

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:

Juan Cruz

Hollister, CA 95023

PHONE:

E-Mail: cruzbass@charter.net

DATE APPOINTMENT EFFECTIVE: **3/15/2018**

TERM ENDING: **3/15/2021**

SUPERVISOR DISTRICT: **#3, Representative of the Poor**

PREVIOUS APPOINTMENTS: Re- 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 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: 3/15/2018	(1) SUBJECT: Re- Appointment to the Community Action Board (CAB)			
(2) BACKGROUND INFORMATION (If not summarized within this space provide a staff report instead, noting attachment): <p>The Community Action Board requests the appointment of Mr. Juan Cruz as the District #3 Representative of the Poor. The CAB requests that the appointment be effective 3/15/2018.</p> <p>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.</p> <p>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.</p> <p>OTHER AGENCY INVOLVEMENT:</p> <p>There are no other agencies involved in this request.</p>				
(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 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: <div style="display: flex; justify-content: space-between; width: 100%;"> Permanent Limited Term </div>				
(11) RECOMMENDED ACTION(S): <p>It is recommended that the Board of Supervisors:</p> <p>Re- Appointment of Mr. Juan Cruz as the Representative for the Poor for District# 3 to the CAB for a three-year term effective 3/15/2018 through 3/15/2021.</p>				
_____ SIGNATURE OF AGENCY OR DEPARTMENT AUTHORIZED REPRESENTATIVE		_____ DATE		

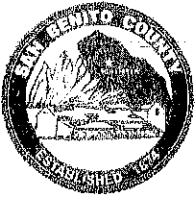
CLERK'S USE ONLY

<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:	
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COPY ROUTING: ORIGINATING DEPT. - AUDITOR - COUNTY COUNSEL

Revised: 9/26/2013



COUNTY OF SAN BENITO BOARD OF SUPERVISORS

481 Fourth Street ♦ Hollister, CA 95023

www.cosb.us

Phone: 831-636-4000 ♦ Fax: 831-636-4010

supervisors@cosb.us

Margie Barrios
District 1

Anthony Botelho
District 2

Robert Rivas
District 3

Jerry Muenzer
District 4

Jaime De La Cruz
District 5

NOTICE OF APPOINTMENT

February 22, 2012

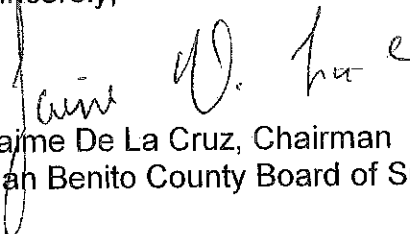
Mr. Juan Cruz
~~920 Sutter Street X~~
Hollister, CA 95023

Dear Mr. Cruz:

At their meeting of February 21, 2012 the San Benito County Board of Supervisors appointed you to the Community Action Board for a three-year term effective February 21, 2012 through February 21, 2015.

The Board of Supervisors appreciates your willingness to serve and wishes you success in your service as a member of this body.

Sincerely,


Jaime De La Cruz, Chairman
San Benito County Board of Supervisors

AGENDA ITEM TRANSMITTAL		Agenda Time Estimates: Minutes or <input checked="" type="checkbox"/> Consent	Leave Blank:	Date/Time Rec'd:
TO: BOARD OF SUPERVISORS				
FROM: Kathy Flores		CONTACT FOR INFORMATION: Name: Enrique Arreola Phone No: 637-9293	NUMBER OF CERTIFIED COPIES REQUIRED: 1	
MEETING DATE: February 21, 2012	SUBJECT: APPOINTMENT TO THE COMMUNITY ACTION BOARD (CAB)			
(2) BACKGROUND INFORMATION (Attach additional pages if necessary):				
The Community Action Board requests the appointment of Mr. Juan Cruz as the District #3 Low Income Representative. The CAB requests that the appointment be effective February 21, 2012 for a three year term.				
(3) OTHER AGENCY INVOLVEMENT:				
There are no other agencies involved in this request.				
(4) SUPPORTIVE DOCUMENTS RELATIVE TO THIS ITEM: <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Ordinance		(5) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:		
<input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Other:				
(6) FUNDING SOURCE(S): Federal- Community Services Block Grant (CSBG)		(7) CURRENT YEAR COST: 0	(8) ANNUAL COST:	(9) BUDGETED: <input checked="" 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: Appoint Mr. Juan Cruz to the CAB for a three-year term effective February 21, 2012 through February 21, 2015.				
Kathy Flores, HHSA Director		2/6/12		
SIGNATURE OF AGENCY OR DEPARTMENT AUTHORIZED REPRESENTATIVE		DATE		

COPY ROUTING: BOARD - ORIGINATING DEPT. - AUDITOR

REVISÉD: 3/14/11

**San Benito County
Board and Commissions**

MEMBERSHIP APPLICATION

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

BOARD/COMMISSION: Community Action Board (CAB)

NAME: Juan Cruz

PHONE: 630 0163

E-MAIL: CRUZbass@charter.net

BUSINESS ADDRESS: Home ~~XXXXXXXXXX~~ St

CITY: Hollister

ZIP: 95023

LENGTH OF RESIDENCY: 12 yrs.

SUPERVISOR DISTRICT: 3

OCCUPATION: Vehicle Technician

EDUCATION: High School

AFFILIATIONS: none

REASON(S) FOR SEEKING APPOINTMENT: Replacement of current
district 3 representative of the poor.

DATE: 7-6-11

SIGNATURE: [Signature]

Return completed form to

San Benito County
Attention: Linda Churchill, Asst. Clerk
of the Board
481 Fourth Street
Hollister, CA 95023
Any Questions, Please Call:
(831) 636-4000

-Or-

Community Services & Workforce Development
1111 San Felipe Road, Ste 108
Hollister, CA 95023
(831) 637-9293
(831) 637-0996 FAX

RECEIVED
JUL 14 2011

BY: _____

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: **Enrique Arreola**

NAME OF APPOINTEE: **Juan Cruz**
~~920 S. MAIN STREET~~
Hollister, CA 95023

PHONE: **(831) 630-0163** E-Mail: **cruzbass@charter.net**

DATE APPOINTMENT EFFECTIVE: **February 21, 2012**

TERM ENDING: **February 21, 2015**

SUPERVISOR DISTRICT: **District 3**

PREVIOUS APPOINTMENTS: **New Appointment to Community Action Board**

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.

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Attention: Linda Churchill
481 Fourth Street
Hollister, CA 95023