



Nora Vargas

SUPERVISOR, FIRST DISTRICT
San Diego County Board Of Supervisors

DATE: April 09, 2024

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to COUNTY OF SAN DIEGO, HIV PLANNING GROUP,
Seat No. 33

Recommendation:
CHAIR NORA VARGAS

Appoint Veronica Nava to the COUNTY OF SAN DIEGO, HIV PLANNING GROUP,
No. 33 for a term to expire August 30, 2026.

Background information:
Veronica Nava
San Diego, CA 92154

Respectfully submitted,

NORA VARGAS
Supervisor, First District
San Diego County Board of Supervisors

County Administration Center • 1600 Pacific Highway, Room 335 • San Diego, CA 92101

Phone: (619) 531-5511 • Fax: (619) 531-6262

Email: Nora.Vargas@sdcounty.ca.gov

Printed in-house



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

nava	veronica
_____ Last Name	_____ First Name
HIV Planning Group, County Of San Diego	District 1
_____ Name of Board, Committee, or Commission to Which You are Applying for Membership	_____ Supervisory District You Live In

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? ☒ Yes ☐ No

None

Please list any time restrictions

What are your principal areas of interest in County Government?

Aging with HIV, and I wish to be an advocate for woman living with HIV in San Diego County.

List all County Boards, Commissions or Committees of which you are a current member.

Not a current member ☒

Committee Name

Date Appointed

_____	_____
_____	_____
_____	_____

List past County appointments with dates served, and other past or present community or public service appointments.

Not a current member ☒

Committee/Organization Name

Dates Served

_____	_____
_____	_____
_____	_____
_____	_____

STATEMENT OF OCCUPATIONAL EXPERIENCE

San Ysidro Health

Current Employer

Peer Navigator

9 months

Job Title

Length of Employment

Previous Employers

Position Title

Length of Employment

Self Employed

MPO

13 yrs.

What experience or special knowledge can you bring to your area(s) of interest?

As a woman living with HIV, it gives me the perspective of what women living with HIV are going through in the community, specially latinx woman. As a peer navigator and graduate of Project Pearl, and HIV leadership training, I understand Ryan White systems of care and want to provide feedback on women living with HIV.

Please list community organizations to which you belong:

NMAC 50+ Scholar 2023-2024

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: www.sandiegocounty.gov/content/sdc/cob/forms.html. Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at www.sandiegocounty.gov/cob/bcac/ or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

veronica nava

9/21/2023

Applicant's Signature

Date

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

nava	veronica
<i>Last Name</i>	<i>First Name</i>
HIV Planning Group, County Of San Diego	<i>District 1</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisory District You Live In</i>

[REDACTED]			
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]			
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]			
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]			
<i>Home Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			



Nora Vargas

SUPERVISOR, FIRST DISTRICT
San Diego County Board Of Supervisors

DATE: April 09, 2024

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to SAN DIEGO MILITARY AND VETERANS ADVISORY COUNCIL, Seat No. 1

Recommendation:
CHAIRWOMAN NORA VARGAS

Appoint Jaime Yslas to the SAN DIEGO MILITARY AND VETERANS ADVISORY COUNCIL, Seat No. 1 for a term to expire January 6, 2025.

Background information:

Jaime Yslas
Chula Vista, CA 91915

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Nora E. Vargas".

NORA VARGAS
Supervisor, First District
San Diego County Board of Supervisors



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

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Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

Yslas	Jaime
_____ Last Name	_____ First Name
San Diego Military And Veterans Advisory Council	District 1
_____ Name of Board, Committee, or Commission to Which You are Applying for Membership	_____ Supervisorial District You Live In

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? ☒ Yes ☐ No

Please list any time restrictions

What are your principal areas of interest in County Government?

Issues pertaining to active-duty service members, Veterans, and family members.

List all County Boards, Commissions or Committees of which you are a current member.

Not a current member ☒

Committee Name

Date Appointed

_____	_____
_____	_____
_____	_____

List past County appointments with dates served, and other past or present community or public service appointments.

Not a current member ☒

Committee/Organization Name

Dates Served

_____	_____
_____	_____
_____	_____
_____	_____

STATEMENT OF OCCUPATIONAL EXPERIENCE

retired

Current Employer

April 2009 - present

Job Title

Length of Employment

Previous Employers

Position Title

Length of Employment

BAE Systems

Lead Systems Analyst

April 2006 - April 2009

United States Navy

Various

June 1974 - January 2006

What experience or special knowledge can you bring to your area(s) of interest?

I have been volunteering in Veteran-related organizations since 2010 working with student Veterans, active-duty servicemembers, families and caregivers in a variety of roles including working with Veterans experiencing homelessness, PTS, and other trauma and injuries.

Please list community organizations to which you belong:

Veterans Yoga Project, Team Red White and Blue, Travis Manion Foundation and the San Diego GI Film Festival Advisory Committee. I participate in the San Diego Veteran Coalition and the San Diego Military Family Collaborative.

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: www.sandiegocounty.gov/content/sdc/cob/forms.html. Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at www.sandiegocounty.gov/cob/bcac/ or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Jaime Yslas

8/24/2023

Applicant's Signature

Date

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Yslas	Jaime
<hr/>	<hr/>
<i>Last Name</i>	<i>First Name</i>
San Diego Military And Veterans Advisory Council	<i>District 1</i>
<hr/>	<hr/>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisory District You Live In</i>

<hr/>			
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>			
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>			
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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<i>Mobile Phone #</i>	<i>Business Phone #</i>		
<hr/>			
<i>E-Mail Address</i>			



JIM DESMOND
SUPERVISOR, FIFTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: April 9, 2024

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to the BEHAVIORAL HEALTH ADVISORY BOARD (BHAB),
Seat 20.

