

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:

**Mel Tungate  
Hollister, CA 95023**

PHONE: **9318011838** E-Mail: **mel@tungate.com**

DATE APPOINTMENT EFFECTIVE: **5/10/2020**

TERM ENDING: **5/10/2023**

SUPERVISOR DISTRICT: **#4, 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:

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: TRACEY BELTON HHSA Interim Director		CONTACT FOR INFORMATION: Name: Enrique Arreola Phone No: (831)637-9293		NUMBER OF CERTIFIED COPIES REQUIRED: 1
MEETING DATE: 6/16/20	(1) SUBJECT: Health & Human Services Agency: T. Belton-Approve-Re APPOINTMENT TO THE COMMUNITY ACTION BOARD (CAB) three-year term effective 5/10/2020 through 5/10/2023			
(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 Mr. Mel Tungate as the District #4 Representative of the Poor. The CAB requests that the appointment be effective 5/10/2020.</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 outcomes, 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): <p>Re-Appointment of Mr. Mel Tungate as the Representative for the Poor for District# 4 to the CAB for a three-year term effective 5/10/2020 through 5/10/2023.</p>				
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

