

<b>AGENDA ITEM TRANSMITTAL</b>		Agenda Time Estimates: Minutes or <input checked="" type="checkbox"/> Consent	Leave Blank:	Date/Time Rec'd:
TO: BOARD OF SUPERVISORS				
FROM: Pauline Valdivia SBC LTCC		CONTACT FOR INFORMATION: Name: Pauline Valdivia Phone No: (831) 637-9275	NUMBER OF CERTIFIED COPIES REQUIRED:	
MEETING DATE: February 2019	(1) SUBJECT: Approve SBC LTCC Membership (appointment)			
(2) BACKGROUND INFORMATION (Attach additional pages if necessary):				
The SBC Long Term Care Commission has been a standing committee for the Board of Supervisors for many years. The Committee advocates for the needs of the elderly in San Benito County.				
(3) OTHER AGENCY INVOLVEMENT:				
(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:		
(6) FUNDING SOURCE(S):		(7) CURRENT YEAR COST: \$ 0	(8) ANNUAL COST: \$ 0	(9) BUDGETED: <input type="checkbox"/> YES <input type="checkbox"/> NO
(10) WILL PROPOSAL REQUIRE ADDITIONAL PERSONNEL? <input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, STATE NUMBER: <div style="display: flex; justify-content: space-between;"> <span>Permanent</span> <span>Limited Term</span> </div>				
(11) RECOMMENDED ACTION(S): Reappoint Long Term Care Commissioner as stated below:  Mitchell Matthews, Pauline Valdivia, Patsy Pence, Creighton Mevdivil, John Beleutz, David Reikowski, Clay Kempf, Rumi Saikia, from January 2019 to January 2023				
<i>Pauline Valdivia</i>			January 17, 2019 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. _____ | <input type="checkbox"/> OTHER _____           |
| <input type="checkbox"/> SET PUBLIC HEARING | <input type="checkbox"/> APPOINTED | <input type="checkbox"/> ORDINANCE NO. _____  | <input type="checkbox"/> NO ACTION TAKEN _____ |

BY:  Deputy Clerk of the Board	
DATE:	

**COPY ROUTING: BOARD – ORIGINATING DEPT. – AUDITOR**