Recommendation:
SUPERVISOR JIM DESMOND

Appoint Aaron Byzak to the BEHAVIORAL HEALTH ADVISORY BOARD (BHAB),
Seat 20, for a term to expire April 9, 2027.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond", is written over a horizontal line.

JIM DESMOND
Supervisor, Fifth District

SUBJECT: (District: 5)

**BOARD OF SUPERVISORS
AGENDA ITEM INFORMATION SHEET**

CONCURRENCE(S)

COUNTY COUNSEL REVIEW

Written Disclosure per County Charter
Section 1000.1 Required

☒ Yes

☐ Yes ☒ No

GROUP/AGENCY FINANCE DIRECTOR

☐ Yes ☒ N/A

CHIEF FINANCIAL OFFICER

Requires Four Votes

☐ Yes ☒ N/A

☐ Yes ☒ No

**GROUP/AGENCY INFORMATION
TECHNOLOGY DIRECTOR**

☐ Yes ☒ N/A

COUNTY TECHNOLOGY OFFICE

☐ Yes ☒ N/A

DEPARTMENT OF HUMAN RESOURCES

☐ Yes ☒ N/A

Other Concurrence(s):

N/A

ORIGINATING DEPARTMENT:

Jim Desmond
Supervisor, Fifth District

CONTACT PERSON:

Marisol Edrozo

Name

619-531-5555

Phone

619-685-2555

Fax

A-500

Mail Station

Marisol.Edrozo@sdcounty.ca.gov

E-Mail

AUTHORIZED REPRESENTATIVE:



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

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Byzak

Aaron

Last Name

First Name

Behavioral Health Advisory Board (BHAB), County Of San Diego

District 5

Name of Board, Committee, or Commission to Which You are Applying for Membership

Supervisorial
District You Live In

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? ☒ Yes ☐ No

Please list any time restrictions

What are your principal areas of interest in County Government?

Health and Human Services; Behavioral Health

List all County Boards, Commissions or Committees of which you are a current member.

Not a current member ☒

Committee Name

Date Appointed

List past County appointments with dates served, and other past or present community or public service appointments.

Not a current member ☐

Committee/Organization Name

Dates Served

Community Safety Commission, City of Vista

2019-2023

Health Professions Education Foundation, State of California

2016-2021

STATEMENT OF OCCUPATIONAL EXPERIENCE

Galvanized Strategies

Current Employer

Chief Strategist & Lead Consultant

7 years

Job Title

Length of Employment

Previous Employers

Position Title

Length of Employment

Tri-City Healthcare District

Chief Strategy Officer

1 year

Tri-City Healthcare District

Chief External Affairs Officer

5 years

UC San Diego Health Sciences

Senior Director, Government & Community Affairs

7.5 years

Board of Supervisors, District 3,
County of San Diego

Policy Advisor, Health and Human Services

2.5 years

What experience or special knowledge can you bring to your area(s) of interest?

Transformational executive and groundbreaking thought leader in multiple industries including emergency medical services, health policy, healthcare management, non-profits, social services, and consulting. Motivational and energetic public speaker and 4-time Emmy Award winning writer and producer. Creative designer of multiple best practice public health, advocacy, community relations, and workforce development initiatives. Widely recognized for orchestrating strategic public affairs renaissances for healthcare systems and non-profit organizations, Aaron is a 5-Tool Player who has demonstrated depth and breadth of knowledge, skills, abilities, and passions across a variety of channels. A developer of high performing teams and a prolific investor in people, he is a sought-after mentor, coach, and trainer who has helped many individuals and groups realize their potential through focused professional, educational, and personal development. Strategic Career Planning and Three Strides Forward, programs he created, have been attended by more than 4,000 individuals from diverse backgrounds including high school and college students, healthcare executives, people experiencing homelessness, and the formerly incarcerated, among others. Aaron passionately advocates for policy and practice reform in health, mental health, senior care, and substance abuse prevention. As the founder of Hazel's Army, he was instrumental in passing California's comprehensive assisted living reform agenda in 2014. Through Great Gen 2.0, and his impactful presentation "The Amazing Life of Wilfred H. Mensching," Aaron narrates historical events through the eyes of a WWII veteran and POW, reaching over 7,000 students, thus far. Aaron is the author of "Mental Health Policy & Practice Reform: A Local, State, and Federal Perspective," a collection of 30 recommendations for mental health reform at all levels of government. Has served on more than two dozen public and community boards and commissions including as Chair of the Community Safety Commission for the City of Vista (appointed by the City Council); Trustee for the Health Professions Education Foundation for the State of California (appointed by the Speaker Pro Tem of the California Senate), and various non-profit social service, business, economic development, and public safety organizations. He is a past member of the board of directors for the National Alliance on Mental Illness (NAMI) San Diego. Aaron is a past recipient of the Outstanding Social Responsibility Executive of the Year Award (2022), Top Behavioral Health Professionals (2022), and a five time honoree among the 500 Most Influential People in San Diego (2019-2023), among other recognitions.

