AGENDA ITEM TRANSMITTAL		Agenda Time Estimates: Minutes or Consent	Leave Bla	ink: Date/Time I	Rec'd:			
TO: Board of Supervisors								
FROM: James. A Rydi		CONTACT FOR INFORMA	TION:	I NUMBER OF CERTIFIED	COPIES			
HHSA Director		Name: Enrique Arr	eola	REQUIRED:				
		Phone No: (831)637	-9293 <i>′</i>	1				
MEETING DATE:	(1) SUBJECT:							
10/9/2018	Re- Appointment to the Community Action Board (CAB)							
(2) BACKGROUND INFORMATI	ON (If not summarized within this spa	ce provide a staff report instea	nd, noting attachment)):				
•	n Board requests the appoir quests that the appointment			istrict #1 Represe	entative of			
responsibilities assigneresponds to the cause	d reflects and promotes ed by law to community acti s and conditions of poverty ministratively and fiscally so	on agencies. CAB is in their community, a	responsible for a	assuring that it a	ssesses and			
democratically elected served; 2) One-third n 3) The remaining boars	ds, its membership consist I representatives of low-inc nust be elected officials, ho ard members must be cho ajor groups and interests in t	ome individuals and lding office at their tir sen from "business,	families who re ne of selection, industry, labor	side in neighbor or their represe	hoods being ntatives; and			
OTHER AGENCY INVOLVEMENT:								
There are no other agencies involved in this request.								
(4) SUPPORTIVE DOCUMENTS	RELATIVE TO THIS ITEM:	(5) PREVIOUS RELEVANT BC) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:					
Contract Ordinance	Resolution Other:	he BOS periodically approves CAB members						
(6) FUNDING SOURCE(S):		(7) CURRENT YEAR COST: \$ 0.00	(8) ANNUAL OR PROCEST: \$ 0.00	OJECT (9) BUDGET	ED: □NO			
(10) WILL PROPOSAL REQUIR	 E ADDITIONAL PERSONNEL? ☐ YE							
			anent	Limited Term				
(11) RECOMMENDED ACTION(S):							
It is recommended th	nat the Board of Supervis	ors:						
Re- Appointment of Ms. Carol Thomas as the Representative for the BOS for District# 1 to the CAB for a three-year term effective 8/29/2018 through 8/29/2021.								
SIGNATURE OF AGENCY OR DI	EPARTMENT AUTHORIZED REPRESEN	TATIVE DAT	E					
		CLERK'S USE ONLY						
APPROVED	☐ DENIED ☐ ADOPTED							
	☐ ACCEPTED ☐ RESOLUTION ☐ APPOINTED ☐ ORDINANC		OTHER NO ACTION TAKEN					
		<u> </u>	THE THINK IT WAS A STATE OF THE PARTY OF THE					
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: <u>James A. Rydingsword</u>

NAME OF APPOINTEE:

Carol Thomas Hollister, CA 95023

PHONE: (831) 801-9733 E-Mail: ctgoglobal@gmail.com

DATE APPOINTMENT EFFECTIVE: 10/9/2018

TERM ENDING: 8/29/2021

SUPERVISOR DISTRICT: #1, Representative of the BOS

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: Janet Slipsager

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: Carol Thomas E:MAIL: ctgoglobal@gmail.com PHONE: 831.801.9733 CITY, ST: Hollister, Ca. 95023 ZIP: LENGTH OF RESIDENCY: 14 years SUPERVISOR DISTRICT: First District Bos OCCUPATION: Retired **EDUCATION:** High School Diploma, 2-year Secretarial Certificate, Classes at Neighboring Colleges (Sign Language and Real Estate) AFFILLIATIONS: Member of YEP Council, Licensed Minister with UEC, Member of Abundant Life Church REASON(S) FOR SEEKING APPOINTMENT: I have been an active participant in community events for the past 15 years. Worked for the Downtown Association and facilitated the Lights on Parade and Street Festival. I was on the original Board of Directors for the Emmaus House and collected donations for two years. It is my desire to contribute my gifts and community experience and serve on this Board.

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: 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

