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|---|---|--|--|---|------------------|
| 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: 7/23/2019 | (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"> • Ms. Shelley Gaincola and • Ms. Michelle Leonard, 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. | | | | | |
| 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 & Opportunity Act workshop/training/seminar, etc. | | | | | |
| 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: The BOS periodically approves WDB members | | | |
| (6) FUNDING SOURCE(S): | | (7) CURRENT YEAR COST: \$ 0.00 | (8) ANNUAL OR PROJECT COST: \$ 0.00 | (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: Permanent Limited Term | | | | | |
| (11) RECOMMENDED ACTION(S): 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. | | | | | |
| 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:
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

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

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
Attention: Clerk of the Board
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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: Michelle Leonard
PHONE: 831-245-6044 E-MAIL: CEO@SanBenitoCountyChamber.com
BUSINESS ADDRESS: 243 Sixth Street Suite 100
CITY: Hollister CA ZIP: 95023
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: _____

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