Please list community organizations to which you belong:

Board Member, Carlsbad Chamber of Commerce Director, Step-Up Division, Champions League Baseball (baseball for youth with special needs)

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

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By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Aaron Byzak

3/8/2024

Applicant's Signature

Date

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Byzak	Aaron
<i>Last Name</i>	<i>First Name</i>
Behavioral Health Advisory Board (BHAB), County Of San Diego	<i>District 5</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisory District You Live In</i>

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Home Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			



JIM DESMOND
SUPERVISOR, FIFTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: April 9, 2024

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to BONSALL COMMUNITY SPONSOR GROUP,
Seat No. 6

Recommendation:
SUPERVISOR JIM DESMOND

Appoint Meghan Van Leeuwen to the BONSALL COMMUNITY SPONSOR GROUP,
Seat No. 6 for a term to expire January 4, 2027.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Jim Desmond", is written over a horizontal line.

JIM DESMOND
Supervisor, Fifth District

SUBJECT: (District: 5)

**BOARD OF SUPERVISORS
AGENDA ITEM INFORMATION SHEET**

CONCURRENCE(S)

COUNTY COUNSEL REVIEW

Written Disclosure per County Charter
Section 1000.1 Required

☒ Yes

☐ Yes ☒ No

GROUP/AGENCY FINANCE DIRECTOR

☐ Yes ☒ N/A

CHIEF FINANCIAL OFFICER

Requires Four Votes

☐ Yes ☒ N/A

☐ Yes ☒ No

**GROUP/AGENCY INFORMATION
TECHNOLOGY DIRECTOR**

☐ Yes ☒ N/A

COUNTY TECHNOLOGY OFFICE

☐ Yes ☒ N/A

DEPARTMENT OF HUMAN RESOURCES

☐ Yes ☒ N/A

Other Concurrence(s):

N/A

ORIGINATING DEPARTMENT:

Jim Desmond
Supervisor, Fifth District

CONTACT PERSON:

Marisol Edrozo

Name

619-531-5555

Phone

619-685-2555

Fax

A-500

Mail Station

Marisol.Edrozo@sdcounty.ca.gov

E-Mail

AUTHORIZED REPRESENTATIVE:



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

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Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcountry.ca.gov

VAN LEEUWEN	MEGHAN
Last Name	First Name
Bonsall Community Sponsor Group	District 5
Name of Board, Committee, or Commission to Which You are Applying for Membership	Supervisory District You Live In

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? ☒ Yes ☐ No

Please list any time restrictions

What are your principal areas of interest in County Government?

Public safety and community involvement

List all County Boards, Commissions or Committees of which you are a current member.

Not a current member ☒

Committee Name

Date Appointed

List past County appointments with dates served, and other past or present community or public service appointments.

Not a current member ☒

Committee/Organization Name

Dates Served

STATEMENT OF OCCUPATIONAL EXPERIENCE

County of San Diego

Current Employer

Engineer Technician

Job Title

2.5 years

Length of Employment

Previous Employers

Position Title

Length of
Employment

DTS

Design Engineer

3 years

What experience or special knowledge can you bring to your area(s) of interest?

Using my engineering background, I can help bridge the gap of communication disconnect between the projects that go through the community sponsor group and also help come up with solutions as well to keep our community's safety our number one priority.

Please list community organizations to which you belong:

None yet.

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: www.sandiegocounty.gov/content/sdc/cob/forms.html. Candidates may be asked to provide additional information.

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By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

MEGHAN VAN LEEUWEN

7/12/2023

Applicant's Signature

Date

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

VAN LEEUWEN		MEGHAN	
<i>Last Name</i>		<i>First Name</i>	
Bonsall Community Sponsor Group		District 5	
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>		<i>Supervisory District You Live In</i>	
<div style="background-color: black; height: 20px; width: 100%;"></div>			
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone #</i>	<i>Business Phone #</i>		
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
<div style="background-color: black; height: 20px; width: 25%;"></div>			
<i>E-Mail Address</i>			



County of San Diego, Planning & Development Services

**CANDIDATE CERTIFICATION FOR APPOINTMENT
TO A PLANNING OR SPONSOR GROUP VACANCY**

*For Non-Election Appointments Only –
Not to be used for Regular Planning Group Elections*

The undersigned agrees to comply with all Board of Supervisors policies pertaining to Community Planning or Sponsor Groups and understands that group members are subject to the open meeting requirements of the Ralph M. Brown Act.

By signing below, I declare that the information provided in my application is accurate and complete to the best of my knowledge.

If applying for a Planning Group: I declare that I am a registered voter living within the Planning Group's boundaries.

If applying for a Sponsor Group: I declare that I am a registered voter and currently own property in or reside within the Sponsor Group's boundaries.

If appointed, I will file a Form 700, Statement of Economic Interest, in a timely manner as instructed in the appointment letter.

Signature: Meghan Van Leeuwen

Date: Dec. 5, 2023

Print Name on Voter's Registration Form: Meghan
First Name

Van Leeuwen
Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

As the current Chair of the Bonsall Community Planning/Sponsor Group, I confirm that I have reviewed this application for completeness, and it may be certified by the ROV.

Signature: [Signature]

Date: Dec. 5, 2023

Print Name: Steve Morris

Date Elected Chair: ~ JAN. 2023

Email Address: [Redacted]

Phone: [Redacted]

For Internal Use Only:

Registrar of Voters Confirmation:

I certify that the applicant is a registered voter and is eligible for membership of the Bonsall CSG Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # 4945355

Signed: [Signature]

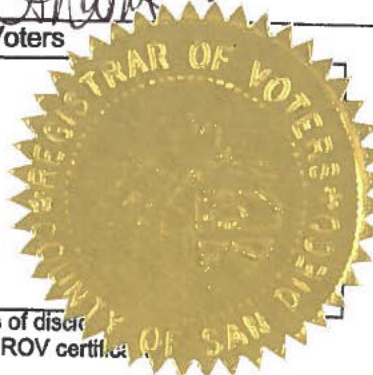
Deputy Registrar of Voters

ROV Date Stamp:

2024 JAN 18 A 11: 02
REC'D S. D. CO. ROV

PDS-900 REV.: 02/15/2023

This application is a public record and is subject to the rules of disclosure.
Not valid for appointment without current Chair's signature and ROV certification.





