AGENDA ITE	M TRANSMITTAL	Agenda Time Estimates: Minutes or Consent	Date/Time Rec'd:				
TO: Board of Supe	rvisors						
FROM: TRACEY BEL		CONTACT FOR INFORMA		I OF CERTIFIED COPIES			
HHSA Interim I	Director	Name: Enrique Arre	eola REQUIRE	D:			
MEETING DATE:	(1) SUBJECT: Health & Huma	Phone No: (831)637-	-9293 [1 Iton-Approve-Re APPC	INTMENTS TO THE			
7/23/2019	COMMUNITYACTION BOAR	RD (CAB) three-year ter	rm effective 7/11/2019	through 7/11/2022			
(2) BACKGROUND INFORMATION (If not summarized within this space provide a staff report instead, noting attachment):							
 The Community Action Board requests the appointment of Ms. Nelda Escamilla as the District #5 Representative of the Poor. Ms. Shari Stevenson-District #3 Representative of the Private Sector Ms. Tonia Sunseri-District #5 Representative of the BOS, and Mr. James Whitehead-District 4 Representative of the Poor. 							
CAB's tripartite board r assigned by law to comr and conditions of pov	ne appointment be effective 7/ [,] eflects and promotes the un munity action agencies. CAB i erty in their community, ac	ique anti-poverty leade s responsible for assuri	ng that it assesses and	responds to the causes			
representatives of low-in officials, holding office at from "business, industry served.	s membership consists of 1) C come individuals and families their time of selection, or their , labor, religious, law enforcer	who reside in neighborh r representatives; and 3)	oods being served; 2) C The remaining board m	one-third must be elected nembers must be chosen			
OTHER AGENCY INVOLVEM		Pallest					
	There are no other agencies involved in this request.						
(4) SUPPORTIVE DOCUMENTS	Resolution		b) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:				
Ordinance	Other:	The BOS periodical	ly approves CAB me	embers			
(6) FUNDING SOURCE(S):		(7) CURRENT YEAR COST: \$ 0.00	(8) ANNUAL OR PROJECT COST: \$ 0.00	(9) BUDGETED:			
(10) WILL PROPOSAL REQUIR	E ADDITIONAL PERSONNEL?	S DO IF YES, STATE I Perma		nited Term			
 (11) RECOMMENDED ACTION(S): Re-Appointment of Ms. Nelda Escamilla as the District #5 Representative of the Poor. Ms. Shari Stevenson-District #3 Representative of the Private Sector Ms. Tonia Sunseri-District #5 Representative of the BOS, and Mr. James Whitehead-District 4 Representative of the Poor. to the CAB for a three-year term effective 7/11/2019 through 7/11/2022. 							
SIGNATURE OF AGENCY OR DE	EPARTMENT AUTHORIZED REPRESENT	TATIVE DATE					
		CLERK'S USE ONLY					
APPROVED ACKNOWLEDGED SET PUBLIC HEARING	EDGED ACCEPTED RESOLUTION NO. OTHER						
BY: Deputy Clerk of the DATE:	Board						

(This form needs to accompany the transmittal submitted to the Board of Supervisors)

(PLEASE PRINT)

BOARD/COMMISSION:	Community Action Board (CAB)				

CONTACT PERSON: <u>Tracey Belton</u>

NAME OF APPOINTEE: Nelda Escamilla Hollister, CA 95023

PHONE: 2096034065 E-Mail: Nelda.escamilla@edd.ca.gov

DATE APPOINTMENT EFFECTIVE: 7/11/2019

TERM ENDING: **7/11/2022**

SUPERVISOR DISTRICT: #5, Representative of the Poor

PREVIOUS APPOINTMENTS: Re-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:

