



# City of Lauderhill

City Commission  
Chambers at City Hall  
5581 W. Oakland Park  
Blvd.  
Lauderhill, FL, 33313  
www.lauderhill-fl.gov

## File Details

**File Number: 25R-6149**

**File ID:** 25R-6149

**Type:** Resolution

**Status:** Agenda Ready

**Version:** 2

**Reference:**

**In Control:** City Commission Meeting

**File Created:** 03/24/2025

**File Name:**

**Final Action:**

**Title:** RESOLUTION NO. 25R-03-79: A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF LAUDERHILL, FLORIDA STRONGLY OPPOSING THE PROPOSED FEDERAL CUTS TO THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM ("SNAP"); DIRECTING THE CITY CLERK TO TRANSMIT A CERTIFIED COPY OF THIS RESOLUTION TO FLORIDA UNITED STATES SENATORS, BROWARD COUNTY MEMBERS OF THE UNITED STATES HOUSE OF REPRESENTATIVES; FLORIDA LEAGUE OF CITIES; BROWARD LEAGUE OF CITIES AND ANY OTHER INTERESTED PARTIES AND GROUPS; AND PROVIDING FOR AN EFFECTIVE DATE (REQUESTED BY COMMISSIONER MELISSA P. DUNN).

**Notes:**

**Sponsors:**

**Enactment Date:**

**Attachments:** 25R-03-79 Reso Opposing Proposed Federal Cuts to SNAP-3-31-25

**Enactment Number:**

**Contact:**

**Hearing Date:**

\* **Drafter:** phryan@laudershill-fl.gov

**Effective Date:**

## History of Legislative File

Ver- sion:	Acting Body:	Date:	Action:	Sent To:	Due Date:	Return Date:	Result:
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## Text of Legislative File 25R-6149

**RESOLUTION NO. 25R-03-79: A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF LAUDERHILL, FLORIDA STRONGLY OPPOSING THE PROPOSED FEDERAL CUTS TO THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM ("SNAP"); DIRECTING THE CITY CLERK TO TRANSMIT A CERTIFIED COPY OF THIS RESOLUTION TO FLORIDA UNITED STATES SENATORS, BROWARD COUNTY MEMBERS OF THE UNITED STATES HOUSE OF REPRESENTATIVES;**

**FLORIDA LEAGUE OF CITIES; BROWARD LEAGUE OF CITIES AND ANY OTHER  
INTERESTED PARTIES AND GROUPS; AND PROVIDING FOR AN EFFECTIVE  
DATE (REQUESTED BY COMMISSIONER MELISSA P. DUNN).**

**Request Action:**

Urge the Federal Government to not cut funding for the Supplemental Nutrition Assistance Program (SNAP)

**Need Summary Explanation/ Background:**

**Cost Summary/ Fiscal Impact:**

\$0.00

**Attachments:**

Resolution

**Budget Code Number(s):** \_\_\_\_\_

**Procurement Information: [check all that apply]**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> RFP/Bid            | <input type="checkbox"/> Emergency Purchase  | <input type="checkbox"/> SBE              |
| <input type="checkbox"/> Proposal/Quote     | <input type="checkbox"/> State Grant Funds   | <input type="checkbox"/> Local Preference |
| <input type="checkbox"/> Piggyback Contract | <input type="checkbox"/> Federal Grant Funds |   |
| <input type="checkbox"/> Sole Source        | <input type="checkbox"/> Matching Required   |   |