JIM DESMOND
SUPERVISOR, FIFTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: April 9, 2024

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to the SAN DIEGO COUNTY FIRE PROTECTION
DISTRICT ADVISORY BOARD, Seat No. 3

Recommendation:
SUPERVISOR JIM DESMOND

Re-Appoint Clifford Kellogg to the SAN DIEGO COUNTY FIRE PROTECTION
DISTRICT ADVISORY BOARD, Seat No. 3 for a term to expire January 4, 2027.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Jim Desmond", is written over a horizontal line.

JIM DESMOND
Supervisor, Fifth District

SUBJECT: (District: 5)

**BOARD OF SUPERVISORS
AGENDA ITEM INFORMATION SHEET**

CONCURRENCE(S)

COUNTY COUNSEL REVIEW

Written Disclosure per County Charter
Section 1000.1 Required

☒ Yes

☐ Yes ☒ No

GROUP/AGENCY FINANCE DIRECTOR

☐ Yes ☒ N/A

CHIEF FINANCIAL OFFICER

Requires Four Votes

☐ Yes ☒ N/A

☐ Yes ☒ No

**GROUP/AGENCY INFORMATION
TECHNOLOGY DIRECTOR**

☐ Yes ☒ N/A

COUNTY TECHNOLOGY OFFICE

☐ Yes ☒ N/A

DEPARTMENT OF HUMAN RESOURCES

☐ Yes ☒ N/A

Other Concurrence(s):

N/A

ORIGINATING DEPARTMENT:

Jim Desmond
Supervisor, Fifth District

CONTACT PERSON:

Marisol Edrozo

Name

619-531-5555

Phone

619-685-2555

Fax

A-500

Mail Station

Marisol.Edrozo@sdcounty.ca.gov

E-Mail

AUTHORIZED REPRESENTATIVE: _____

Magallanes, Lupita

From: House, Megan
Sent: Wednesday, February 21, 2024 10:26 AM
To: Edrozo, Marisol
Subject: RE: FAB

[REDACTED]

From: House, Megan <Megan.House@sdcounty.ca.gov>
Sent: Tuesday, February 13, 2024 11:00 AM
To: Collins, Jeff <Jeff.Collins@sdcounty.ca.gov>
Cc: Edrozo, Marisol <Marisol.Edrozo@sdcounty.ca.gov>
Subject: Re: FAB

Looping in Mari who handles appointments for us. Thanks for letting us know!

Get [Outlook for iOS](#)

From: Collins, Jeff <Jeff.Collins@sdcounty.ca.gov>
Sent: Tuesday, February 13, 2024 10:51:17 AM
To: House, Megan <Megan.House@sdcounty.ca.gov>
Subject: FAB

Megan, we realized that Cliff Kellogg's term on the fire advisory board has expired. Can you do a quick reappointment? His appointment ended when your last term ended.



JIM DESMOND
SUPERVISOR, FIFTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: April 9, 2024

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to TWIN OAKS COMMUNITY SPONSOR GROUP,
Seat No. 2

Recommendation:
SUPERVISOR JIM DESMOND

Appoint Dawn Haake to the TWIN OAKS COMMUNITY SPONSOR GROUP, Seat No. 2 for a term to expire January 4, 2027.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond", is written over a horizontal line.

JIM DESMOND
Supervisor, Fifth District

SUBJECT: (District: 5)

**BOARD OF SUPERVISORS
AGENDA ITEM INFORMATION SHEET**

CONCURRENCE(S)

COUNTY COUNSEL REVIEW

Written Disclosure per County Charter
Section 1000.1 Required

☒ Yes

☐ Yes ☒ No

GROUP/AGENCY FINANCE DIRECTOR

☐ Yes ☒ N/A

CHIEF FINANCIAL OFFICER

Requires Four Votes

☐ Yes ☒ N/A

☐ Yes ☒ No

**GROUP/AGENCY INFORMATION
TECHNOLOGY DIRECTOR**

☐ Yes ☒ N/A

COUNTY TECHNOLOGY OFFICE

☐ Yes ☒ N/A

DEPARTMENT OF HUMAN RESOURCES

☐ Yes ☒ N/A

Other Concurrence(s):

N/A

ORIGINATING DEPARTMENT:

Jim Desmond
Supervisor, Fifth District

CONTACT PERSON:

Marisol Edrozo

Name

619-531-5555

Phone

619-685-2555

Fax

A-500

Mail Station

Marisol.Edrozo@sdcounty.ca.gov

E-Mail

AUTHORIZED REPRESENTATIVE: _____



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO
BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

Haake	Dawn
_____ Last Name	_____ First Name
Twin Oaks Valley Sponsor Group	District 5
_____ Name of Board, Committee, or Commission to Which You are Applying for Membership	_____ Supervisory District You Live In

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? ☒ Yes ☐ No

I travel for work and under most circumstances have full control over when that takes place. I may, however, be required to travel up to 2 times per year during a time that could conflict with monthly meetings.

Please list any time restrictions

What are your principal areas of interest in County Government?

Providing a voice for the community on matters related to spending, land use, legislation and planning.

List all County Boards, Commissions or Committees of which you are a current member.

Not a current member ☐

Committee Name Date Appointed

_____	_____
_____	_____
_____	_____

List past County appointments with dates served, and other past or present community or public service appointments.

