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: <u>Enrique Arreola</u>

NAME OF APPOINTEE: Frowein Chuck
401 McCray St

Hollister, CA 95023

PHONE: (707) 580-2555 E-Mail: n/a

DATE APPOINTMENT EFFECTIVE: 2/5/2019

TERM ENDING: **2/5/2022**

MANDATED PARTNER for the: Private 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: Louie Valdez

481 Fourth Street Hollister, CA 95023

AGENDA ITEM TRANSMITTAL				Agenda Time Estimates: Minutes or ■ Consent		Date/Time Rec'd:		
то: Board of Supervisors								
FROM: James. A Rydingsword				CONTACT FOR INFORMATION: NUMBER OF CERTIFIED COPI				
HHSA Director		Name: Enrique Arreola REQUIRED:			IRED:			
MEETING DATE:	(1) SUBJECT:	Phone No: (831)637-9293 1						
TILLTING DATE.	. ,	CNT TO THE				/DD)		
(2) DAGKODOUND THEODIAT	New APPOINTMI				•	VDB)		
	oment Board req pursuant to the	uests the a Workforce	ppointment of Innovation &	Mr. Frowein Copportunity Ac	Chuck, as a Pi ct Federal Reg	rivate representative, a gister, Membership of the eeting.		
	or the various pr	ogram/fund	ling sources o	of the agency.	The only time	d agencies/businesses any reimbursement is ortunity Act workshop/		
OTHER AGENCY INVOLVEMENT	Γ:							
There are no other agencies involved in this request.								
(4) SUPPORTIVE DOCUMENTS	SRFI ATIVE TO THIS T	rem:	(5) PREVIOUS RE	EVANT BOARD ACT	TONS ON THIS SPE	ECIFIC ITEM:		
☐ Contract ☐ Ordinance	☐ Contract ☐ Resolution		(5) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM: The BOS periodically approves WDB members					
(6) FUNDING SOURCE(S):			(7) CURRENT YEA \$ 0.00		NUAL OR PROJECT \$ 0.00	(9) BUDGETED: YES NO □		
10) WILL PROPOSAL REQUIRE ADDITIONAL PERSONNEL? YES NO If YES, STATE NUMBER:								
Permanent Limited Term (11) RECOMMENDED ACTION(S):								
It is recommended that the Board of Supervisors: New Appointment of Mr. Frowein Chuck to represent the Private Sector, a mandated board position, for a three year term, effective 2/5/2019 through 2/5/2022.								
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SIGNATURE OF AGENCT OR DEFARTMENT AUTHORIZED REFRESENTATIVE								
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☐ ACKNOWLEDGED ☐ ACCEPTED ☐ RESOLUTIO								
SET PUBLIC HEARING	APPOINTED	ORDINANCE	NO	NO ACTIO	ON TAKEN			
BY: Deputy Clerk of the Board								

COPY ROUTING: ORIGINATING DEPT. - AUDITOR - COUNTY COUNSEL

DATE:

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: <u>Enrique Arreola</u>

NAME OF APPOINTEE:

Leonor Nelson 1972 Eisenhower Dr Santa Clara, CA 95054

PHONE: (408) 216-6111 E-Mail: nNelson.Leonor@ED.ca.gov

DATE APPOINTMENT EFFECTIVE: 2/5/2019

TERM ENDING: **2/5/2022**

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: Louie Valdez

481 Fourth Street Hollister, CA 95023

AGENDA ITEM TRANSMITTAL			Agenda Time I Minutes or					
то: Board of Supervisors FROM: James. A Rydingsword HHSA Director			Name: Enrice	RINFORMATION: que Arreola 31)637-9293	NUMBI REQUI 1	ER OF CERTIFIED COPIES RED:		
MEETING DATE:	(1) SUBJECT:				ı			
	New APPOINTMENT TO THE WORKFORCE DEVELOPMENT BOARD (WDB)							
(3) BACKGROUND INFORMATI The Workforce Develop required board position Local Board, Section 1	oment Board req pursuant to the	uests the a Workforce	ppointment of Innovation & (Mr. Leonor Ne Opportunity Ac	elson, as a Pu t Federal Reg	ister, Membership of the		
These board positions are not paid by CSWD provided is when/if it is training/seminar, etc.	or the various pr	ogram/fund	ding sources o	f the agency. T	he only time	any reimbursement is		
OTHER AGENCY INVOLVEMENT	OTHER AGENCY INVOLVEMENT:							
There are no other a	igencies involve	ed in this r	equest.					
(4) SUPPORTIVE DOCUMENTS RELATIVE TO THIS ITEM: ☐ Contract ☐ Resolution		(5) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:						
☐ Ordinance ■ Other:			The BOS periodically approves WDB members					
(6) FUNDING SOURCE(S):			(7) CURRENT YEA \$ 0.00	R COST: (8) ANN COST: \$	UAL OR PROJECT 0.00	(9) BUDGETED: YES NO		
(10) WILL PROPOSAL REQUIR	E ADDITIONAL PERSON	NNEL? YE	S NO If Y	ES, STATE NUMBER: Permanent		Limited Term		
(11) RECOMMENDED ACTION(S):							
It is recommended that the Board of Supervisors: New Appointment of Mr. Leonor Nelson to represent the Private Sector, a mandated board position, for a three year term, effective 2/5/2019 through 2/5/2022.								
SIGNATURE OF AGENCY OR D	EPARTMENT AUTHORIZ	ZED REPRESEN	TATIVE	DATE				
CLERK'S USE ONLY								
☐ APPROVED ☐ DENIED ☐ ADOPTED ☐ ACKNOWLEDGED ☐ ACCEPTED ☐ RESOLUTION N ☐ SET PUBLIC HEARING ☐ APPOINTED ☐ ORDINANCE NO								
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BY: Deputy Clerk of the Board								
DATE:								

COPY ROUTING: ORIGINATING DEPT. - AUDITOR - COUNTY COUNSEL