

**ITEM #1-B**

**ADDITIONAL MATERIAL**

**Regular Meeting**

**APRIL 16, 2019**

**SUBMITTED AT THE REQUEST OF**

**COMMISSIONER BEAM FURR**



# AGENDA ITEM

# #

Meeting Date  
04/16/19

<b>Requested Action</b>		<small>(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)</small>	
MOTION TO APPOINT C. Kennon Hetlage to the Broward Regional Health Planning Council.			
<b>Why Action is Necessary:</b>		Fills Commissioner Furr's vacancy on the Broward Regional Health Planning Council.	
<b>What Action Accomplishes:</b>		Appoints C. Kennon Hetlage 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>		<small>(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.)</small>	
Fills Commissioner Furr's vacancy on the Broward Regional Health Planning Council by submitting C. Kennon Hetlage for appointment at-large in the category of "Health Care Purchaser".			
<b>Fiscal Impact/Cost Summary</b>		<small>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</small>	
None			
<b>Exhibits Attached</b> <small>(copies of original agreements)</small>		<small>(Please number exhibits consecutively.)</small>	
Exhibit 1 – County Attorney Memo of Qualification			
<b>Document Control</b>		<b>Commission Action</b>	

<b>Authorized Signature</b>		<b>Scheduling</b>
<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: Beam Furr Commissioner, District Six 954-357-7006	
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:** Commissioner Beam Furr

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

**DATE:** April 11, 2019

**RE:** **C. Kennon Hetlage, Nomination for Appointment At Large to the Broward Regional Health Planning Council in the Category of Health Care Purchaser**  
**CAO File: 99266**

At your request, we have reviewed the information provided concerning C. Kennon Hetlage and determined that he qualifies for nomination for appointment at large to the Broward Regional Health Planning Council in the category of Health Care Purchaser.

  
County Attorney

AJM/AMK/mm