Revised-01/09



| -Transmittal of electronic Agenda Summaries, records, and supporting documentation must be emailed to: <a href="mailto:bosagenda@co.mendocino.ca.us">bosagenda@co.mendocino.ca.us</a> -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 o  | f Supervisors            |  | DATE:   | August 5, 2013  |
| FROM: Executive Office   |                          |  | MEETING DATE:                                   | August 13, 2013 |
| DEPARTMENT RESOURCE/   | Contact: <u>Nicole I</u> | French PHONI   | E: <u>463-4441</u> Presen                       | t 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 position is currently vacant, and verified that the applicant fits the criteria for the requested position. In addition, the Clerk 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.       |                          |  |   |                 |
| ■ 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 No                                      |                 |
| ■ SUPERVISORIAL DISTRICT: 1 2 3 4 5 All VOTE REQUIREMENT: Majority 4/5ths  |                          |  |   |                 |
| ■ RECOMMENDED ACTION/MOTION: Approve the following appointments/reappointments:  |                          |  |   |                 |
| Board or Commission  |                          | Appointee  | Appointee Category                              |                 |
| Child Care Planning Council  |                          | Denise Gorny Discretionary Representative, Member #4 |   | ive, Member #4  |
| Child Care Planning Council  |                          | Kristin Hills  | Parent/Consumer Representative, Member #9       |                 |
| Child Care Planning Council  |                          | *Conan McKay   | Public Agency Representative, Member #13        |                 |
| Child Care Planning Council  |                          | Linda Nagel  | Community Representative, Member #3             |                 |
| Child Care Planning Council  |                          | Juan Orozco Parent/Consumer Representative, Member   |   |                 |
| Child Care Planning Council  |                          | Elizabeth Pine Community Representative, Member #1   |   |                 |
| Child Care Planning Council  |                          | Tanyjasu Simms                                       | Provider Representative, Member #12             |                 |
| Mendocino County Fish and Game Commission Westport Municipal Advisory Committee  |                          | **Sean White Kevin Michel                            | 1 <sup>st</sup> District Representative  Member |                 |
| *Appointment of Mr. McKay includes a waiver of voter registration as he is not a registered voter in Mendocino County.  ** Appointment of Mr. White, who resides in the 2 <sup>nd</sup> District, includes a waiver of residency.  ■ ALTERNATIVES: Do not approve of the listed appointments, or deny approval to one or more of the   |                          |  |   |                 |
| applicants.  |                          |  |   |                 |
| ■ CEO REVIEW (NAME): _Kyle Knopp, ACEO PHONE: 463-44   |                          |  |   |                 |
| RECOMMENDATION: Agree Disagree No Opinion Alternate Staff Report Attached  |                          |  |   |                 |
|  |                          |  |   |                 |
| BOARD ACTION (DATE:):   Approved  Referred to Other  |                          |  |   |                 |
| RECORDS EXECUTED:   Agreement:   Resolution:   Ordinance:   Other  |                          |  |   |                 |