

<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: James. A Rydingsword HSA Director		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>7/23/2019</b>	(1) SUBJECT: Health & Human Services Agency: T. Belton-Approve New APPOINTMENT TO THE WORKFORCE DEVELOPMENT BOARD (WDB) three-year term effective 7/9/2019 through 7/9/2022			
(2) BACKGROUND INFORMATION (If not summarized within this space provide a staff report instead, noting attachment): The Workforce Development Board requests the appointment of: <ul style="list-style-type: none"> <li>• Ms. Shelley Gaincola and</li> <li>• Ms. Michelle Leonard,</li> </ul> as a Public representative, a required board position pursuant to the Workforce Innovation & Opportunity Act Federal Register, Membership of the Local Board, Section 107. The WDB approved Ms. Gaincola's and Ms. Leonard's appointment at their 7/9/2019 meeting. <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> OTHER AGENCY INVOLVEMENT:  There are no other agencies involved in this request.				
(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 WDB 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="display: flex; justify-content: space-between; width: 100%;"> <span>Permanent</span> <span>Limited Term</span> </div>				
(11) RECOMMENDED ACTION(S):  <b>New Appointment of Ms. Shelley Gaincola and Ms. Michelle Leonard to represent the Private Sector, a mandated board position, for a three year term, effective 7/9/2019 through 7/9/2022.</b>				
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**

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:  
**Shelley Gaincola**  
**10021 Pacheco Pass Hwy**  
**Hollister, CA 95023**

PHONE: **(831) 902-7709** E-Mail: **shelley@casadefruta.com**

DATE APPOINTMENT EFFECTIVE: **7/9/2019**

TERM ENDING: **7/9/2022**

MANDATED PARTNER for the: **Public Sector**

PREVIOUS APPOINTMENTS: **New** 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: Clerk of the Board  
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 Development Board (WDB)**

NAME: Shelley Giancola

PHONE: 831-902-7709

E-MAIL: shelley@casadefruta.com

BUSINESS ADDRESS: 10021 Pacheco Pass Hwy

CITY: Hollister

ZIP: 95023

LENGTH OF RESIDENCY: 6.5 years with Casa de Fruta (25 years in Hollister)

OCCUPATION: Human Resources Manager

EDUCATION: Business Admin

AFFILIATIONS: Former WIB Member (3 terms); Former GEAC Board Member

REASON(S) FOR SEEKING APPOINTMENT:

Would like to be a part of growing employment opportunities within our community

DATE: 6/13/19

SIGNATURE: Shelley Giancola

\*\*\*\*\*

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

and/or

Community Services & Workforce Development

Attn: Andi Anderson

1111 San Felipe Road, Ste 107

Hollister, CA 95023

(831) 637-9293

(831) 637-0996 FAX

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:  
**Michelle Leonard**  
**243 Sixth Street, Suite 100**  
**Hollister, CA 95023**

PHONE: **(831) 245-6044** E-Mail: **ceo@sanbenitocountychamber.org**

DATE APPOINTMENT EFFECTIVE: **7/9/2019**

TERM ENDING: **7/9/2022**

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.*

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**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 Development Board (WDB)**

NAME: Michelle Leonard

PHONE: 831-245-6044 E-MAIL: CEO@SanBenito

BUSINESS ADDRESS: 243 Sixth Street Suite 100 County Chamber

CITY: Hollister CA ZIP: 95023 com

LENGTH OF RESIDENCY: 1999 (20 years)

OCCUPATION: President/CEO SBC Chamber

EDUCATION: SPHS grad 2003 / Some college Kaplan Univ.

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

REASON(S) FOR SEEKING APPOINTMENT:

Collaboration & support for our Community. To elevate the workforce in SBC

DATE: 6/24/19 SIGNATURE: [Handwritten Signature]

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Hollister, CA 95023  
Any Questions, Please Call:  
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and/or

Community Services & Workforce Development  
Attn: Andi Anderson  
1111 San Felipe Road, Ste 107  
Hollister, CA 95023  
(831) 637-9293  
(831) 637-0996 FAX  
Email to: [aanderson@cosb.us](mailto:aanderson@cosb.us)