



# Baldwin County Commission

## Legislation Details (With Text)

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**File #:** 19-1975      **Version:** 1

**Type:** Presentations      **Status:** Passed

**File created:** 9/3/2019      **In control:** Baldwin County Commission Regular

**On agenda:** 10/15/2019      **Final action:** 10/15/2019

**Title:** Proclamation - Dysautonomia Awareness Month - October 2019

**Indexes:**

**Attachments:** 1. Proclamation - Dysautonomia Awareness Month October 2019, 2. Correspondence from Robertson, Brandy, 3. \*CA1 - Hannah Whitson Prepared Statement, 4. \*CA1 - Proclamation - Dysautonomia Awareness Month SIGNED

Date	Ver.	Action By	Action	Result
10/15/2019	1	Baldwin County Commission Regular	Approved	Pass

**Meeting Type:** BCC Regular Meeting

**Meeting Date:** 10/15/2019

**Item Status:** New

**From:** Wayne Dyess, County Administrator

**Submitted by:** Jeannie M. Peerson, Administrative Support Specialist III

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### ITEM TITLE

Proclamation - Dysautonomia Awareness Month - October 2019

### STAFF RECOMMENDATION

Adopt a Proclamation which sets aside the month of October, 2019 as Dysautonomia Awareness Month in Baldwin County, Alabama.

### BACKGROUND INFORMATION

**Previous Commission action/date:** N/A

**Background:** Staff received correspondence from Ms. Brandy Robertson, dated September 4, 2019, requesting the Commission proclaim the month of October, 2019 as Dysautonomia Awareness Month in Baldwin County, Alabama.

### FINANCIAL IMPACT

**Total cost of recommendation:** N/A

**Budget line item(s) to be used:** N/A

**If this is not a budgeted expenditure, does the recommendation create a need for funding?**  
N/A

### **LEGAL IMPACT**

**Is legal review necessary for this staff recommendation and related documents?**  
N/A

**Reviewed/approved by:** N/A

**Additional comments:** N/A

### **ADVERTISING REQUIREMENTS**

**Is advertising required for this recommendation?** N/A

**If the proof of publication affidavit is not attached, list the reason:** N/A

### **FOLLOW UP IMPLEMENTATION**

**For time-sensitive follow up, select deadline date for follow up:** N/A

**Individual(s) responsible for follow up:** N/A

**Action required (list contact persons/addresses if documents are to be mailed or emailed):**  
N/A

**Additional instructions/notes:** N/A