AGENDA ITE	EM TRANSMITTAL	Agenda Time Estimates: Minutes or Consent	Leave Bl	ank: Date/Time Rec	z'd:		
TO: Board of Supe FROM: James. A Rydi				NUMBER OF CERTIFIED C	OPIES		
HHSA Director		Name: Enrique Arres Phone No: (831)637	eola	REQUIRED: 1			
MEETING DATE:	(1) SUBJECT:						
6/14/2016	New Appointment to the Com	munity Action Board (C)	AB)				
(2) BACKGROUND INFORMATION (If not summarized within this space provide a staff report instead, noting attachment):							
5	n Board requests the appoir es Whitehead as the Distric fective 6/14/2016.						
responsibilities assigned responds to the cause	d reflects and promotes ed by law to community acti s and conditions of poverty ministratively and fiscally so	on agencies. CAB is r in their community, ad	esponsible for	assuring that it ass	esses and		
democratically elected served; 2) One-third m 3) The remaining boa	ls, its membership consis I representatives of low-inc nust be elected officials, ho ard members must be cho jor groups and interests in t	ome individuals and Iding office at their tin sen from "business,	families who rene of selection industry, labo	eside in neighborho , or their representa	oods being atives; and		
OTHER AGENCY INVOLVEMENT	-						
There are no other a	gencies involved in this re	equest.					
(4) SUPPORTIVE DOCUMENTS RELATIVE TO THIS ITEM: (5) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:							
Contract	Resolution Other:	The BOS periodical	ly approves C	AB members			
(6) FUNDING SOURCE(S):		(7) CURRENT YEAR COST: \$ 0.00	(8) ANNUAL OR PF COST: \$ 0.00): NO		
(10) WILL PROPOSAL REQUIR	E ADDITIONAL PERSONNEL?	S NO IF YES, STATE	NUMBER:		1		
(11) RECOMMENDED ACTION(S):	Perma	anent	Limited Term			
It is recommended that the Board of Supervisors: New Appointment of Ms. Nelda Escamilla as the Representative for the Poor for District# 5 and Mr. James Whitehead as the District #5 Representative of the Private Sector to the CAB for a three-year term effective 6/14/2016 through 6/14/2019.							
SIGNATURE OF AGENCY OR DI	EPARTMENT AUTHORIZED REPRESENT	DATE DATE					
APPROVED ACKNOWLEDGED SET PUBLIC HEARING	DENIED ADOPTED ACCEPTED APPOINTED ORDINANCI	ON NO C	CONTINUED TO THER O ACTION TAKEN				
DV.							
BY:							
Deputy Clerk of the	Board						
DATE:							

COPY ROUTING: ORIGINATING DEPT. - AUDITOR - COUNTY COUNSEL

(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:
 NaMe OF APPOINTEE:

 Nelda Escamilla
 Hollister, CA 95023

 PHONE:
 (209) 603-4065
 E-Mail: Nelda.escamilla@edd.ca.gov

 DATE APPOINTMENT EFFECTIVE:
 6/14/2016

 TERM ENDING:
 6/14/2019

SUPERVISOR DISTRICT: **#5, 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 **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:						
PHONE:	E:MAIL:					
BUSINESS ADDRESS:						
CITY, ST:	ZIP:					
LENGTH OF RESIDENCY:						
SUPERVISOR DISTRICT:						
OCCUPATION:						
EDUCATION:						
AFFILLIATIONS:						
REASON(S) FOR SEEKING APPOINTMENT:						

DATE: ______ SIGNATURE: _____

Return completed form to

San Benito County Community Services & Workforce Development Attention: Louie Valdez, 1111 San Felipe Road, Ste 108 Hollister, CA 95023 Clerk of the Board 481 Fourth Street (831) 637-9293 or Hollister, CA 95023 (831) 637-0996 FAX Any Questions, Please Call: e-mail: aanderson@cosb.us (831) 636-4000 e-mail: lvaldez@cosb.us

(This form needs to accompany the transmittal submitted to the Board of Supervisors)

(PLEASE PRINT)

BOARD/COMMISSION: <u>Community Action Board (CAB)</u>

CONTACT PERSON: <u>Tracey Belton</u>

NAME OF APPOINTEE: Shari Stevenson Hollister, CA 95023

PHONE: 8318015638 E-Mail: sastevenson67@gmail.com

DATE APPOINTMENT EFFECTIVE: 7/11/2019

TERM ENDING: **7/11/2022**

SUPERVISOR DISTRICT: #5, Representative of the BOS

PREVIOUS APPOINTMENTS: Re-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:

