

<b>AGENDA ITEM TRANSMITTAL</b>		Agenda Time Estimates: Minutes or <input checked="" type="checkbox"/> Consent		Leave Blank:	Date/Time Rec'd:
TO: <b>Board of Supervisors</b> FROM: <b>James. A Rydingsword</b> <b>HHSA Director</b>		CONTACT FOR INFORMATION: Name: <b>Enrique Arreola</b> Phone No: <b>(831)637-9293</b>		NUMBER OF CERTIFIED COPIES REQUIRED: <b>1</b>	
MEETING DATE: <b>10/23/18</b>	(1) SUBJECT: <b>Re-APPOINTMENTS TO THE WORKFORCE DEVELOPMENT BOARD (WDB)</b>				
(2) BACKGROUND INFORMATION (If not summarized within this space provide a staff report instead, noting attachment): <p>The Workforce Development Board requests the re-appointments of Ms. Kristina Chavez-Wyatt, as the Economic Development Representative and Mr. Al Gonzalez Jr representatives of the Labor Organizations, as required board positions pursuant to the Workforce Innovation &amp; Opportunity Act Federal Register, Membership of the Local Board, Section 107. The WDB approved Ms. Chavez Wyatt's and Mr. Gonzalez re-appointment at their 10/09/18 meeting.</p> <p>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 &amp; Opportunity Act workshop/training/seminar, etc.</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: <b>The BOS periodically approves WIB members</b>			
(6) FUNDING SOURCE(S):		(7) CURRENT YEAR COST: <b>\$ 0.00</b>	(8) ANNUAL OR PROJECT COST: <b>\$ 0.00</b>	(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="text-align: right;">Permanent                      Limited Term</div>					
(11) RECOMMENDED ACTION(S): <p>It is recommended that the Board of Supervisors:</p> <p>Re-Appoint Ms. Kristina Chavez Wyatt to represent the Economic Development and Mr. Al Gonzalez Jr representatives of the Labor Organizations, mandated board positions, for a three year term, effective 10/23/18 through 10/23/21.</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: _____	

**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: Workforce Development Board (WDB)

CONTACT PERSON: Enrique Arreola

NAME OF APPOINTEE:

**Kristina Chavez Wyatt**  
**Hollister, CA 95023**

PHONE: **(831) 524-0408** E-Mail: **kristina@SBCBusinessCouncil.com**

DATE APPOINTMENT EFFECTIVE: **10/23/18**

TERM ENDING: 10/23/21

MANDATED PARTNER for the: **Economic Development Representative**

PREVIOUS APPOINTMENTS: **Re-Appointment to the WDB**

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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: **Workforce Investment Board (WIB)**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

LENGTH OF RESIDENCY: \_\_\_\_\_

SUPERVISOR DISTRICT: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

AFFILIATIONS: \_\_\_\_\_

REASON(S) FOR SEEKING APPOINTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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Return completed form to:

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

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

**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: **Workforce Investment Board (WIB)**

NAME: Al Gonzalez Jr.

PHONE: 408-644-5897 E-MAIL: Al@loca/393.org

BUSINESS ADDRESS: 6150 Cottle Rd.

CITY: San Jose Ca. ZIP: 95123

LENGTH OF RESIDENCY: \_\_\_\_\_

SUPERVISOR DISTRICT: \_\_\_\_\_

OCCUPATION: Business Representative Local Union 393

EDUCATION: Attend U.C. Berkely

AFFILIATIONS: \_\_\_\_\_

REASON(S) FOR SEEKING APPOINTMENT: \_\_\_\_\_

DATE: 9-21-15 SIGNATURE: 

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Email to: [aanderson@cosb.us](mailto:aanderson@cosb.us)

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:

**Al Gonzalez, Jr**

**6150 Cottle Rd**

**San Jose, CA 95123**

PHONE: **(408) 664-5897**

E-Mail: **al@local393.org**

DATE APPOINTMENT EFFECTIVE: **10/23/18**

TERM ENDING: **10/23/21**

MANDATED PARTNER for the: **Labor Union Representative**

PREVIOUS APPOINTMENTS: **Re-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.*

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