

MANATEE COUNTY GOVERNMENT

AGENDA MEMORANDUM

SUBJECT	Foster Parent Appreciation Week	TYPE AGENDA ITEM	Proclamation
DATE REQUESTED	May 5, 1998	DATE SUBMITTED/REVISED	April 27, 1998
BRIEFINGS/WHO?	None required	CONSEQUENCES IF DEFERRED	Certain activities will take place w/out proper authorization
DEPARTMENT/DIVISION	County Administrator's Office	AUTHORIZED BY/TITLE	Ernie Padgett, County Administrator
CONTACT PERSON TELEPHONE/EXTENSION	Maria Prieto, X3724	PRESENTER/TITLE TELEPHONE/EXTENSION	Board of County Commissioners, X3700

ADMINISTRATIVE APPROVAL

ACTION DESIRED

INDICATE WHETHER "REPORT or "DISCUSSION, "FORM OF MOTION, or "OTHER ACTION REQUIRED:

Adoption of proclamation designating the week of May 10, 1998 as FOSTER PARENT APPRECIATION WEEK in Manatee County, Florida.

ENABLING/REGULATING AUTHORITY

Federal/State law(s), administrative ruling(s), Manatee County Comp Plan/Land Development Code, ordinances, resolutions, policy.)

Board of County Commissioners adopts proclamations.

BACKGROUND/DISCUSSION

- This item was prepared and agendaed at the request of Edwina Jones, Foster Care Recruiter of District VI - Department of Children & Families

HAS COUNTY ATTORNEY REVIEW BEEN REQUESTED? Indicate "NO" or "YES" @ right.
If "NO," proceed to 1A/1B below. If "YES," proceed to 2A/2B below

No

1) IF "NO" TO ABOVE,

A) PLEASE EXPLAIN BELOW: (see also following section 1B re: contract, agreement, lease, etc.)

This is a policy decision, no legal issues are involved

B) IF A CONTRACT, AGREEMENT, LEASE OR OTHER DOCUMENT WAS PREVIOUSLY APPROVED, STATE YEAR OF LAST USE @ RIGHT: 1998

2) IF "YES" TO FIRST QUESTION IN THIS SECTION,

A) HAS ENTIRE MATTER, OR ONLY A PORTION, BEEN REVIEWED? IF ONLY A PORTION, WHICH PORTION?

N/A

B) HAVE ALL COMMENTS/SUGGESTIONS RAISED BY COUNTY ATTORNEY BEEN ADDRESSED/INCORPORATED, IF NOT, PLEASE EXPLAIN. A COPY OF FINAL COUNTY ATTORNEY MEMO RE THIS MATTER MUST BE ATTACHED (if comments were verbal, so indicate.)

N/A

ATTACHMENTS: (List in order as attached)

Proclamation

INSTRUCTIONS TO BOARD RECORDS:

None

COST None

SOURCE (ACCT# & NAME) N/A

COMMENTS None

AMT./FREQ. OF RECURRING COSTS (ATTACH FISCAL IMPACT STATEMENT) None: not required

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