

**FROM:** Joni Armstrong Coffey, County Attorney

**DATE:** June 2, 2017

**RE:** **Dr. Eleanor Nelson-Wernick, Reappointment to the Substance Abuse  
Advisory Board**  
**CAO Files: 17-026.03 & 17-116.01**

At your request, we have reviewed the information provided concerning Dr. Eleanor Nelson-Wernick and determined that she qualifies for reappointment to the Substance Abuse Advisory Board.

  
\_\_\_\_\_  
County Attorney

JAC/ACH/sm