## **ITEM # 1-D**

## **ADDITIONAL MATERIAL**

10:00 a.m. Regular Meeting SEPTEMBER 13, 2018

SUBMITTED AT THE REQUEST OF

**COMMISSIONER BARBARA SHARIEF** 

#### **PREVIOUS ITEM**

## BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS

#### **NEXT ITEM**

Meeting Date September 13,

# BROWARD COUNTY

### **AGENDA ITEM**

#

Page 1 of 2

a	(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)			atoonio			
MOTION TO APPOINT Ronenia A. Jenkins to the Health and Sanitary Control Board							
/hy Action is Necessary: Fills Commissioner Sharief's vacancy on the Health and Sanitary Control Board							
What Action Accomplishes: Appoints Ronenia A. Jenkins to the Health and Sanitary Control Board							
Is this Action Commission Goal Related?			Yes		No		
an Recovery a	nd Reinvestment Act of 2	009?	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.)							
Fills Commissioner Dr. Barbara Sharief's vacancy on the Health and Sanitary Control Board by submitting Ronenia A. Jenkins for appointment.							
		projected cost, approved budget amount and account number, source of funds, and any nding requirements.)					
None							
Exhibits Attached (copies of original agreements) (Please number exhibits consecutively.)							
Exhibit 1 – County Attorney Memo of Qualification							
ent Control		Comi	nission <i>A</i>	Action			
	a A. Jenkins Commissioned ints Ronenia ated? an Recovery a cound Sharief's va or appointment	Commissioner Sharief's vacancy on the Interest summary of the action that ghow item meets Commission  Commissioner Sharief's vacancy on the Health are or appointment.  (Include projected cost, approved but future funding requirements.)  (Please number exhibits consecutive mo of Qualification	Commissioner Sharief's vacancy on the Health and Sanitary Control Edition on the Health and Sanitary Commissioner Sharief's vacancy on the Health and Sanitary Commendated?  [The first sentence includes the Agency recommendation of the action that gives an overview of the how item meets Commission Challenge Goal.)  Sharief's vacancy on the Health and Sanitary Corrappointment.  [Include projected cost, approved budget amount and acconfuture funding requirements.]  [Please number exhibits consecutively.]  [Please number exhibits consecutively.]	Commissioner Sharief's vacancy on the Health and Sanitary Commissioner Sharief's vacancy on the Health and Sanitary Cints Ronenia A. Jenkins to the Health and Sanitary Control ated?  Yes  In Recovery and Reinvestment Act of 2009?  Yes  Tound  (The first sentence includes the Agency recommendation. Provide summary of the action that gives an overview of the relevant detail how item meets Commission Challenge Goal.)  Sharief's vacancy on the Health and Sanitary Control Boo or appointment.  (Include projected cost, approved budget amount and account number, sou future funding requirements.)  (Please number exhibits consecutively.)  mo of Qualification	A A. Jenkins to the Health and Sanitary Control Board  Commissioner Sharief's vacancy on the Health and Sanitary Control  ints Ronenia A. Jenkins to the Health and Sanitary Control Board  ated?  Yes  An Recovery and Reinvestment Act of 2009?  (The first sentence includes the Agency recommendation. Provide an executiv summary of the action that gives an overview of the relevant details for the iter how item meets Commission Challenge Goal.)  Sharief's vacancy on the Health and Sanitary Control Board by or appointment.  (Include projected cost, approved budget amount and account number, source of funds future funding requirements.)  (Please number exhibits consecutively.)  mo of Qualification		

Authorized Signature (Signature confirms that required approvals from other agencies have been received – e.g. Purchasing, Budget, Risk Mgmt, Attorney)			
Date: Signature:	Commissioner Dr. Barbara Sharief, District 8 Room 437-C (954) 357-7008		
Source of additional information: Type Name, Agency, and Phone			

Continued	Page 2 of 2
Executed original(s) for permanent record	☐ APPROVED ☐ DENIED
(Number) Executed copies return to: Other instructions (Include name, agency, and phone)	☐ DEFERRED From:
	То:



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:

August 30, 2018

RE:

Ronenia A. Jenkins, Appointment to the Health and Sanitary Control

**Board** 

**CAO File: 99268** 

At your request, we have reviewed the information provided concerning Ronenia A. Jenkins and determined that she qualifies for appointment to the Health and Sanitary Control Board.

County Attorney

AJM/ACH/mm