

AGENDA ITEM TRANSMITTAL		Agenda Time Estimates: Minutes or <input checked="" type="checkbox"/> Consent	Leave Blank:	Date/Time Rec'd:
TO: Board of Supervisors FROM: Tracey Belton HHSA Director		CONTACT FOR INFORMATION: Name: Enrique Arreola Phone No: (831)634-4918		NUMBER OF CERTIFIED COPIES REQUIRED: 1
MEETING DATE: 8/4/2020	(1) SUBJECT: Health & Human Services Agency: T. Belton-Approve New APPOINTMENT TO THE WORKFORCE DEVELOPMENT BOARD (WDB) three-year term effective 7/14/2020 through 7/14/2023			
(2) BACKGROUND INFORMATION (If not summarized within this space provide a staff report instead, noting attachment): The Workforce Development Board requests the appointment of Mr. Lamont Abraham, as a Public Sector representative, a required board position pursuant to the Workforce Innovation & Opportunity Act Federal Register, Membership of the Local Board, Section 107. The WDB approved Lamont Abraham's appointment at their 7/14/2020 meeting. These board positions are volunteer positions. The representatives from the various required agencies/businesses are not paid by CSWD or the various program/funding sources of the agency. The only time any reimbursement is provided is when/if it is required that a board member attend a Workforce Innovation & Opportunity Act workshop/training/seminar, etc. 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"/> Resolution <input type="checkbox"/> Ordinance <input checked="" type="checkbox"/> Other:		(5) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM: The BOS periodically approves WDB members		
(6) FUNDING SOURCE(S):	(7) CURRENT YEAR COST: \$ 0.00	(8) ANNUAL OR PROJECT COST: \$ 0.00	(9) BUDGETED: YES <input type="checkbox"/> NO <input type="checkbox"/>	
(10) WILL PROPOSAL REQUIRE ADDITIONAL PERSONNEL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, STATE NUMBER: <div style="display: flex; justify-content: space-between; width: 100%;"> Permanent Limited Term </div>				
(11) RECOMMENDED ACTION(S): New Appointment of Mr. Lamont Abraham to represent the Public Sector, a mandated board position, for a three-year term, effective 7/14/2020 through 7/14/2023.				
SIGNATURE OF AGENCY OR DEPARTMENT AUTHORIZED REPRESENTATIVE			DATE	

CLERK'S USE ONLY

- | | | | |
|---|------------------------------------|---|---|
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED | <input type="checkbox"/> ADOPTED | <input type="checkbox"/> CONTINUED TO _____ |
| <input type="checkbox"/> ACKNOWLEDGED | <input type="checkbox"/> ACCEPTED | <input type="checkbox"/> RESOLUTION NO. _____ | OTHER _____ |
| <input type="checkbox"/> SET PUBLIC HEARING | <input type="checkbox"/> APPOINTED | <input type="checkbox"/> ORDINANCE NO. _____ | NO ACTION TAKEN _____ |

BY: _____ Deputy Clerk of the Board	
DATE: _____	

COPY ROUTING: ORIGINATING DEPT. - AUDITOR - COUNTY COUNSEL

BOARD/COMMISSION/COMMITTEE APPOINTMENT

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

(PLEASE PRINT)

BOARD/COMMISSION: **Workforce Development Board (WDB)**

CONTACT PERSON: **Enrique Arreola**

NAME OF APPOINTEE:

**Lamont Abraham
10300 Merritt St
Castroville, CA 95012**

PHONE: **8317310927** E-Mail: **lamont@ibew234.org**

DATE APPOINTMENT EFFECTIVE: **7/14/2020**

TERM ENDING: **7/14/2023**

MANDATED PARTNER for the: **Public Sector**

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

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: Clerk of the Board
481 Fourth Street
Hollister, CA 95023