

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: 11/15/2018	(1) SUBJECT: New 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 Ms. Linda McKell as the District #1 Representative of the Poor. The CAB requests that the appointment be effective 12/11/2018.</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>New Appointment of Ms. Linda McKell as the Representative for the Poor for District# 1 to the CAB for a three-year term effective 12/11/2018 through 12/11/2021.</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:	
--	--

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: **James A. Rydingsword**

NAME OF APPOINTEE:

Linda McKell

Hollister, CA 95023

PHONE: **(650) 722-1415**

E-Mail: **lmckell@aimusa.com**

DATE APPOINTMENT EFFECTIVE: **11/15/2018**

TERM ENDING: **12/11/2021**

SUPERVISOR DISTRICT: **#1, Representative of the Poor**

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

Jeffrey Anyeneh
(408) 614-9841

Community Action Board
1111 San Felipe Road, Suite 108
Hollister, CA 95023
Jeffrey Anyeneh

August 24, 2017

Subject: Letter of Resignation from CAB

Dear Board Chair,

I want to thank you for the opportunity to service on the Community Action Board. Serving on the board allowed me to learn about my community and the services available to our low-income population.

Due to moving out of the county, I must submit my letter of resignation.

Sincerely,



Jeffrey Anyeneh

***San Benito County
Board and Commissions***

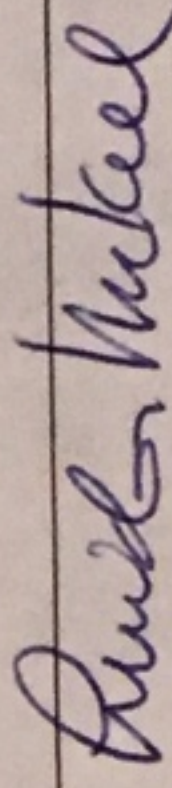
MEMBERSHIP APPLICATION

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

BOARD/COMMISSION: Community Action Board (CAB)

NAME: Linda McKell E:MAIL: lmckell@aimusa.com
PHONE: 650-722-1415
BUSINESS ADDRESS: 621 Carpenter Drive
CITY, ST: Hollister, CA ZIP: 95023
LENGTH OF RESIDENCY: 21 years
SUPERVISOR DISTRICT: 1
OCCUPATION: Retired
EDUCATION: MS
AFFILIATIONS: _____
REASON(S) FOR SEEKING APPOINTMENT: _____

Interest in helping in the community

DATE: 10-10-18 SIGNATURE: 

Return completed form to

San Benito County Attention:

Clerk of the Board
481 Fourth Street
Hollister, CA 95023
Any Questions, Please Call:
(831) 636-4000
e-mail: JSlibsager@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