AGENDA ITE	M TRANSMITTAL		Agenda T	me Estimates:		Leave B	ank:	Date/Time Rec'd:
TO: Board of Supe	O: Board of Supervisors		winutes	or 🔳 Consent				
FROM: James. A Rydingsword		Name: E	CONTACT FOR INFORMATION: Name: Enrique Arreola Phone No: (831)637-9293		NUMBER OF CERTIFIED COPIES REQUIRED: 1			
MEETING DATE:	(1) SUBJECT:							
5/10/2016	Re-Appointment to the Co	mmu	inity Actior	Board (CAE	3)			
(2) BACKGROUND INFORMATI	ON (If not summarized within this	space	e provide a st	aff report instead	d, noting a	ittachmen	t):	
-	n Board requests the app requests that the appoin					n as the	e Distric	t #5 Representative
responsibilities assigned responds to the cause	d reflects and promot ed by law to community s and conditions of pove ministratively and fiscally	actio erty ir	n agencie n their cor	es. CAB is re	espons	ible for	assurin	g that it assesses and
democratically elected served; 2) One-third n 3) The remaining boa	ls, its membership co I representatives of low- nust be elected officials, ard members must be o ijor groups and interests	inco hold chos	me indivi ling office en from	duals and f at their tim "business, i	amilies ne of se industry	who relection	eside in , or thei	neighborhoods being ir representatives; and
OTHER AGENCY INVOLVEMENT	Γ:							
There are no other a	gencies involved in thi	s reo	quest.					
	(4) SUPPORTIVE DOCUMENTS RELATIVE TO THIS ITEM: (5) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:				FIC ITEM:			
Contract	Resolution Cther:	Т	The BOS	periodicall	ly appr	oves (CAB me	embers
(6) FUNDING SOURCE(S):			(7) CURRENT ^{\$} 0.00	YEAR COST:	(8) ANNU COST: \$	JAL OR PF 0.00	ROJECT	(9) BUDGETED:
(10) WILL PROPOSAL REQUIR	E ADDITIONAL PERSONNEL?	YES	■ NO	If YES, STATE N Perma			Lim	ited Term
(11) RECOMMENDED ACTION(S):			, or ma				
It is recommended that the Board of Supervisors: Re- Appointment of Ms. Shari Stevenson as the Representative for the BOS for District# 5 to the CAB for a three-year term effective 5/10/2016 through 5/10/2019.								
SIGNATURE OF AGENCY OR DEPARTMENT AUTHORIZED REPRESENTAT			TIVE	DATE				
APPROVED ACKNOWLEDGED SET PUBLIC HEARING	DENIED ADOPT ACCEPTED APPOINTED ORDIN	ED UTION		O	CONTINU THER O ACTION			
BY: Deputy Clerk of the DATE:	Board							

(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:
 NAME OF APPOINTEE:

 Shari Stevenson
 Hollister, CA 95023

 PHONE:
 (831) 801-5638
 E-Mail: stevensonsa@co.monterey.ca.us

 DATE APPOINTMENT EFFECTIVE:
 4/26/2016

TERM ENDING: 4/26/2019

SUPERVISOR DISTRICT: **#5, Board of Supervisors**

PREVIOUS APPOINTMENTS: Re-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: Denise Thome 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)

QТ

BOARD/COMMISSION: Community Action Board (CAB)

NAME: Chari A Stevenson
PHONE: <u>831-801-5638</u> E:MAIL: SAStevensonb70gmail. Com
BLISINESS ADDRESS: 710 Chaparial At
CITY: Hollister ZIP: 45023
LENGTH OF RESIDENCY: 20^{+} 4 ^{lb1} .
SUPERVISOR DISTRICT: Jaime De La Gruz
OCCUPATION: Military & Vitarai's Service Representative
EDUCATION: Accredited Vetra Service Rep. 3 years confege
AFFILLIATIONS: American Legion
REASON(S) FOR SEEKING APPOINTMENT: <u>I have knowledge in Social Service</u> programs (worked previously in Social Services) and Vittan's programs. Perhaps my knowledge in these areas can be of assistance.
DATE: 3/11/2013 SIGNATURE: D. A. Pan-
用用不不不能的不可能用的,我们也不不能是这些,我们也是这些,我们是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是

Return completed form to

San Benito County Attention: Denise R. Thome, Clerk of the Board 481 Fourth Street Hollister, CA 95023 Any Questions, Please Call: (831) 636-4000 e-mail: <u>dthome@cosb.us</u> Community Services & Workforce Development 1111 San Felipe Road, Ste 108 Hollister, CA 95023 (831) 637-9293 (831) 637-0996 FAX e-mail: aanderson@cosb.us

(This form needs to accompany the transmittal submitted to the Board of Supervisors)

(PLEASE PRINT)

BOARD/COMMISSION:	Community Action Board (CAB)
•	

CONTACT PERSON: <u>Tracey Belton</u>

NAME OF APPOINTEE: Tonia Sunseri Hollister, CA 95023

PHONE: 8319020005 E-Mail: t_sunstorm@yahoo.com

DATE APPOINTMENT EFFECTIVE: 7/11/2019

TERM ENDING: **7/11/2022**

SUPERVISOR DISTRICT: #3, Representative of the BOS

PREVIOUS APPOINTMENTS: Re-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:

