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: <u>James A. Rydingsword</u>

NAME OF APPOINTEE:

Pierce Timothy
Caputo Ct
Hollister, CA 95023

PHONE: **(831) E-Mail**:

DATE APPOINTMENT EFFECTIVE: 1/24/2017

TERM ENDING: 11/10/2019

SUPERVISOR DISTRICT: #2, BOS

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

AGENDA ITE	EM TRANSMITTAL	Agenda Time Estimates		lank:	Date/Time Rec'd:			
		Minutes or Conser	t					
TO: Board of Supervisors FROM: James. A Rydingsword HHSA Director		CONTACT FOR INFORM Name: Enrique Ar Phone No: (831)633	reola	NUMBER OF CERTIFIED COPIES REQUIRED: 1				
MEETING DATE:	(1) SUBJECT:	(661/661 6266						
1/24/2017	New Appointment to the Community Action Board (CAB)							
(2) BACKGROUND INFORMAT	ION (If not summarized within this sp	pace provide a staff report inste	ead, noting attachmer	nt):				
	n Board requests the appoi quests that the appointmen		•	District #	2 Representative of			
responsibilities assign responds to the cause	d reflects and promotes ed by law to community ac es and conditions of poverty Iministratively and fiscally s	tion agencies. CAB is y in their community, a	responsible for	assurin	g that it assesses and			
democratically elected served; 2) One-third r 3) The remaining box	ds, its membership considerepresentatives of low-in nust be elected officials, he ard members must be chajor groups and interests in	come individuals and olding office at their ti osen from "business,	families who me of selection industry, laborated	eside in n, or thei	neighborhoods being representatives; and			
OTHER AGENCY INVOLVEMEN	Τ:							
There are no other a	agencies involved in this	request.						
(4) SUPPORTIVE DOCUMENTS		(5) PREVIOUS RELEVANT B	PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:					
☐ Contract ☐ Ordinance	Resolution Other:	The BOS periodica	he BOS periodically approves CAB members					
(6) FUNDING SOURCE(S):		(7) CURRENT YEAR COST: \$ 0.00	(8) ANNUAL OR P	ROJECT	(9) BUDGETED: ☐YES ☐NO			
(10) WILL PROPOSAL REQUIR	E ADDITIONAL PERSONNEL?		NUMBER:	Lim	ited Term			
(11) RECOMMENDED ACTION	(S):	1011	nunent		inted Term			
New Appointment of	nat the Board of Supervis Mr. Pierce Timothy as the fective 11/10/2016 through	he Representative fo	or the BOS for	District	# 2 to the CAB for			
SIGNATURE OF AGENCY OR D	EPARTMENT AUTHORIZED REPRESEI	NTATIVE DA	ΓE					
	TO THE STATE OF TH	CLERK'S USE ONLY						
☐ APPROVED ☐ ACKNOWLEDGED ☐ SET PUBLIC HEARING	☐ DENIED ☐ ADOPTED ☐ ACCEPTED ☐ RESOLUT ☐ APPOINTED ☐ ORDINAN	[ON NO	CONTINUED TO OTHER NO ACTION TAKEN					
BY:								
Deputy Clerk of the	Board							
DATE:								

COPY ROUTING: ORIGINATING DEPT. - AUDITOR - COUNTY COUNSEL

Revised: 9/26/2013

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)

e-mail: dthome@cosb.us

PHONE: E:MAIL: **BUSINESS ADDRESS:** CITY, ST: LENGTH OF RESIDENCY: SUPERVISOR DISTRICT: OCCUPATION: EDUCATION: AFFILLIATIONS: REASON(S) FOR SEEKING APPOINTMENT: Return completed form to San Benito County Community Services & Workforce Development Attention: Denise R. Thome, 1111 San Felipe Road, Ste 108 Clerk of the Board Hollister, CA 95023 481 Fourth Street (831) 637-9293 Hollister, CA 95023 (831) 637-0996 FAX Any Questions, Please Call: e-mail: aanderson@cosb.us (831) 636-4000