

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:  
**Kendra Bobsin**  
**1101 San Felipe Road, Suite D**  
**Hollister, CA 95023**

PHONE: **4086907615** E-Mail: **kendrab@gokids.org**

DATE APPOINTMENT EFFECTIVE: **5/12/2020**

TERM ENDING: **5/12/2023**

MANDATED PARTNER for the: **Public Sector**

PREVIOUS APPOINTMENTS: **Re Appointment to the WDB**

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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: Clerk of the Board  
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: Tracey Belton HHSA Director		CONTACT FOR INFORMATION: Name: <b>Enrique Arreola</b> Phone No: <b>(831)634-4918</b>		NUMBER OF CERTIFIED COPIES REQUIRED: <b>1</b>
MEETING DATE: <b>6/16/2020</b>	(1) SUBJECT: Health & Human Services Agency: T. Belton-Approve Re APPOINTMENT TO THE WORKFORCE DEVELOPMENT BOARD (WDB) three-year term effective 5/12/2020 through 5/12/2023			
(2) BACKGROUND INFORMATION (If not summarized within this space provide a staff report instead, noting attachment): The Workforce Development Board requests the appointment of Ms.. Kendra Bobsin, as a Public 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 Kendra Bobsin's appointment at their 5/12/2020 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: <b>The BOS periodically approves WDB members</b>		
(6) FUNDING SOURCE(S):	(7) CURRENT YEAR COST: <b>\$ 0.00</b>	(8) ANNUAL OR PROJECT COST: <b>\$ 0.00</b>	(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.. Kendra Bobsin to represent the Public Sector, a mandated board position, for a three year term, effective 5/12/2020 through 5/12/2023.				
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**