

Item # 1F

ADDITIONAL MATERIAL

Regular Meeting

JANUARY 29, 2019

SUBMITTED AT THE REQUEST OF

COMMISSIONER STEVE

GELLER

**BROWARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

Meeting Date
1/29/19



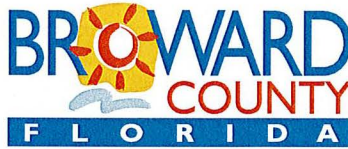
AGENDA ITEM

Requested Action	(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)
MOTION TO REAPPOINT Barbara Effman to the Broward Regional Health Planning Council.	
Why Action is Necessary: Commissioner Geller submits Barbara Effman for reappointment to the Broward Regional Health Planning Council.	
What Action Accomplishes: Reappoints Barbara Effman to the Broward Regional Health Planning Council.	
Is this Action Commission Goal Related? <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.)
Commissioner Geller submits Barbara Effman for reappointment to the Broward Regional Health Planning Council in the category of "non-governmental health care 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.)
Exhibit 1 – County Attorney Memo of Qualification for Barbara Effman	
Document Control	
Commission Action	

Authorized Signature		Scheduling
<small>(Signature confirms that required approvals from other agencies have been received – e.g., Purchasing, Budget, Risk Mgmt., Attorney)</small>		<small>County Admin initials</small>
Signature:	Date:	Type: Name, Title, Agency, and Phone
		Steve Geller, County Commissioner District 5, (954)-357-7005
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) Other instructions (Include name, agency, and phone)</p>	<p><input type="checkbox"/> DEFERRED</p> <p>From: _____</p> <p>To: _____</p>

Andrew J. Meyers
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: Senator Steve Geller

FROM: Andrew J. Meyers, County Attorney

DATE: January 24, 2019

RE: **Barbara S. Effman, Reappointment to the Broward Regional Health Planning Council in the Category of Non-Governmental Health Care Consumer**
CAO File: 99265

At your request, we have reviewed the information provided concerning Barbara S. Effman and determined that she qualifies for reappointment to the Broward Regional Health Planning Council in the category of Non-Governmental Health Care Consumer.


County Attorney

AJM/RBG/mm