(This form needs to accompany the transmittal submitted to the Board of Supervisors)

(PLEASE PRINT)

BOARD/COMMISSION:	Community Action Board (CAB)

CONTACT PERSON: Tracey Belton

NAME OF APPOINTEE: James Whitehead Hollister, CA 95023

PHONE: 8316381686 E-Mail: jameswhitehead9341@gmail.com

DATE APPOINTMENT EFFECTIVE: 7/11/2019

TERM ENDING: **7/11/2022**

SUPERVISOR DISTRICT: #4, Representative of the Private

PREVIOUS APPOINTMENTS: Re-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:

AGENDA ITE	M TRANSMITTAL		Agenda Time Estimat Minutes or DCons		Leave B	ank:	Date/Time	Rec'd:
TO: Board of Supe	rvisors			ent				
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:		(00)						
6/14/2016	ommu	unity Action Board	(CAB)					
	ON (If not summarized within this			-				
-	Board requests the app es Whitehead as the Dis ective 6/14/2016.						•	
responsibilities assigner responds to the cause	d reflects and promote ed by law to community a s and conditions of pove ministratively and fiscally	action rty in	n agencies. CAB	is respons	sible for	assurin	g that it a	assesses and
democratically elected served; 2) One-third m 3) The remaining boa	ls, its membership con representatives of low- nust be elected officials, ard members must be o jor groups and interests	incon holdi chose	me individuals ar ing office at their en from "busines	d families time of so s, industr	s who r election	eside in , or thei	neighbo r represe	rhoods being entatives; and
OTHER AGENCY INVOLVEMENT	1							
There are no other a	gencies involved in thi	s req	quest.					
(4) SUPPORTIVE DOCUMENTS RELATIVE TO THIS ITEM:			(5) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:					
Contract	Resolution Other:	Tł	he BOS periodi	cally app	roves (CAB me	mbers	
(6) FUNDING SOURCE(S):			7) CURRENT YEAR COS ⁻ 0.00	: (8) ANN COST: \$	UAL OR PI	ROJECT	(9) BUDGE	TED:
(10) WILL PROPOSAL REQUIRE	ADDITIONAL PERSONNEL?	YES	NO If YES, STA	TE NUMBER: ermanent		Lim	ited Term	
(11) RECOMMENDED ACTION(S):					Liiii		
It is recommended that the Board of Supervisors: New Appointment of Ms. Nelda Escamilla as the Representative for the Poor for District# 5 and Mr. James Whitehead as the District #5 Representative of the Private Sector to the CAB for a three-year								
term effective 6/14/2	016 through 6/14/2019).						
SIGNATURE OF AGENCY OR DEPARTMENT AUTHORIZED REPRESEN			ATIVE DATE					
	CLERK'S USE ONLY							
APPROVED ACKNOWLEDGED SET PUBLIC HEARING				CONTINUED TO OTHER NO ACTION TAKEN				
BY:								
Deputy Clerk of the	Board							
DATE:								

(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:
 James Whitehead

 James Whitehead
 Hollister, CA 95023

 PHONE:
 (831) 638-1686
 E-Mail: jameswhitehead9341@gmail.com

 DATE APPOINTMENT EFFECTIVE:
 6/14/2016

TERM ENDING: 6/14/2019

SUPERVISOR DISTRICT: **#5, Private**

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 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: JAMES B. WHITEHEAD							
PHONE: 831-638-1686 E:MAIL: JAMESWINITELTEAD 4341 CLMAN, LOW							
BUSINESS ADDRESS: 393 J. TOMKINS COULT							
CITY: GILROY ZIP: GSOZO							
LENGTH OF RESIDENCY: 4/1/2 YEADS							
SUPERVISOR DISTRICT: 5							
OCCUPATION: CONTROLLER FOR ASMALL HI-TECH COULDANY							
EDUCATION: MALLS (MASTERS OF Accountancy)							
AFFILLIATIONS: HOLUSTER FAMILY HIS TORY CENTER							
REASON(S) FOR SEEKING APPOINTMENT: I WILL BE REMAIND + WANTED TO							
BE MORE INVOLVED IN HOLLISTER,							
DATE: 3/22/16 SIGNATURE: XIMIS & WILLIUM							

Return completed form to							
San Benito CountyCommunity Services & Workforce DevelopmentAttention: Denise R. Thome, Clerk of the Board1111 San Felipe Road, Ste 108481 Fourth StreetHollister, CA 95023Hollister, CA 95023(831) 637-9293Any Questions, Please Call: (831) 636-4000e-mail: aanderson@cosb.us							