

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:

**Mel Tungate
104 Louis Circle
Hollister, CA 95023**

PHONE: **(931) 801-1838** E-Mail: **mel@tungate.com**

DATE APPOINTMENT EFFECTIVE: **5/9/2017**

TERM ENDING: **5/9/2020**

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

AGENDA ITEM TRANSMITTAL		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: 5/9/2017	(1) SUBJECT: Re-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 Mr. Mel Tungate as the District #4 Representative of the Poor. The CAB requests that the appointment be effective 5/9/2017. 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"/> 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;"> Permanent Limited Term </div>				
(11) RECOMMENDED ACTION(S): It is recommended that the Board of Supervisors: Re-Appointment of Mr. Mel Tungate as the Representative for the Poor for District# 4 to the CAB for a three-year term effective 5/9/2017 through 5/9/2020.				
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

COPY

AGENDA ITEM TRANSMITTAL		Agenda Time Estimates: Minutes or <input checked="" type="checkbox"/> Consent	Leave Blank: 130	Date/Time Rec'd: 5/12/14
TO: Board of Supervisors FROM: James A. Rydingsword HSA Director		CONTACT FOR INFORMATION: Name: Enrique Arreola Phone No: (831) 637-9293		NUMBER OF CERTIFIED COPIES REQUIRED: 1

MEETING DATE: May 20, 2014	(1) SUBJECT: Appointment to the Community Action Board (CAB)
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(2) BACKGROUND INFORMATION (If not summarized within this space provide a staff report instead, noting attachment):
 The Community Action Board requests the appointment of Mr. Mel Tungate as the District #4 Low Income Representative. The CAB requests that the appointment be effective May 20, 2014.

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.

(3) 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
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(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
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(10) WILL PROPOSAL REQUIRE ADDITIONAL PERSONNEL? YES NO If YES, STATE NUMBER:
 Permanent _____ Limited Term _____

(11) RECOMMENDED ACTION(S):
 It is recommended that the Board of Supervisors:
 Appoint Mr. Mel Tungate as the Low Income Representative for District #4 to the CAB for a three-year term effective May 20, 2014 through May 20, 2017.

SIGNATURE OF AGENCY OR DEPARTMENT AUTHORIZED REPRESENTATIVE 	DATE 5-7-14
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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: _____ Deputy Clerk of the Board	DATE: _____
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COPY ROUTING: ORIGINATING DEPT. - AUDITOR - COUNTY COUNSEL

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164 **13**
 REVISED: 12/3/12

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: Mel Tungate

PHONE: Home: 831-638-9552 Cell: 831-801-1838 E:MAIL: mel@tungate.com

BUSINESS ADDRESS: 104 Louise Cir

CITY: Hollister ZIP: 95023

LENGTH of RESIDENCY: 16 years 10 months

SUPERVISOR DISTRICT: District 4: Jerry Muenzer

OCCUPATION: Currently: Product Manager Hitachi Data Systems

EDUCATION: Bachelor of Arts University of Cincinnati. Graduate work University of Utah

AFFILIATIONS: _____

REASON(S) FOR SEEKING APPOINTMENT: The measure of society is how it treats its most vulnerable members. I was born in the slums, and I know what it is like to be destitute, to have no food. I spent two years on a mission in South Central Los Angeles when I was a young man among the poor of that area to see if we could help them use their bootstraps to secure a better life for their family.

DATE: 24 February, 2014 SIGNATURE: Mel Tungate



Return Completed form to

San Benito County
Attention: Denise R. Thorne,
Clerk of the Board
481 Fourth street
Hollister, CA 95023
Any Questions, Please Call:
(831) 636-4000
email: sthorne@cosb.us

Community Services and Workforce Development
1111 San Felipe Road, Ste 108
Hollister, CA 95023
(831) 637-9293
or (831) 637-0996 FAX
e-mail: 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: **James A. Rydingsword**

NAME OF APPOINTEE: **Mel Tungate
104 Louise Circle
Hollister, CA. 95023**

PHONE: **(831) 801-1838** E-Mail: **mel@tungate.com**

DATE APPOINTMENT EFFECTIVE: **May²⁰ 6, 2014**

TERM ENDING: **May²⁰ 6, 2017**

SUPERVISOR DISTRICT: **District #4**

PREVIOUS APPOINTMENTS: **New Appointment to the Community Action Board**

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**

**COUNTY OF SAN BENITO
PUBLIC NOTICE**

**COMMUNITY ACTION BOARD (CAB) VACANCY
REPRESENTATIVE OF THE POOR - DISTRICT 4**

The San Benito County Community Action Board has a vacant position available for appointment to represent the poor from District #4. The CAB meets on the second Thursday of each month at 7:00 P.M. at the Community Services & Workforce Development Department (CSWD), 1111 San Felipe Road, Suite 108 Hollister, CA 95023.

According to the CAB Bylaws, each representative must live in the supervisorial district they represent when initially appointed. Representatives of the poor and the Board of Supervisors must continue to live in their respective districts. Representatives of the private sector may continue to serve on the board after their initial appointment as long as they live or work in the district they represent.

Persons interested in membership to represent the above should complete an application form, available at the County Administrative Office or at the CSWD Office. Any questions regarding CAB activities and/or responsibilities may be directed to any CAB member or to CSWD staff at the above address, or call (831) 637-9293

Pursuant to Government Code Section 54970 et. seq., public notice is required for unscheduled vacancies on boards, commissions or committees for ten (10) working days before the Board or Board Chairman fills the vacancy.

*DENISE R. THOME, CLERK OF THE BOARD
COUNTY OF SAN BENITO*

POSTED: March 13, 2013 through March 24, 2013

(Michaelson)