

Item # 1-D

ADDITIONAL MATERIAL

10:00 a.m. Regular Meeting

SEPTEMBER 26, 2017

SUBMITTED AT THE REQUEST OF

MAYOR BARBARA SHARIEF



AGENDA ITEM

1-D

Meeting Date
09/26/17

Requested Action	(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)
MOTION TO REAPPOINT John Benz to the Broward Regional Health Planning Council	
Why Action is Necessary: Mr. Benz's term is expiring and needs to be reappointed.	
What Action Accomplishes: Reappoints John Benz to the Broward Regional Health Planning Council	
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 an expiring term, Mayor Sharief is reappointing John Benz to the Broward Regional Health Planning Council in the category of "Health Care Provider."	
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	
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: 9/26/17 Type: Name, Title, Agency, and Phone Barbara Sharief, Mayor Commission District 8 954-357-7008	
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: Mayor Barbara Sharief

FROM: Joni Armstrong Coffey, County Attorney

DATE: September 21, 2017

RE: **John A. Benz, Reappointment to the Broward Regional Health Planning Council in the Category of Health Care Provider**
CAO Files: 17-026.08 & 17-116.01

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



County Attorney

JAC/ACH/mm