Not a current member ☐

Committee/Organization Name Dates Served

_____	_____
-------	-------

STATEMENT OF OCCUPATIONAL EXPERIENCE

ResMed Corporation

Current Employer

Chief Quality Officer

Job Title

8 Years

Length of Employment

Previous Employers

Position Title

Length of Employment

NuVasive, Inc.

Sr. Director Global Quality Assurance

9 Years

Covidien

Sr. Compliance Specialist

17 Years

What experience or special knowledge can you bring to your area(s) of interest?

I am a native San Diegan and have lived in the North County for over 20 years. I am an active equestrian enthusiast and participate in several fundraising and advocacy activities to support the Twin Oaks Valley equestrian community each year working with the City of San Marcos and the County of San Diego on matters related to trail development and maintenance, park and recreations planning, development and funds allocation, fire safety and large animal evacuations.

Please list community organizations to which you belong:

Board Secretary for the Twin Oaks Valley Equestrian Association Board Secretary for the Horse Heritage Conservancy, 501(c)3

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: www.sandiegocounty.gov/content/sdc/cob/forms.html. Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at www.sandiegocounty.gov/cob/bcac/ or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Dawn Haake

11/1/2023



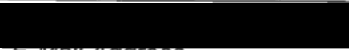
Applicant's Signature

Date

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Haake	Dawn
<i>Last Name</i>	<i>First Name</i>
Twin Oaks Valley Sponsor Group	<i>District 5</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisory District You Live In</i>

			
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
			
<i>Home Phone #</i>	<i>Business Phone #</i>		
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
			
<i>E-mail Address</i>			



County of San Diego, Planning & Development Services

**CANDIDATE CERTIFICATION FOR APPOINTMENT
TO A PLANNING OR SPONSOR GROUP VACANCY**

*For Non-Election Appointments Only –
Not to be used for Regular Planning Group Elections*

The undersigned agrees to comply with all Board of Supervisors policies pertaining to Community Planning or Sponsor Groups and understands that group members are subject to the open meeting requirements of the Ralph M. Brown Act.

By signing below, I declare that the information provided in my application is accurate and complete to the best of my knowledge.

If applying for a Planning Group: I declare that I am a registered voter living within the Planning Group's boundaries.

If applying for a Sponsor Group: I declare that I am a registered voter and currently own property in or reside within the Sponsor Group's boundaries.

If appointed, I will file a Form 700, Statement of Economic Interest, in a timely manner as instructed in the appointment letter.

Signature: [Signature] Date: February 15, 2024

Print Name on Voter's Registration Form: Dawn Haake
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

As the current Chair of the TWIN OAKS VALLEY COMMUNITY SC Community Planning/Sponsor Group, I confirm that I have reviewed this application for completeness, and it may be certified by the ROV.

Signature: [Signature] Date: 2-21-2024

Print Name: [Redacted] Date Elected Chair: A LONG TIME AGO

Email Address: [Redacted] Phone: [Redacted]

For Internal Use Only:

Registrar of Voters Confirmation:

I certify that the applicant is a registered voter and is eligible for membership of the Twin Oaks Valley Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # 1154265 Signed: [Signature]
Deputy Registrar of Voters

ROV Date Stamp:

2024 FEB 23 A 9:47
REC'D S. D. CO. ROV

PDS-900 REV.: 02/15/2023

This application is a public record and is subject to the rules of disclosure.
Not valid for appointment without current Chair's signature and ROV certification.





JIM DESMOND
SUPERVISOR, FIFTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: April 9, 2024

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to UPPER SAN LUIS REY RESOURCE CONSERVATION
DISTRICT, Seat No. 3

Recommendation:
SUPERVISOR JIM DESMOND

Appoint Matt Borden to the UPPER SAN LUIS REY RESOURCE CONSERVATION
DISTRICT, Seat No. 3 for a term to expire November 27, 2026.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Jim Desmond", is written over a horizontal line.

JIM DESMOND
Supervisor, Fifth District

SUBJECT: (District: 5)

**BOARD OF SUPERVISORS
AGENDA ITEM INFORMATION SHEET**

CONCURRENCE(S)

COUNTY COUNSEL REVIEW

Written Disclosure per County Charter
Section 1000.1 Required

☒ Yes

☐ Yes ☒ No

GROUP/AGENCY FINANCE DIRECTOR

☐ Yes ☒ N/A

CHIEF FINANCIAL OFFICER

Requires Four Votes

☐ Yes ☒ N/A

☐ Yes ☒ No

**GROUP/AGENCY INFORMATION
TECHNOLOGY DIRECTOR**

☐ Yes ☒ N/A

COUNTY TECHNOLOGY OFFICE

☐ Yes ☒ N/A

DEPARTMENT OF HUMAN RESOURCES

☐ Yes ☒ N/A

Other Concurrence(s):

N/A

ORIGINATING DEPARTMENT:

Jim Desmond
Supervisor, Fifth District

CONTACT PERSON:

Marisol Edrozo

Name

619-531-5555

Phone

619-685-2555

Fax

A-500

Mail Station

Marisol.Edrozo@sdcounty.ca.gov

E-Mail

AUTHORIZED REPRESENTATIVE: _____

**List of Qualified Candidates for Appointment to the
Board of Directors of the
Upper San Luis Rey Resource Conservation District**

Qualified Candidate: Matt Borden

District Affected: Upper San Luis Rey Resource Conservation District

Number of Vacancies: One

Vacant Seat: Seat # 3

Term: Four Year Term ending January 11, 2028



Upper San Luis Rey
Resource Conservation District

Andy Lyall – President
Greg Kamin – Vice President
Matt Borden – Secretary/Treasurer
Amy Reeh – Director
Michael Perricone – Director

COSD CLERK OF THE BOARD
2024 FEB 18 PM3:06

February 12, 2024

County Of San Diego
Clerk of the Board of Supervisors
1600 Pacific Highway, 4th Floor, Room 402
San Diego, CA 92101

Re: Appointment of Upper San Luis Rey RCD Board of Director

Dear Supervisor Desmond and Clerk of the Board,

On January 11, 2024 the Upper San Luis Rey Resource Conservation District ("USLRRCD") sent correspondence requesting that Matt Borden be appointed to fill the existing vacancy on Board of Director of the USLRRCD, as required by the County Board of Supervisor's Policy A-134.

