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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: Tracey Belton HHSA Director | | CONTACT FOR INFORMATION: Name: Enrique Arreola Phone No: (831)634-4918 | | NUMBER OF CERTIFIED COPIES REQUIRED: 1 | |
| | | | | | |
| MEETING DATE: 2/4/2020 | | (1) SUBJECT: Health & Human Services Agency: T. Belton-Approve RE-APPOINTMENT TO THE WORKFORCE DEVELOPMENT BOARD (WDB) three-year term effective 12/10/2019 through 12/10/2022 | | | |
| <p>(2) BACKGROUND INFORMATION (If not summarized within this space provide a staff report instead, noting attachment):</p> <p>The Workforce Development Board requests the appointment of Ms. Kristi Alarid, as a Private Sector representative, a required board position pursuant to the Workforce Innovation & Opportunity Act Federal Register, Membership of the Local Board, Section 107. The WDB approved Kristi Alarid's appointment at their 12/10/2019 meeting.</p> <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 & Opportunity Act workshop/training/seminar, etc.</p> <p>OTHER AGENCY INVOLVEMENT:</p> <p>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 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): Re Appointment of Ms. Kristi Alarid to represent the Private Sector, a mandated board position, for a three year term, effective 12/10/2019 through 12/10/2022. | | | | | |
| 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:

Kristi Alarid

650 San Benito Street Suite 120

Hollister, CA 95023

PHONE: **8316378283**

E-Mail: **kristialarid@hopeservices.org**

DATE APPOINTMENT EFFECTIVE: **12/10/2019**

TERM ENDING: **12/10/2022**

MANDATED PARTNER for the: **Private**

PREVIOUS APPOINTMENTS: **Re 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