

<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: HHSa ( CSWD)		CONTACT FOR INFORMATION: Name: <b>Kathy Flores</b> Phone No: <b>637-9293</b>		NUMBER OF CERTIFIED COPIES REQUIRED: 1	
MEETING DATE: 11-27-07		(1) SUBJECT: APPOINTMENT TO THE WORKFORCE INVESTMENT BOARD (WIB)			
(2) BACKGROUND INFORMATION:  The Workforce Investment Board (WIB) requests the appointment of Ms. Kristi Alarid of HOPE Services-South Valley District, a mandated Public Sector representative, pursuant to the Workforce Investment Act Federal Register, Membership of the Local Board, Section 117(b). The WIB requests that the appointment be effective November 27, 2007, for a three-year term.					
(3) SUPPORTIVE DOCUMENTS RELATIVE TO THIS ITEM: Board Report			(4) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM: Approved		
(5) FUNDING SOURCE(S): N/A		(6) CURRENT YEAR COST: \$ 0	(7) ANNUAL COST: \$ 0	(8) BUDGETED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
(9) 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>					
(10) RECOMMENDED ACTION(S):  Appoint Ms. Kristi Alarid to the WIB to represent HOPE Services-South Valley District, a mandated representative board position, for a three-year term, effective November 27, 2007 through November 26, 2010.					
_____ SIGNATURE OF AGENCY OR DEPARTMENT AUTHORIZED REPRESENTATIVE			_____ DATE		
(11) ADMINISTRATIVE REVIEW:					

**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. _____	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> SET PUBLIC HEARING	<input type="checkbox"/> APPOINTED	<input type="checkbox"/> ORDINANCE NO. _____	<input type="checkbox"/> NO ACTION TAKEN _____

BY: _____ <div style="text-align: center; margin-top: 10px;">Deputy Clerk of the Board</div> DATE: _____	
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BOARD/COMMISSION/COMMITTEE APPOINTMENT

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

(PLEASE PRINT)

BOARD/COMMISSION: **Workforce Investment Board (WIB)**

CONTACT PERSON: **Kathy Flores**

NAME OF APPOINTEE: **Kristi Alarid**  
**2300 Technology Pkwy., Suite #7**  
**Hollister, CA 95023**

PHONE: **(831) 637-8283** E-Mail: **kristialarid@hopeservices.org**

DATE APPOINTMENT EFFECTIVE: **November 27, 2007**

TERM ENDING: **November 26, 2010**

SUPERVISOR DISTRICT: **N/A**

PREVIOUS APPOINTMENTS:

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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: Linda Churchill  
481 Fourth Street  
Hollister, CA 95023



**Health & Human Services Agency, Division of**  
**COMMUNITY SERVICES & WORKFORCE DEVELOPMENT**  
1111 SAN FELIPE ROAD, SUITE 108 • HOLLISTER, CA 95023 • (831) 637-9293 • FAX (831) 637-0996

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**TO:** HONORABLE SAN BENITO COUNTY BOARD OF SUPERVISORS  
**FROM:** KATHY FLORES, HHSA DIRECTOR  
**SUBJECT:** APPOINTMENT TO WORKFORCE INVESTMENT BOARD (WIB)  
**DATE:** 1/27/07

**Summary**

The Workforce Investment Board requests the appointment of Ms. Kristi Alarid of HOPE Services-South Valley District, a public sector agency, a required board position pursuant to the Workforce Investment Act Federal Register, Membership of the Local Board, Section 117(b).

**Recommendation**

Appoint Ms. Kristi Alarid to the Workforce Investment Board to represent HOPE Services-South Valley District for a three-year term effective November 27, 2007 through November 26, 2010.

**Discussion**

Ms. Alarid has filed a membership application for nomination consideration to the Workforce Investment Board. The WIB-Executive Committee approved Ms. Alarid's appointment at the November 13, 2007 WIB meeting.

**Other Agency Involvement**

There are no other agencies involved in this request.

**Financial Considerations**

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 Investment Act (WIA) workshop/training/seminar, etc.

COMMUNITY ACTION BOARD & WORKFORCE INVESTMENT BOARD  
SERVING SAN BENITO COUNTY SINCE 1978

The County CSWD is an equal opportunity employer/program



**EQUAL HOUSING  
OPPORTUNITY**

The County CSWD is an equal opportunity employer/program. - The County of San Benito complies with the Americans with Disabilities Act (ADA) by assuring that auxiliary aids for services are available upon request to persons with disabilities. Persons with hearing disabilities can call the TDD/TTY phone (831) 637-3265. Persons requiring any special needs for access to should call the CSWD office at 831-637-9293 at least five business days before the needed date to arrange for the special accommodations.