

AGENDA ITEM TRANSMITTAL		Agenda Time Estimates: Minutes or <input checked="" type="checkbox"/> Consent		Leave Blank:	Date/Time Rec'd:
TO: Board of Supervisors FROM: James. A Rydingsword HHSA Director		CONTACT FOR INFORMATION: Name: Enrique Arreola Phone No: (831)637-9293		NUMBER OF CERTIFIED COPIES REQUIRED: 1	
MEETING DATE: 6/14/2016		(1) SUBJECT: New Appointment to the Community Action Board (CAB)			
(2) BACKGROUND INFORMATION (If not summarized within this space provide a staff report instead, noting attachment): The Community Action Board requests the appointment of Ms. Nelda Escamilla as the District #5 Representative of the Poor and Mr. James Whitehead as the District #5 Representative of the Private Sector. The CAB requests that the appointment be effective 6/14/2016. CAB's tripartite board reflects and promotes the unique anti-poverty leadership, action, and mobilization responsibilities assigned by law to community action agencies. CAB is responsible for assuring that it assesses and responds to the causes and conditions of poverty in their community, achieve anticipated family and community outcomes, and remain administratively and fiscally sound. As a tripartite boards, its membership consists of 1) One-third of tripartite board membership must be democratically elected representatives of low-income individuals and families who reside in neighborhoods being served; 2) One-third must be elected officials, holding office at their time of selection, or their representatives; and 3) The remaining board members must be chosen from "business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served. OTHER AGENCY INVOLVEMENT: There are no other agencies involved in this request.					
(4) SUPPORTIVE DOCUMENTS RELATIVE TO THIS ITEM: <input type="checkbox"/> Contract <input type="checkbox"/> Ordinance <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other:		(5) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM: The BOS periodically approves CAB members			
(6) FUNDING SOURCE(S):		(7) CURRENT YEAR COST: \$ 0.00		(8) ANNUAL OR PROJECT COST: \$ 0.00	
(9) BUDGETED: <input type="checkbox"/> YES <input type="checkbox"/> NO		(10) WILL PROPOSAL REQUIRE ADDITIONAL PERSONNEL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, STATE NUMBER: Permanent Limited Term			
(11) RECOMMENDED ACTION(S): It is recommended that the Board of Supervisors: New Appointment of Ms. Nelda Escamilla as the Representative for the Poor for District# 5 and Mr. James Whitehead as the District #5 Representative of the Private Sector to the CAB for a three-year term effective 6/14/2016 through 6/14/2019.					
SIGNATURE OF AGENCY OR DEPARTMENT AUTHORIZED REPRESENTATIVE			DATE		

CLERK'S USE ONLY

☐ APPROVED ☐ DENIED ☐ ADOPTED ☐ CONTINUED TO _____
☐ ACKNOWLEDGED ☐ ACCEPTED ☐ RESOLUTION NO. _____ OTHER _____
☐ SET PUBLIC HEARING ☐ APPOINTED ☐ ORDINANCE NO. _____ NO ACTION TAKEN

BY: _____ Deputy Clerk of the Board	
DATE:	

COPY ROUTING: ORIGINATING DEPT. - AUDITOR - COUNTY COUNSEL

Revised: 9/26/2013

BOARD/COMMISSION/COMMITTEE APPOINTMENT

(This form needs to accompany the transmittal submitted to the Board of Supervisors)

(PLEASE PRINT)

BOARD/COMMISSION: Community Action Board (CAB)

CONTACT PERSON: James A. Rydingsword

NAME OF APPOINTEE:

Nelda Escamilla

283 Willow Dr

Hollister, CA 95023

PHONE: **(209) 603-4065**

E-Mail: **Nelda.escamilla@edd.ca.gov**

DATE APPOINTMENT EFFECTIVE: **6/14/2016**

TERM ENDING: **6/14/2019**

SUPERVISOR DISTRICT: **#5, Poor**

PREVIOUS APPOINTMENTS: **New Appointment to the CAB**

REQUIREMENTS:

If this is a new appointment, a copy of the letter of resignation from the replaced individual is to be attached to this form.

