

RESOLUTION NO. 2013-16-1812

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, CONFIRMING COUNCILMAN ERHABOR IGHODARO'S APPOINTMENT OF EMMANUELA LAFRANCE TO THE CARIBBEAN AFFAIRS ADVISORY COMMITTEE FOR A TWO (2) YEAR TERM; PROVIDING FOR THE ADOPTION OF REPRESENTATIONS; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the City Council has created the Caribbean Affairs Advisory Committee ("the Committee"), and

WHEREAS, Councilman Erhabor Ighodaro, and each member of the City Council have the right to appoint a member to the Committee, and

WHEREAS, Councilman Ighodaro has appointed Emmanuela LaFrance to the Committee, and

WHEREAS, it is appropriate for the City Council to confirm the appointment,

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: AUTHORIZATION: The City Council of the City of Miami Gardens hereby confirms Councilman Erhabor Ighodaro's appointment of Emmanuela LaFrance to the Caribbean Affairs Advisory Committee for a two (2) year term.

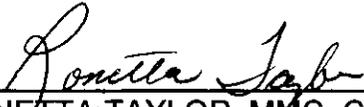
Section 3: EFFECTIVE DATE: This Resolution shall take effect immediately upon its final passage.

PASSED AND ADOPTED BY THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS AT ITS REGULAR MEETING HELD ON JANUARY 23, 2013.



OLIVER GILBERT, III, MAYOR

**ATTEST:**



RONETTA TAYLOR, MMC, CITY CLERK

PREPARED BY: SONJA KNIGHTON DICKENS, ESQ., CITY ATTORNEY

SPONSORED BY: COUNCILMAN ERHABOR IGHODARO, PH.D

Moved by: Councilwoman Odom  
Second by: Councilman Harris

**VOTE: 7-0**

Mayor Oliver Gilbert, III	<u>  X  </u> (Yes)	_____ (No)
Vice Mayor Lisa Davis	<u>  X  </u> (Yes)	_____ (No)
Councilwoman Lillie Q. Odom	<u>  X  </u> (Yes)	_____ (No)
Councilman David Williams Jr	<u>  X  </u> (Yes)	_____ (No)
Councilwoman Felicia Robinson	<u>  X  </u> (Yes)	_____ (No)
Councilman Rodney Harris	<u>  X  </u> (Yes)	_____ (No)
Councilman Erhabor Ighodaro, Ph.D.	<u>  X  </u> (Yes)	_____ (No)



## City of Miami Gardens Agenda Cover Memo

<b>Council Meeting Date:</b> <i>(Enter X in box)</i>	January 23, 2013		<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>	<b>Yes</b>	<b>No</b>	<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>	<b>Yes</b>	<b>No</b>	<b>Yes</b>
<b>Funding Source:</b>			<b>Advertising Requirement:</b> <i>(Enter X in box)</i>	<b>Yes</b>		<b>No</b>	
<b>Contract/P.O. Required:</b> <i>(Enter X in box)</i>	<b>Yes</b>	<b>No</b>	<b>RFP/RFQ/Bid #:</b>				
		X					
<b>Strategic Plan Related</b> <i>(Enter X in box)</i>	<b>Yes</b>	<b>No</b>	<b>Strategic Plan Priority Area:</b>	<b>Strategic Plan Obj./Strategy:</b> <i>(list the specific objective/strategy this item will address)</i>			
		X		Enhance Organizational <input type="checkbox"/> Bus. & Economic Dev <input type="checkbox"/> Public Safety <input type="checkbox"/> Quality of Education <input type="checkbox"/> Qual. of Life & City Image <input type="checkbox"/> Communication <input type="checkbox"/>	N/A		
<b>Sponsor Name</b>	Erhabor Ighodaro, Ph.D., Council Member		<b>Department:</b> <b>City Manager</b>	<i>Office of the Mayor/Council</i>			

### Short Title:

**A RESOLUTION OF THE CITY OF CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, CONFIRMING COUNCILMAN ERHABOR IGHODARO'S APPOINTMENT OF EMMANUELA LAFRANCE TO CARIBBEAN AFFAIRS ADVISORY COMMITTEE; PROVIDING FOR THE ADOPTION OF REPRESENTATIONS; PROVIDING AN EFFECTIVE DATE**

### Staff Summary:

In accordance with the establishment of the Caribbean Affairs Advisory Committee, Councilman Erhabor Ighodaro has appointed Emmanuela LaFrance, in accordance with Section 2-286 of the Code of Ordinances. This Resolution confirms Councilman Ighodaro's appointment for a two year term (2).

**ITEM K-3) CONSENT AGENDA  
RESOLUTION  
Board Appointment**

This appointed member will adhere to duties and powers of the Advisory Committee as outlined in the Ordinance.

**Proposed Action:**

That the City Council approves this resolution.

**Attachment:**



**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: Caribbean Affair Committee
2. Name: Emmanuela LaFrance  
(Please print)
3. Home Address: 420 NW 186 ST Miami, FL 33169
4. Business Address: \_\_\_\_\_
5. Employer (if self please state): Miami Dade Transit
  - a. Job Title: Bus OPERATOR
  - b. Nature of business: \_\_\_\_\_
6. Home Phone No. 772-647-1627 Business Phone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_
7. E-mail Address: Emmanuel.LaFrance001@MYMDC.NET
8. Education Background:
  - a. High School NORTH  
Name of School Miami Sr. Dates of Attendance 1994
  - b. Vocational School  
Name of School \_\_\_\_\_ Dates of Attendance \_\_\_\_\_
  - c. College  
Name of College MDCC Dates of attendance 2011 - Present  
Degree obtained if any \_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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 [Signature] Date \_\_\_\_\_  
 Applicant

THIS APPLICATION WILL REMAIN ON FILE FOR ONE YEAR