

<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: TRACEY BELTON HHSA Interim 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-Re APPOINTMENTS TO THE COMMUNITY ACTION BOARD (CAB) three-year term effective 7/11/2019 through 7/11/2022			
(2) BACKGROUND INFORMATION (If not summarized within this space provide a staff report instead, noting attachment): <p>The Community Action Board requests the appointment of</p> <ul style="list-style-type: none"> <li>Ms. Nelda Escamilla as the District #5 Representative of the Poor.</li> <li>Ms. Shari Stevenson-District #3 Representative of the Private Sector</li> <li>Ms. Tonia Sunseri-District #5 Representative of the BOS, and</li> <li>Mr. James Whitehead-District 4 Representative of the Poor.</li> </ul> <p>The CAB requests that the appointment be effective 7/11/2019.</p> <p>CAB's tripartite board reflects and promotes the unique anti-poverty leadership, action, and mobilization responsibilities assigned by law to community action agencies. CAB is responsible for assuring that it assesses and responds to the causes and conditions of poverty in their community, achieve anticipated family and community out comes, and remain administratively and fiscally sound.</p> <p>As a tripartite boards, its membership consists of 1) One-third of tripartite board membership must be democratically elected representatives of low-income individuals and families who reside in neighborhoods being served; 2) One-third must be elected officials, holding office at their time of selection, or their representatives; and 3) The remaining board members must be chosen from "business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served.</p> <p>OTHER AGENCY INVOLVEMENT:          There are no other agencies involved in this request.</p>				
(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 CAB members		
(6) FUNDING SOURCE(S):		(7) CURRENT YEAR COST: \$ 0.00	(8) ANNUAL OR PROJECT COST: \$ 0.00	(9) BUDGETED: <input type="checkbox"/> YES <input type="checkbox"/> NO
(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): Re-Appointment of <ul style="list-style-type: none"> <li>Ms. Nelda Escamilla as the District #5 Representative of the Poor.</li> <li>Ms. Shari Stevenson-District #3 Representative of the Private Sector</li> <li>Ms. Tonia Sunseri-District #5 Representative of the BOS, and</li> <li>Mr. James Whitehead-District 4 Representative of the Poor.</li> </ul> to the CAB for a three-year term effective 7/11/2019 through 7/11/2022.				
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:	
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**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: Community Action Board (CAB)

CONTACT PERSON: Tracey Belton

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**

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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: Louie Valdez  
481 Fourth Street  
Hollister, CA 95023

<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 HHSA Director		CONTACT FOR INFORMATION: Name: Enrique Arreola Phone No: (831)637-9293		NUMBER OF CERTIFIED COPIES REQUIRED: 1	
MEETING DATE: 6/14/2016		(1) SUBJECT: New Appointment to the Community Action Board (CAB)			
(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 and Mr. James Whitehead as the District #5 Representative of the Private Sector. The CAB requests that the appointment be effective 6/14/2016.  CAB's tripartite board reflects and promotes the unique anti-poverty leadership, action, and mobilization responsibilities assigned by law to community action agencies. CAB is responsible for assuring that it assesses and responds to the causes and conditions of poverty in their community, achieve anticipated family and community outcomes, and remain administratively and fiscally sound.  As a tripartite boards, its membership consists of 1) One-third of tripartite board membership must be democratically elected representatives of low-income individuals and families who reside in neighborhoods being served; 2) One-third must be elected officials, holding office at their time of selection, or their representatives; and 3) The remaining board members must be chosen from "business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served.  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"/> Ordinance <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other:		(5) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:  The BOS periodically approves CAB members			
(6) FUNDING SOURCE(S):		(7) CURRENT YEAR COST: \$ 0.00		(8) ANNUAL OR PROJECT COST: \$ 0.00	
(9) BUDGETED: <input type="checkbox"/> YES <input type="checkbox"/> NO		(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):  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 DEPARTMENT AUTHORIZED REPRESENTATIVE			DATE		

CLERK'S USE ONLY

- ☐ APPROVED      ☐ DENIED      ☐ ADOPTED      ☐ CONTINUED TO \_\_\_\_\_  
☐ ACKNOWLEDGED      ☐ ACCEPTED      ☐ RESOLUTION NO. \_\_\_\_\_      OTHER \_\_\_\_\_  
☐ SET PUBLIC HEARING      ☐ APPOINTED      ☐ 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: **Community Action Board (CAB)**

CONTACT PERSON: **James A. Rydingsword**

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**

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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: Louie Valdez  
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: **Community Action Board (CAB)**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ E:MAIL: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY, ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

LENGTH OF RESIDENCY: \_\_\_\_\_

SUPERVISOR DISTRICT: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

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

REASON(S) FOR SEEKING APPOINTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

\*\*\*\*\*

Return completed form to

San Benito County  
Attention: Louie Valdez,  
Clerk of the Board  
481 Fourth Street  
Hollister, CA 95023  
Any Questions, Please Call:  
(831) 636-4000  
e-mail: [lvaldez@cosb.us](mailto:lvaldez@cosb.us)

Community Services & Workforce Development  
1111 San Felipe Road, Ste 108  
Hollister, CA 95023  
(831) 637-9293  
or  
(831) 637-0996 FAX  
e-mail: [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: **Community Action Board (CAB)**