AGENDA ITEM TRANSMITTAL		Agenda Time Es Minutes or		Leave Blank:	Date/Time Rec'd:				
TO: Board of Supervisors FROM: James. A Rydingsword HHSA Director									
		Name: Enriqu	CONTACT FOR INFORMATION: Name: Enrique Arreola Phone No: (831)637-9293		NUMBER OF CERTIFIED COPIES REQUIRED:				
MEETING DATE:	(1) SUBJECT:		1,001 0200	'					
Sep 22, 2015	New Appointments to the C	intments to the Community Action Board (CAB)							
(2) BACKGROUND INFORMATI	ON (If not summarized within this sp	oace provide a staff rep	ort instead, noting	attachment):					
	Board requests the appointment ict #1 Representative of the E								
responsibilities assigned responds to the cause	d reflects and promotes ed by law to community ac s and conditions of poverty ministratively and fiscally s	tion agencies. C y in their commu	AB is respons	sible for assuri	ng that it assesses and				
democratically elected served; 2) One-third m 3) The remaining boa	ls, its membership cons I representatives of low-in nust be elected officials, hard members must be ch ujor groups and interests in	come individuals olding office at t osen from "bus	s and families neir time of so ness, industr	who reside in the selection, or the	n neighborhoods being eir representatives; and				
OTHER AGENCY INVOLVEMENT	- 								
There are no other a	gencies involved in this	request.							
(4) SUPPORTIVE DOCUMENTS	(5) PREVIOUS RELE	PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:							
☐ Contract ☐ Ordinance	Resolution Other:	The BOS peri	ne BOS periodically approves CAB members						
(6) FUNDING SOURCE(S):		(7) CURRENT YEAR \$ 0.00	COST: (8) ANN COST: \$	UAL OR PROJECT	(9) BUDGETED: ☐ YES ☐ NO				
(10) WILL PROPOSAL REQUIRE	E ADDITIONAL PERSONNEL?		, STATE NUMBER:	1.5					
(11) RECOMMENDED ACTION(S):		Permanent	LII	mited Term				
It is recommended th	nat the Board of Supervi	sors:							
Appointment Mr. Jeff	frey Anyeneh as the Rep	resentative for	the Poor for	District# 1 to	the CAB for a				
three-year term effec	ctive 8/18/2015 through 8	3/18/2018. and	Carol Thoma	as, District #1	Representative of				
the BOS for a three-	year term effective Augu	st 29, 2015 thre	ough August	29, 2018.	·				
	<i>,</i> 3 -								
SIGNATURE OF AGENCY OR DI	EPARTMENT AUTHORIZED REPRESEI	NTATIVE	DATE						
		CLERK'S USE ONL'		IED TO					
☐ APPROVED ☐ ACKNOWLEDGED	☐ DENIED ☐ ADOPTED ☐ ACCEPTED ☐ RESOLUT		OTHER						
SET PUBLIC HEARING	APPOINTED ORDINAN	CE NO.	NO ACTION	I TAKEN					
BY:									
Deputy Clerk of the	Board								
DATE:									

COPY ROUTING: ORIGINATING DEPT. - AUDITOR - COUNTY COUNSEL

Revised: 9/26/2013

COUNTY OF SAN BENITO, CA - NOTICE OF UNSCHEDULED VACANCY



NOTICE OF SPECIAL VACANCY COMMUNITY ACTION BOARD (CAB) REPRESENTING THE POOR SUPERVISOR DISTRICT No. 1

In accordance with California Government Code Section 54974 (a), public notice is hereby given that an Unscheduled Vacancy has occurred on the San Benito County Community Action Board (CAB) as of 01/08/2015.

A position on the CAB has become available for appointment by the San Benito County Board of Supervisors to Represent the Poor from Supervisor District No. 1.

The CAB meets on the second Thursday of each month at 5:30 P.M. at the Community Services & Workforce Development Department (CSWD), 1111 San Felipe Road, Suite 108 Hollister, CA 95023 except for the months of February, May, August and December.

According to the CAB Bylaws, each representative must live in the supervisorial district they represent when initially appointed. Representatives of the Poor and the Board of Supervisors must continue to live in their respective districts. Representatives of the private sector may continue to serve on the board after their initial appointment as long as they live or work in the district they represent.

Persons interested in membership to represent the above should complete an application form, available at the County Administrative Office, at the CSWD Office or online at www.sbccab.wix.com/cab1. Any questions regarding CAB activities and/or responsibilities may be directed to any CAB member or to CSWD staff at the above address, or call (831) 637-9293.

Pursuant to Government Code Section 54970 et. seq., public notice is required for unscheduled vacancies on boards, commissions or committees for ten (10) working days before the Board or Board Chairman fills the vacancy.

ouie Valdez

Clerk of the Board of Supervisors

County of San Benito, CA

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: Carol Thomas E:MAIL: ctgoglobal@gmail.com PHONE: 831.801.9733 BUSINESS ADDRESS: Home -1738H Prater Way CITY, ST: Hollister, Ca. 95023 ZIP: LENGTH OF RESIDENCY: 14 years SUPERVISOR DISTRICT: First District Bos OCCUPATION: Retired **EDUCATION:** High School Diploma, 2-year Secretarial Certificate, Classes at Neighboring Colleges (Sign Language and Real Estate) AFFILLIATIONS: Member of YEP Council, Licensed Minister with UEC, Member of Abundant Life Church REASON(S) FOR SEEKING APPOINTMENT: I have been an active participant in community events for the past 15 years. Worked for the Downtown Association and facilitated the Lights on Parade and Street Festival. I was on the original Board of Directors for the Emmaus House and collected donations for two years. It is my desire to contribute my gifts and community experience and serve on this Board. 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: 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

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:

Carol Thomas Hollister, CA 95023

PHONE: (831) 801-9733 E-Mail: ctgoglobal@gmail.com

DATE APPOINTMENT EFFECTIVE: 8/29/2015

TERM ENDING: 8/29/2018

SUPERVISOR DISTRICT: #1, BOS

PREVIOUS APPOINTMENTS: New

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