

ITEM #1-I

ADDITIONAL MATERIAL

Regular Meeting

MARCH 28, 2019

SUBMITTED AT THE REQUEST OF

MAYOR MARK BOGEN



AGENDA ITEM

#

Meeting Date
03/28/2019

Requested Action	(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)
<u>MOTION TO APPOINT</u> Vince L. Johnson to the Broward Regional Health Planning Council.	
Why Action is Necessary: Fills Mayor Bogen’s vacancy on the Broward Regional Health Planning Council.	
What Action Accomplishes: Appoints Vince Johnson to serve on 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.)
Fills Mayor Bogen’s vacancy on the Broward Regional Health Planning Council by appointing Vince Johnson 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	
Document Control	Commission Action

Authorized Signature <small>(Signature confirms that required approvals from other agencies have been received – e.g. Purchasing, Budget, Risk Mgmt, Attorney)</small>	Scheduling <small>County Admin initials</small>
Signature: _____ Date: _____ Type: Cmsr. Bogen, District 2, x7002	
Source of additional information: 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

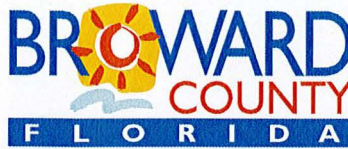


Exhibit 1
OFFICE OF THE COUNTY ATTORNEY
115 S. Andrews Avenue, Suite 423
Fort Lauderdale, Florida 33301

954-357-7600 · FAX 954-357-7641

MEMORANDUM

TO: Mayor Mark D. Bogen

FROM: Andrew J. Meyers, County Attorney

DATE: March 21, 2019

RE: **Vince L. Johnson, Appointment to the Broward Regional Health Planning Council in the Category of Non-Governmental Health Care Consumer**
CAO File: 99262

At your request, we have reviewed the information provided concerning Vince L. Johnson and determined that he qualifies for appointment to the Broward Regional Health Planning Council in the category of Non-Governmental Health Care Consumer.


County Attorney

AJM/RBG/mm