CONTACT PERSON: **Tracey Belton**

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**

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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: Louie Valdez  
481 Fourth Street  
Hollister, CA 95023



BOARD/COMMISSION/COMMITTEE APPOINTMENT

(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:

**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**

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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: 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)

BOARD/COMMISSION: Community Action Board (CAB)

NAME: Shari A Stevenson  
PHONE: 831-801-5638 E-MAIL: sastevenson67@gmail.com  
BUSINESS ADDRESS: 710 Chaparral Pt  
CITY: Hollister ZIP: 95023  
LENGTH OF RESIDENCY: 20+ years  
SUPERVISOR DISTRICT: Jaine DeLaCruz  
OCCUPATION: Military & Veteran's Service Representative  
EDUCATION: Accredited Veteran Service Rep, 3 years college  
AFFILIATIONS: American Legion  
REASON(S) FOR SEEKING APPOINTMENT: I have knowledge in Social Service programs (worked previously in Social Services) and Veteran's programs. Perhaps my knowledge in these areas can be of assistance.  
DATE: 3/11/2013 SIGNATURE: S. A. Stevenson

\*\*\*\*\*

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: [dthome@cosb.us](mailto:dthome@cosb.us)

Community Services & Workforce Development  
1111 San Felipe Road, Ste 108  
Hollister, CA 95023  
(831) 637-9293  
or (831) 637-0996 FAX  
e-mail: [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: **Community Action Board (CAB)**

CONTACT PERSON: **Tracey Belton**

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**

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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: Louie Valdez  
481 Fourth Street  
Hollister, CA 95023

BOARD/COMMISSION/COMMITTEE APPOINTMENT

(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**

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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: Louie Valdez  
481 Fourth Street  
Hollister, CA 95023

<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 HHSA Director		CONTACT FOR INFORMATION: Name: Enrique Arreola Phone No: (831)637-9293			NUMBER OF CERTIFIED COPIES REQUIRED: 1		
MEETING DATE: 6/14/2016		(1) SUBJECT: New Appointment to the Community Action Board (CAB)					
(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 and Mr. James Whitehead as the District #5 Representative of the Private Sector. The CAB requests that the appointment be effective 6/14/2016.  CAB's tripartite board reflects and promotes the unique anti-poverty leadership, action, and mobilization responsibilities assigned by law to community action agencies. CAB is responsible for assuring that it assesses and responds to the causes and conditions of poverty in their community, achieve anticipated family and community outcomes, and remain administratively and fiscally sound.  As a tripartite boards, its membership consists of 1) One-third of tripartite board membership must be democratically elected representatives of low-income individuals and families who reside in neighborhoods being served; 2) One-third must be elected officials, holding office at their time of selection, or their representatives; and 3) The remaining board members must be chosen from "business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served.							
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"/> Ordinance <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other:				(5) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:  The BOS periodically approves CAB members			
(6) FUNDING SOURCE(S):				(7) CURRENT YEAR COST: \$ 0.00		(8) ANNUAL OR PROJECT COST: \$ 0.00	
(10) WILL PROPOSAL REQUIRE ADDITIONAL PERSONNEL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, STATE NUMBER:				(9) BUDGETED: <input type="checkbox"/> YES <input type="checkbox"/> NO  Permanent Limited Term			
(11) RECOMMENDED ACTION(S):  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 DEPARTMENT AUTHORIZED REPRESENTATIVE				DATE			

CLERK'S USE ONLY

- ☐ APPROVED      ☐ DENIED      ☐ ADOPTED      ☐ CONTINUED TO \_\_\_\_\_  
☐ ACKNOWLEDGED      ☐ ACCEPTED      ☐ RESOLUTION NO. \_\_\_\_\_      OTHER \_\_\_\_\_  
☐ SET PUBLIC HEARING      ☐ APPOINTED      ☐ 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: Community Action Board (CAB)

CONTACT PERSON: James A. Rydingsword

NAME OF APPOINTEE:

**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**

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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: Louie Valdez  
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: Community Action Board (CAB)

NAME: JAMES B. WHITEHEAD

PHONE: 831-638-1686 E:MAIL: JAMESWHITEHEAD4341@GMAIL.COM

BUSINESS ADDRESS: 393 J. TOMPKINS COURT

CITY: GILROY ZIP: 95020

LENGTH OF RESIDENCY: 4 1/2 YEARS

SUPERVISOR DISTRICT: 5

OCCUPATION: CONTROLLER FOR A SMALL HI-TECH COMPANY

EDUCATION: M.A. (MASTERS OF ACCOUNTANCY)

AFFILIATIONS: HOLLISTER FAMILY HISTORY CENTER

REASON(S) FOR SEEKING APPOINTMENT: I WILL BE RETIRING + WANT TO  
BE MORE INVOLVED IN HOLLISTER.

DATE: 3/22/14 SIGNATURE:   
\*\*\*\*\*

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: [dthome@cosb.us](mailto:dthome@cosb.us)

Community Services & Workforce Development  
1111 San Felipe Road, Ste 108  
Hollister, CA 95023  
(831) 637-9293  
or  
(831) 637-0996 FAX  
e-mail: [aanderson@cosb.us](mailto:aanderson@cosb.us)