Subsequently the USLRRCD was contacted by a Board Assistant stating that Mr. Borden was required to complete an "application" in order to even be considered for nomination by Supervisor Desmond and the Board of Supervisors. As often happens with government code, misinterpretation often leads to incorrect information being disseminated, as I am certain is the case in this situation.

While the Board of Supervisors Policy A-39 requires that individuals interested in filling a vacancy on the *Board of Supervisors* is required to complete an application, Policy A-134 does not make that requirement for an appointment to a Resource Conservation District Board of Directors. In fact, section 2 of policy A-134 specifically states "In-lieu of elections, the Board of Supervisors shall make appointments from a *list of qualified applicants established by the Resource Conservation District* where the vacancy has occurred." Furthermore, this policy was last reviewed / modified on December 8, 2020 and is not due to be reviewed for modification until December 31, 2027; indicating there has not been a change in the appointment requirements for Resource Conservation Districts. For your referencing convenience, I have provided copies of each of the policies with this letter.

Upper San Luis Rey Resource Conservation District
P.O. Box 921, Pauma Valley, CA 92061
(760) 742-3704 www.uppersanluisreyrcd.net

February 12, 2024
Clerk of the Board
Page 2

Therefore, please let this second letter serve as the request of the Board of Supervisors to appoint the qualified candidate on the attached list, as required by Policy A-134, Section 3, as Director of the Upper San Luis Rey Resource Conservation District effective January 11, 2024.

Thank you in advance for your alacritous assistance in this matter. If you could be so kind as to verify receipt of this appointment request and the subsequent notification to Supervisor Desmond, as required by Section 3 of Policy A-134, it would be greatly appreciated. Please feel free to contact me or a member of the USLRRCD management team should you have any questions.

Kindest Regards,

A handwritten signature in blue ink that reads "Andy Lyall by (ap)". The signature is written in a cursive, flowing style.

Andy Lyall
President of the Board of Directors
Upper San Luis Rey Resource Conservation District

COUNTY OF SAN DIEGO, CALIFORNIA
BOARD OF SUPERVISORS POLICY

Subject	Policy Number	Page
	A-134	1 of 2

Purpose

To provide a procedure for the Board of Supervisors to make appointments to Resource Conservation District boards of directors. There are three Resource Conservation Districts in San Diego County: The Resource Conservation District of Greater San Diego County; Upper San Luis Rey Resource Conservation District; and Mission Resource Conservation District. These districts work in conjunction with the Soil Conservation Service to provide erosion control information to local landowners.

Background

Public Resources Code Section 9314 allows, as an alternative to the election of directors, that the board of directors of a Resource Conservation District may, by a resolution presented to the Board of Supervisors, request the Board to appoint directors. On January 22, 1986 (#11), the Board of Supervisors accepted resolutions submitted by the boards of directors of all of the Resource Conservation Districts within San Diego County indicating their desire that all future members of their boards of directors be appointed by the Board of Supervisors.

The Resource Conservation Districts chose to have members of their boards of directors appointed by the Board of Supervisors to avoid election costs.

Since 1986, candidates for the boards of directors of the Resource Conservation Districts have submitted their applications through the Registrar of Voters office. Since no elections are ever held for these districts, it is more practical and efficient, and less confusing for the applicants, if this process is managed by the Clerk of the Board of Supervisors along with its other appointment responsibilities.

Policy

It is the policy of the Board of Supervisors that:

1. No election shall be held to fill vacancies on Resource Conservation District boards of directors when the district has on file an effective resolution requesting all vacancies be filled by appointment by the Board of Supervisors.
2. In-lieu of elections, the Board of Supervisors shall make appointments from a list of qualified applicants established by the Resource Conservation District where the vacancy has occurred.

COUNTY OF SAN DIEGO, CALIFORNIA
BOARD OF SUPERVISORS POLICY

Subject	Policy Number	Page
	A-134	2 of 2

3. Upon receipt of a list of applicants from the board of directors of a Resource Conservation District, the Clerk of the Board of Supervisors shall timely submit such list to the Board of Supervisors. This list shall include the name of the district affected, the seat/term vacant, the number of vacancies to be filled, the names of the applicants. The Clerk of the Board shall further notify the member or members of the Board whose supervisorial district or districts encompass the district and advise such member or members that a request to fill vacancies as herein prescribed will be presented to the Board.

4. Interim vacancies may be filled by the board of directors of the Resource Conservation Districts pursuant to Government Code Section 1780.

Sunset Date

This policy will be reviewed for continuance by 12-31-27.

Board Action

3/12/2002 (10)

12/9/08 (33)

11/5/13 (19)

12/08/20 (25)

CAO Reference

1. Clerk of the Board

COUNTY OF SAN DIEGO, CALIFORNIA
BOARD OF SUPERVISORS POLICY

Subject	Policy Number	Page
	A-39	1 of 3

Purpose

To establish a procedure for appointment of Supervisors to fill vacancies on the Board of Supervisors which provides maximum citizen participation.

