DELEGATION REQUEST	BR	OWARD COUNTY COMMISSION
Request, please submit a letter or fill out to the scheduled appearance date and time	d on the official agenda of a regular meeting the Commission's jurisdiction through a Delegant is form and return to County Administration, Itle, Florida 33301 or fax it back to (954) 357-736. Please indicate in your Request the manimust be included with the original Delegation Rethe discussion.	tion Request. To make a Delegation Room 409, Governmental Center, 60. Each delegation will be notified of the receive
Appearance before the Board of County Commissioners is limited to THREE minutes.		
Hard copies of the agenda will be available in advance at:-http://www.broward.org/co	e in the meeting room, on the day of the meeting mmission/welcome.htm.	, and electronic copies are available
NAME OF DELEGATION OR GROUP: World AIDS Museum		DATE OF REQUEST: 10/23/2018
NAME OF PERSON REPRESENTING GROUP: Sam Joseph, Interim Executive Director	ADDRESS:	PHONE NUMBER: 786-859-2307 EMAIL ADDRESS: sam@worldaidsmuseum.org;
Please indicate (X) how you with to be contacted: Mailing Address Email		
SUBJECT YOU WISH TO DISCUSS: Introduce the World AIDS Museum & Educational Center to the County Commission		
Use this space for any explanatory comments you feel necessary.  To discuss a critical community institution providing services to Broward County residents.		
HAVE YOU EVER CONTACTED ANYONE IN COUNTY GOVERNMENT IN REGARD TO THIS SUBJECT?  YES NO IF SO, WHO? Commissioner Dr. Barbara Sharief		
WHEN? September 24, 2018		
WHAT WAS THE OUTCOME? Commissioner Dr. Sharief recommended that I come to a future Commission Meeting to discuss with the Commission.		
MATERIALS FOR COMMISSION'S RE	EVIEW?	
TO BE COMPLETED BY ADMIN.OFFICE ONLY	DATE DELEGATION SCHEDULED:	DELEGATION NOTIFIED?

Rev. 04/11