

RESOLUTION No. 2009-169-1114

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, CONFIRMING COUNCILMAN MELVIN L. BRATTON'S APPOINTMENT OF MARY A. WILLIAMS TO THE ELDERLY AFFAIRS ADVISORY COMMITTEE FOR A TWO YEAR TERM; PROVIDING FOR THE ADOPTION OF REPRESENTATIONS; PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City Council has created an Elderly Affairs Advisory Committee,  
and

WHEREAS, the Mayor and each member of the City Council have the right to appoint two members to the Committee for a two and three year term, respectively, and

WHEREAS, Councilman Melvin L. Bratton, has appointed Mary A. Williams to the Elderly Affairs Advisory Committee for a two (2) year term, and

WHEREAS, it is appropriate for the City Council to confirm Councilman Bratton's appointment of Mary A. Williams,

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, AS FOLLOWS:

Section 1. ADOPTION OF REPRESENTATIONS: The foregoing Whereas paragraphs are hereby ratified and confirmed as being true, and the same are hereby made a specific part of this Resolution.

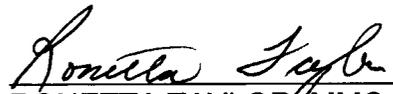
Section 2. CONFIRMATION OF APPOINTMENT: The City Council of the City of Miami Gardens hereby confirms Councilman Melvin L. Bratton's, appointment of Mary A. Williams to the Elderly Affairs Advisory Committee for a two (2) year term.

Section 3. EFFECTIVE DATE: This Resolution shall take effect immediately upon its final passage.

PASSED AND ADOPTED BY THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS AT ITS REGULAR MEETING HELD ON SEPTEMBER 21, 2009.

  
SHIRLEY GIBSON, MAYOR

ATTEST:

  
RONETTA TAYLOR, MMC, CITY CLERK

PREPARED BY: SONJA KNIGHTON DICKENS, ESQ.  
City Attorney

SPONSORED BY: COUNCILMAN MELVIN L. BRATTON

MOVED BY: Councilman Bratton  
SECOND BY: Vice Mayor Gilbert

**VOTE: 7-0**

Mayor Shirley Gibson	<u>X</u> (Yes)	___ (No)
Vice Mayor Oliver Gilbert, III	<u>X</u> (Yes)	___ (No)
Councilwoman Barbara Watson	<u>X</u> (Yes)	___ (No)
Councilman Melvin L. Bratton	<u>X</u> (Yes)	___ (No)
Councilman Aaron Campbell	<u>X</u> (Yes)	___ (No)
Councilwoman Sharon Pritchett	<u>X</u> (Yes)	___ (No)
Councilman André Williams	<u>X</u> (Yes)	___ (No)



## City of Miami Gardens Agenda Cover Memo

<b>Council Meeting Date:</b>	September 21, 2009		<b>Item Type:</b> <i>(Enter X in box)</i>	<b>Resolution</b>	<b>Ordinance</b>	<b>Other</b>	
				x			
<b>Fiscal Impact:</b> <i>(Enter X in box)</i>	Yes	No	<b>Ordinance Reading:</b> <i>(Enter X in box)</i>	<b>1<sup>st</sup> Reading</b>		<b>2<sup>nd</sup> Reading</b>	
		X		<b>Public Hearing:</b> <i>(Enter X in box)</i>	Yes	No	Yes
		X			X		
<b>Funding Source:</b>	N/A		<b>Advertising Requirement:</b> <i>(Enter X in box)</i>	<b>Yes</b>		<b>No</b>	
						X	
<b>Contract/P.O. Required:</b> <i>(Enter X in box)</i>	Yes	No	<b>RFP/RFQ/Bid #:</b>				
		X					
<b>Sponsor Name</b>	<b>Councilman Melvin L. Bratton</b>		<b>Department:</b>	<b>City Council</b>			

### Short Title:

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, CONFIRMING COUNCILMAN MELVIN L. BRATTON'S APPOINTMENT OF MARY A. WILLIAMS TO THE ELDERLY AFFAIRS ADVISORY COMMITTEE FOR A TWO YEAR TERM; PROVIDING FOR THE ADOPTION OF REPRESENTATIONS; PROVIDING AN EFFECTIVE DATE.

### Staff Summary:

The attached resolution confirms Councilman Melvin L. Bratton's appointment of Mary A. Williams to the Elderly Affairs Advisory Committee for a two (2) year term, ending September 21, 2011.

### Proposed Action:

The City Council confirms the appointment of Mary A. Williams to the Elderly Affairs Advisory Committee by Councilman Bratton for a two (2) year term.

### Attachment:

Committee Application

**ITEM J-3) CONSENT AGENDA  
RESOLUTION  
Councilman Bratton's Appointment  
to Elderly Affairs Advisory Committee**

Bratt



**CITY OF MIAMI GARDENS BOARD/COMMITTEE APPLICATION**

1515 NW 167<sup>th</sup> Street, Bldg. 5, Suite 200  
Miami Gardens, FL 33169

Phone No. 305-622-8000  
Fax No. 305-622-8001

1. Position sought: Senior Advisory Committee
2. Name: MARY A. WILLIAMS
3. Home Address: 18761 NW 39 CT Miami Gardens 33055  
(Please print)
4. Business Address: \_\_\_\_\_
5. Employer (if self please state): \_\_\_\_\_
  - a. Job Title: Retired
  - b. Nature of business: \_\_\_\_\_
6. Home Phone No. 305-620-4237 Business Phone No. Cell 786-2023583  
Fax No. \_\_\_\_\_
7. E-mail Address: Will8844e@ellsouth.net
8. Education Background:
  - a. High School
 

Name of School	<u>NORTH Dade JR SR High</u>	Dates of Attendance	<u>Graduated 1961</u>
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  - b. Vocational School
 

Name of School	<u>SCHOOL OF CRIMINAL JUSTICE - CRANE COUNTY</u>	Dates of Attendance	<u>Corrections Rehab. Job Training (CEU)</u>
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  - c. College
 

Name of College	<u>Miami Dade Jr College</u>	Dates of attendance	<u>Graduated 1977</u>
Degree obtained if any		<u>AA</u>	

Please provide a copy of your Resume or CV along with this Application.

9. Community Service (attach additional sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Please state your qualifications for position sought (attach additional sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you aware of any potential or real conflicts of interest that would prevent you from serving on a City board or committee? If so, please state the nature of the real or potential conflict:

no

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Are you employed by the City? Yes \_\_\_\_\_ No

13. Are you employed by the Mayor or any of the Council members in their private capacities? no

14. Are you a resident of the City? Yes  No \_\_\_\_\_

15. Do you own a business in the City? Yes \_\_\_\_\_ No

If yes, please state the name of the business: \_\_\_\_\_  
Is this business a vendor with the City Yes \_\_\_\_\_ No \_\_\_\_\_

16. Do you operate a business in the City? Yes \_\_\_\_\_ No

If yes, please state the name of the business: \_\_\_\_\_  
Is this business a vendor with the City Yes \_\_\_\_\_ No \_\_\_\_\_

17. Ethnic Origin:  
White Non-Hispanic \_\_\_\_\_ African American  Hispanic American \_\_\_\_\_ Other \_\_\_\_\_

18. If there are no vacancies for the board or committee position sought, I would also be interested in serving on the following board(s)/committee(s):

\_\_\_\_\_  
Second choice Third choice  
\_\_\_\_\_  
Fourth choice Fifth choice

I certify that the information contained in this Application is true and accurate.

Signature *Donna Williams* Date 9-2-09  
Applicant

THIS APPLICATION WILL REMAIN ON FILE FOR ONE YEAR