Return completed form along with transmittal to:

San Benito County
Attention: Louie Valdez
481 Fourth Street
Hollister, CA 95023

***San Benito County
Board and Commissions***

MEMBERSHIP APPLICATION

I hereby express an interest in being nominated for membership on the following committee:
(PLEASE PRINT)

BOARD/COMMISSION: **Community Action Board (CAB)**

NAME: _____

PHONE: _____ E:MAIL: _____

BUSINESS ADDRESS: _____

CITY, ST: _____ ZIP: _____

LENGTH OF RESIDENCY: _____

SUPERVISOR DISTRICT: _____

OCCUPATION: _____

EDUCATION: _____

AFFILIATIONS: _____

REASON(S) FOR SEEKING APPOINTMENT: _____

DATE: _____ SIGNATURE: _____

Return completed form to

San Benito County
Attention: Louie Valdez,
Clerk of the Board
481 Fourth Street
Hollister, CA 95023
Any Questions, Please Call:
(831) 636-4000
e-mail: lvaldez@cosb.us

Community Services & Workforce Development
1111 San Felipe Road, Ste 108
Hollister, CA 95023
(831) 637-9293
or
(831) 637-0996 FAX
e-mail: aanderson@cosb.us

BOARD/COMMISSION/COMMITTEE APPOINTMENT

(This form needs to accompany the transmittal submitted to the Board of Supervisors)

(PLEASE PRINT)

BOARD/COMMISSION: Community Action Board (CAB)

CONTACT PERSON: James A. Rydingsword

NAME OF APPOINTEE:

**James Whitehead
575 Arbour Ln
Hollister, CA 95023**

PHONE: **(831) 638-1686**

E-Mail: **jameswhitehead9341@gmail.com**

DATE APPOINTMENT EFFECTIVE: **6/14/2016**

TERM ENDING: **6/14/2019**

SUPERVISOR DISTRICT: **#5, Private**

PREVIOUS APPOINTMENTS: **New Appointment to the CAB**

REQUIREMENTS:

If this is a new appointment, a copy of the letter of resignation from the replaced individual is to be attached to this form.

Return completed form along with transmittal to:

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Attention: Louie Valdez
481 Fourth Street
Hollister, CA 95023

**San Benito County
Board and Commissions**

MEMBERSHIP APPLICATION

I hereby express an interest in being nominated for membership on the following committee:
(PLEASE PRINT)

BOARD/COMMISSION: Community Action Board (CAB)

NAME: JAMES B. WHITEHEAD

PHONE: 831-638-1686 E:MAIL: JAMESWHITEHEAD4341@GMAIL.COM

BUSINESS ADDRESS: 393 J. TOMPKINS COURT

CITY: GILROY ZIP: 95020

LENGTH OF RESIDENCY: 4 1/2 YEARS

SUPERVISOR DISTRICT: 5

OCCUPATION: CONTROLLER FOR A SMALL HI-TECH COMPANY

EDUCATION: M.A. (MASTERS OF ACCOUNTANCY)

AFFILIATIONS: HOLLISTER FAMILY HISTORY CENTER

REASON(S) FOR SEEKING APPOINTMENT: I WILL BE RETIRING + WANT TO
BE MORE INVOLVED IN HOLLISTER.

DATE: 3/22/14 SIGNATURE: 

Return completed form to

San Benito County
Attention: Denise R. Thome,
Clerk of the Board
481 Fourth Street
Hollister, CA 95023
Any Questions, Please Call:
(831) 636-4000
e-mail: dthome@cosb.us

Community Services & Workforce Development
1111 San Felipe Road, Ste 108
Hollister, CA 95023
(831) 637-9293
or
(831) 637-0996 FAX
e-mail: aanderson@cosb.us