Background

In November 1982, voters approved changes to the County Charter which removed the power of the Governor to appoint a successor to fill a vacancy on the Board of Supervisors if the Board failed to do so. The Charter (Sec. 401.4) allows the Board of Supervisors to fill vacancies on the Board by appointment, by calling for a special election, or by a combination of the two.

Policy

It is the policy of the Board of Supervisors that: When a vacancy occurs on the Board of Supervisors the following procedures shall be followed to fill that vacancy:

1. Within seven business days of a vacancy on the Board of Supervisors the Board shall meet to determine the method by which it shall fill the vacancy. In the alternative, if the specific date of a Board vacancy is known prior to the effective date of the vacancy, the Board may meet during the period that is 20 business days prior to the effective date of the vacancy to determine the method by which it will fill the vacancy. At the meeting, the Registrar of Voters shall provide to the Board a report on the costs to hold a special election, a proposed schedule and a determination of the possibility of consolidating the special election with any other local or statewide election. If the Board decides to fill the vacancy by appointment, the Board shall, at that meeting, approve the deadline for acceptance of applications and determine dates for two public hearings and adopt any additional procedures governing the appointment process.

2. If the Board meeting to determine the method to fill the Board vacancy takes place after the vacancy, the deadline for filing of applications shall be no sooner than seven business days but no later than 10 business days from the date of the meeting where the Board has determined to fill the vacancy by appointment. If the Board meeting to determine the method to fill the Board vacancy takes place prior to the vacancy, the deadline for filing of applications shall be no sooner than seven business days but no later than 10 business days from the date of the meeting that the Board determined the method to fill the vacancy. Applications will be obtained and filed at the Office of the Clerk of the Board of Supervisors. All applicants must personally appear to obtain and file the

COUNTY OF SAN DIEGO, CALIFORNIA
BOARD OF SUPERVISORS POLICY

Subject

Process to Fill Vacancies on the Board of Supervisors

**Policy
Number**

A-39

Page

2 of 3

required application forms. All applicants shall be required to provide to the Board by the filing deadline (1) a statement of qualifications; (2) affidavit of applications for appointment certifying, under the penalty of perjury that the applicant is a California citizen, over the age of 18, is not disqualified from holding office because of conviction of crimes, and fulfills the residency and elector requirements established by the County Charter for a resident of the Supervisorial district in which the vacancy exists.

3. The application form will include the following:

- a. Full name, residence address for the past five years.
- b. Employer and occupation for previous five years.
- c. Date and place of birth.
- d. A written statement outlining qualifications for office (500 word maximum).
- e. A written statement explaining the applicant's reasons for wishing to be a Supervisor (500 word maximum).
- f. A Statement of Economic Interests form of the type required to be filed by County Supervisors.

The Clerk of the Board shall provide to each applicant copies of any pertinent State law, County ordinance or policy relating to the vacancy. Applicants may be requested to provide the Board with additional information, including answers to questions submitted by members of the Board of Supervisors.

4. The Clerk will make copies of all submitted applications upon receipt during the filing period and distribute one copy to the office of each Supervisor for their review. Completed applications, with appropriate private and confidential information redacted, will also be made available to the public upon delivery to the Board offices.

5. The first hearing on all applicants shall be held no sooner than the day after the filing deadline and no later than seven days after filing deadline. Each applicant shall be given three minutes to make an oral presentation to the Board. After all applicants have made their presentation to the Board, the Chair shall allow each Supervisor to ask questions of any applicant. After presentation and question periods have been concluded, the Board

COUNTY OF SAN DIEGO, CALIFORNIA
BOARD OF SUPERVISORS POLICY

Subject	Policy Number	Page
	A-39	3 of 3

shall, on written ballots provided by the Clerk of the Board, select no more than five (5) finalists from among those who have applied. Each Supervisor may vote for up to five (5) applicants. The Clerk shall announce the results, itemizing each Supervisor's vote. The five applicants receiving the largest number of votes will be chosen as finalists. Any ties will be broken by subsequent vote among only the applicants tied for a remaining finalist(s) position(s). The Clerk shall announce the votes of each Board member after each round of balloting. Supervisors may also require each finalist to provide the Board with a medical certification, statement of economic interest, permission to conduct credit and criminal background checks and written responses to any questions of any applicant.

6. The second hearing shall be held not less than three days following the first hearing. Each finalist shall have ten (10) minutes to make oral presentations. After applicant presentations, the Chair shall allow each Board member to ask questions of the applicants. At the conclusion of the question period, the Board shall, on written ballots provided by the Clerk of the Board, vote for one of the finalists to fill the unexpired term. Balloting shall continue at this or subsequent meetings. The Clerk shall announce the vote of each Board member after each round of balloting. Whenever any applicant receives three (3) or more votes, the Chair shall declare that three (3) members of the Board have concurred in the selection of such applicant and that such applicant shall be declared by the Chair to be appointed to the Office of Supervisor. The person so appointed shall be prepared to formally assume the office not later than three (3) business days following the selection by the Board of Supervisors.

Sunset Date

This policy will be reviewed for continuance by 12-31-28.

