

Application Form

Disclaimer

Under Florida law, all information, including e-mail, written letters, documents and phone messages, sent to the Alachua County Board of County Commissioners are subject to Public Records law. This includes the sender's e-mail address, home address or phone number if shown in the message, the content of the message and any associated attachments to the mail. If you are exempt from aspects of the public records law pursuant to F.S. 119.071, contact the advisory board coordinator at 352-264-6906 prior to submission of this form.

Please Agree with the Following Statement

I have read the disclaimer above and understand my application is subject to Florida's Public Records Law.

☐ I Agree

Profile

Grant Harrell  
First Name Middle Initial Last Name

411 SW 113th Terrace  
Home Address Suite or Apt

Gainesville FL 32607  
City State Postal Code

gharrell@ufl.edu  
Email Address

Home: (352) 514-4694 Home: (352) 542-0068  
Primary Phone Alternate Phone

UF COM Physician  
Employer Occupation

Education:

BA: Cornell University MD: University of Florida Residency: University of Kentucky

Professional Organizations:

AMA ACP AAFP

Which Boards would you like to apply for?

None Selected

## What position(s) are you applying for?

UF CHFM representative

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## Interests & Experiences

### Are you currently serving or have you ever served on an Alachua County advisory board?

☒ Yes ☐ No

### If yes, please list board(s):

HCAB

### Please list any civic and professional accomplishments/honors, training or experience related to this appointment:

I serve on the GRACE Healthcare board, the Alachua County Safety Net Collaborative and have organized numerous health outreach events on behalf of the city and county related to care for homeless individuals including those diagnosed with COVID-19. I am also Medical Director of the UF Mobile Outreach Clinic which provides services to close to 1000 uninsured residents each year.

### What Contributions do you feel you could make if you were selected to this board?

I have a well-developed understanding of issues related to health equity and community engagement through my roles at the University of Florida and in the community. I directly treat patients 4x/week in both rural and urban settings and so I have an intimate understanding of the challenges that patients all across the demographic spectrum encounter when engaging with the health system.

[Harrell\\_CV\\_2020.docx](#)

Upload a Resume

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## Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. The following information helps track our recruitment and diversity efforts.

### Ethnicity

☒ Caucasian/Non-Hispanic

### Gender

☒ Male

01/19/1983

Date of Birth

### Are you over the age of 60? (Required for some boards)

☐ Yes ☒ No

**Are you a resident of Alachua County?**

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☒ Yes ☐ No

**If you are an Alachua County resident, how long have you lived in the county?**

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37 years

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### **Supplemental Questions**

**Some of the boards and committees appointed by the County Commission are required to comply with Chapter 112, Florida Statutes, the Financial Disclosure Law. If applicable, would you be willing to file the required financial statement?**

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☒ Yes ☐ No

**Do you affirm that your personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities rules and regulations?**

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☒ Yes ☐ No

**Please Agree with the Following Statement**

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**Appointees to advisory board/committees are required to attend scheduled meetings as specified in the "Guidelines for Citizen Advisory Boards and Committees".**

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☒ I Agree

**Please Agree with the Following Statement**

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**I understand that this completed application is the property of Alachua County and I hereby certify that the statements made on this application are true and correct.**

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☒ I Agree