

**ITEM #1-H**

**ADDITIONAL MATERIAL**

**Regular Meeting**

**MARCH 28, 2019**

**SUBMITTED AT THE REQUEST OF**

**COMMISSIONER MICHAEL UDINE**




# AGENDA ITEM

#

Meeting Date  
**3/28/2019**

<b>Requested Action</b>	(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)
<b>MOTION TO REAPPOINT</b> Dr. Cary M. Zinkin to the Broward Regional Health Planning Council	
<b>Why Action is Necessary:</b> Dr. Zinkin's term on the Broward Regional Health Planning Council has expired.	
<b>What Action Accomplishes:</b> Reappoints Dr. Cary M. Zinkin to the Broward Regional Health Planning Council	
<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.)
Due to an expired term Commissioner Udine is submitting Dr. Cary M. Zinkin for reappointment to the Broward Regional Health Planning Council in the category of "Health Care Provider"	
<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	
<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
<b>Signature:</b> 	<b>Date:</b> <b>Type:</b> Csr. Michael Udine, Rm. 411 ph: 954-357-7003	
<b>Source of additional information:</b> Type Name, Agency, and Phone		

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



OFFICE OF THE COUNTY ATTORNEY  
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Fort Lauderdale, Florida 33301

954-357-7600 · FAX 954-357-7641

**MEMORANDUM**

**TO:** Commissioner Michael Udine

**FROM:** Andrew J. Meyers, County Attorney

**DATE:** March 20, 2019

**RE:** Dr. Cary M. Zinkin, Reappointment to the Broward Regional Health Planning Council in the Category of Health Care Provider  
CAO File: 99263

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

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

AJM/RBG/mm