9/27/2022
Date *(Fecha)*

7
Agenda Item # *(Numero de agenda)*

Career Pathways for Foster Youth
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK
IN FAVOR
of the RECOMMENDATION(S)
(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

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Simone
First Name *(Nombre)*

Hidds-Monroe
Last Name *(Apellido)*

645 Sage Way
Address *(Direccion)*

San Diego
City *(Ciudad)*

CA
State *(Estado)*

92114
Zip *(Codigo Postal)*

760-533-2670
Phone Number *(Numero de Telefono)*

FAYCES-Foster Alumni and Youth Community Empowerment Subcommittee
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below ***(Marque una casilla):***

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar)

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

9/27/2022
Date *(Fecha)*

I-19 & IA01
Consent Calendar
Agenda Item # *(Numero de agenda)*

13, 17, 12, 2, 3, 5, 6, 7, 8, 9, 18
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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(Por favor escribe legible)

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PAUL
First Name *(Nombre)*

HENKIN
Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

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(Rev. 10/16)

Spoke

7

9/27/2022
Date *(Fecha)*

F-19 + JA01 & CONSENT CALENDAR
Agenda Item #
(Numero de agenda)

7

* CONSENT CALENDAR
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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Michael
First Name *(Nombre)*

Brando
Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

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(No necesito comentar si el articulo es aprobado.)

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(Me gustaria registrar mi puesto, pero no deseo comentar.)

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Spoke

(Rev. 10/16)

9/27
Date *(Fecha)*

HHS 1-19
Agenda Item #
(Numero de agenda)

7

Consent
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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(Por favor escribe legible)

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Audra
First Name *(Nombre)*

Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

Spoke

9/27/2022
Date *(Fecha)*

1-19 & JA01
Consent Calendar
Agenda Item # *(Numero de agenda)*

7

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

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CONSUELO
First Name *(Nombre)*

Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como Individuo)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar)

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(Rev. 10/16)

Individuals Speaking by Phone
September 27, 2022

07	AGREEMENT WITH WORKFORCE PARTNERSHIP FOR CAREER PATHWAYS			
		Mike	Borrello	O
		Truth		O

"S" indicated the speaker is in support
"O" indicated the speaker is in opposition