



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: 24R-5944

File ID: 24R-5944

Type: Resolution

Status: Agenda Ready

Version: 1

Reference:

In Control: City Commission
Meeting

File Created: 10/17/2024

File Name: Investigative Findings and Recommendations

Final Action:

Title: RESOLUTION NO. 24R-10-257: A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF LAUDERHILL, FLORIDA, ACCEPTING AND ADOPTING THE FINDINGS OF THE INDEPENDENT INVESTIGATION CONDUCTED BY RIA CHATTERGOON REGARDING COMMISSIONER DENISE D. GRANT AND MAKING RECOMMENDATIONS FOR THE ACTIONS TO BE TAKEN AS A RESULT OF THOSE FINDINGS; PROVIDING FOR CONFLICTS; PROVIDING FOR SEVERABILITY; PROVIDING FOR AN EFFECTIVE DATE.

Notes: Contents of report not public record until investigator presents findings and commission votes upon and adopts the report

Sponsors:

Enactment Date:

Attachments: RES-24R-10-257-Adopt Finding of
Investigation-Grant 2024.pdf

Enactment Number:

Contact:

Hearing Date:

* **Drafter:** apetti@lauderhill-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 24R-5944

RESOLUTION NO. 24R-10-257: A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF LAUDERHILL, FLORIDA, ACCEPTING AND ADOPTING THE FINDINGS OF THE INDEPENDENT INVESTIGATION CONDUCTED BY RIA CHATTERGOON REGARDING COMMISSIONER DENISE D. GRANT AND MAKING RECOMMENDATIONS FOR THE ACTIONS TO BE TAKEN AS A RESULT OF THOSE FINDINGS; PROVIDING FOR CONFLICTS; PROVIDING FOR SEVERABILITY; PROVIDING FOR AN EFFECTIVE DATE.

Request Action:

Accept and adopt findings of the Independent Investigation regarding Denise D. Grant and provide recommended actions.

Need Summary Explanation/ Background:

To accept and adopt the report of the independent investigator and conclude the matter.

Cost Summary/ Fiscal Impact:

Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements

Attachments:

Number all attachments consecutively.

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 | |