



**MENDOCINO COUNTY BOARD OF SUPERVISORS
ONLINE AGENDA SUMMARY**

BOARD AGENDA # 4(b)

-Transmittal of electronic Agenda Summaries, records, and supporting documentation must be emailed to: bosagenda@co.mendocino.ca.us
 -Electronic Transmission Checklist: Agenda Summary Records Supp. Doc. If applicable, list other online information below
 -Executed records will be returned to the department within one week. *Arrangements for expedited processing must be made in advance*

TO: Board of Supervisors DATE: March 9, 2016
 FROM: Executive Office MEETING DATE: March 15, 2016
 DEPARTMENT RESOURCE/CONTACT: Nicole French PHONE: 463-4441 Present On Call
 Consent Agenda Regular Agenda Noticed Public Hearing Time Allocated for Item: N/A

AGENDA TITLE: Approval of Recommended Appointments/Reappointments

PREVIOUS BOARD/BOARD COMMITTEE ACTIONS: The Board of Supervisors approves and/or denies recommended appointments/reappointments regularly.

SUMMARY OF REQUEST: Staff has received the listed applications, verified voter status, determined the requested positions are currently vacant, and verified that the applicant fits the criteria for the requested positions. In addition, the Acting Senior Deputy Clerk of the Board has received written support for the appointment from the individual Board/Commission and/or Supervisor for Supervisorial District positions for which applications have been received. An application was received for the following appointment:

- 1) Paula Cohen, County Commission on Medical Care (Partnership Health Plan Governing Board), Public Representative.

SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT: None.

ADDITIONAL INFORMATION ON FILE WITH THE CLERK OF THE BOARD (CHECKED BY COB IF APPLICABLE):

FISCAL IMPACT:			
Source of Funding	Current F/Y Cost	Annual Recurring Cost	Budgeted in Current F/Y
N/A	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

SUPERVISORIAL DISTRICT: 1 2 3 4 5 All **VOTE REQUIREMENT:** Majority 4/5ths

RECOMMENDED ACTION/MOTION: Approve the following appointment: 1). Paula Cohen, County Commission on Medical Care (Partnership Health Plan Governing Board), Public Representative.

ALTERNATIVES: Do not approve the listed appointment.

CEO REVIEW (NAME): Alan D. Flora, Assistant CEO PHONE: 463-4441

RECOMMENDATION: Agree Disagree No Opinion Alternate Staff Report Attached

BOARD ACTION (DATE: _____): Approved Referred to _____ Other _____

RECORDS EXECUTED: Agreement: _____ Resolution: _____ Ordinance: _____ Other _____