References

B S Action 4-29-75 (82)
B S Action 5-24-83 (10)
B S Action 9-27-88 (60)
B S Action 9-26-00 (16)
B S Action 6-12-07 (14)
B S Action 12-09-08 (33)
B S Action 10-28-14 (21)
B S Action 10-19-21 (19)

CAO Reference

1. Clerk of the Board of Supervisors



Upper San Luis Rey
Resource Conservation District

Andy Lyall – President
Greg Kamin – Vice President
Matt Borden – Secretary/Treasurer
Amy Reeh – Director
Michael Perricone – Director

COSD CLERK OF THE BOARD
2024 FEB 2 PM 1:46

January 11, 2024

County of San Diego
Clerk of the Board of Supervisors
1600 Pacific Highway
Fourth Floor, Room 402
San Diego, CA 92101

Re: Appointment for Upper San Luis Rey RCD Board Member

Dear Supervisor Jim Desmond & Clerk of the Board,

I am President on the Board of Directors for Upper San Luis Rey Resource Conservation District.

Ogden Watson resigned from our Board as a Director and Matt Borden will be filling the vacancy. Attached please find a copy of the Upper San Luis Rey Resource Conservation District Resolution 53-24: Filling Vacancy in the Office of Director for the newly appointed Director, Matt Borden. Mr. Borden was appointed to our Board on January 11, 2024. Mr. Borden is a current resident of Pauma Valley, CA located within the service area of the Resource Conservation District.

Thank you for your assistance in this matter. Please feel free to contact me should you have any questions regarding this matter.

Sincerely,

Andy Lyall
President of the Board of Directors
Upper San Luis Rey Resource Conservation District

Upper San Luis Rey Resource Conservation District
P.O. Box 921, Pauma Valley, CA 92061
(760) 742-3704 www.uppersanluisreyrcd.net

RESOLUTION NO 53-24

**RESOLUTION OF THE BOARD OF DIRECTORS OF
UPPER SAN LUIS REY RESOURCE CONSERVATION DISTRICT
FILLING VACANCY IN THE OFFICE OF DIRECTOR**

WHEREAS, a vacancy exists on the Board of Directors of the Upper San Luis Rey Resource Conservation District for the office formerly held by Ogden Watson; and

WHEREAS, pursuant to Government Code §1780, the Board of Directors may appoint a Director to fill the vacancy.

NOW, THEREFORE, the Board of Directors of the Upper San Luis Rey Resource Conservation District does hereby resolve, find, determine, and order as follows:

Section 1: Pursuant to Section 1780 of the Government Code, the Board of Directors of the Upper San Luis Rey Resource Conservation District hereby appoints Matt Borden to serve on the Board of Directors as the representative until the end of term.

Section 2: The Secretary or Assistant Secretary of the Upper San Luis Rey Resource Conservation District is hereby directed to deliver forthwith one (1) certified copy of this resolution to the Clerk of the Board of Supervisors of the County of San Diego.

PASSED AND ADOPTED by the Board of Directors of UPPER SAN LUIS REY RESOURCE CONSERVATION DISTRICT at a Regular Meeting of said Board held 11th day of January 2024 by the following roll-call vote:

AYES: LYALL, KAMIN, PERRICONE

NOES: NONE

ABSTAIN: NONE

ABSENT: REEH



Andy Lyall, President

ATTEST:



Greg Kamin, Vice President



County of San Diego

ERIC C. MCDONALD, MD, MPH, FACEP
INTERIM AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
1600 PACIFIC HIGHWAY, ROOM 206, MAIL STOP P-501
SAN DIEGO, CA 92101-2417
(619) 515-6555 • FAX (619) 515-6556

PATTY KAY DANON
CHIEF OPERATIONS OFFICER

March 7, 2024

COSD CLERK OF THE BOARD
2024 MAR 6 AM 10:00

TO: Andrew Potter
Clerk of the Board of Supervisors

FROM: Eric C. McDonald, MD, Interim Agency Director
Health and Human Services Agency

APPOINTMENT TO THE COMMUNITY ACTION BOARD

Please be advised that the Community Action Board (CAB) has approved the nominations of the following individuals:

Board Member	Sector	Seat	Term
Janelle Lopez	Economically Disadvantaged Sector	Primary Seat 10	1 st
Summer Elliot	Private Sector	Alternate Seat 18	1 st

CAB advises the San Diego County Board of Supervisors (Board) and the County of San Diego (County) Health and Human Services Agency (HHSA) on matters related to poverty, as well as programs designed to increase self-sufficiency among low-income families and individuals. In this capacity, CAB supports the County's vision of a just, sustainable, and resilient future for all as well as the *Live Well San Diego* vision of healthy, safe, and thriving communities.


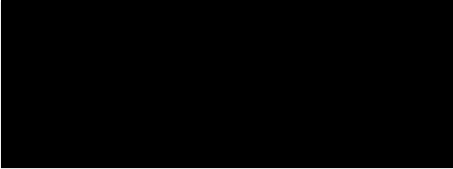
These candidates will add to the range of expertise available to CAB in its advisory role to the Board and HHSA.

If you have any questions on this matter, please contact Deanna Zotalis-Ferreira at (619) 518-4442.

Sincerely,

ERIC C. MCDONALD, MD, MPH, FACEP
Interim Agency Director

Contact Information for Community Action Board (CAB) Appointment

Seat No. 10	Ms. Janelle Lopez 
Seat No. 18	Ms. Summer Elliot 

**COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
COMMUNITY ACTION PARTNERSHIP ADVISORY BOARD (CAB)**

**MEETING NOTICE: In Person
Seville Plaza
5469 Kearny Villa Road, San Diego, CA 92123
Third Floor - Conference Room 3700**

January 11, 2024 - 12:30 p.m. to 2:00 p.m.

Members Present

Keith Esshaki
Jeannine Nash
Hilary Ward
Destiny Preston
Ivan Andujar
Sebastian Pardo
Malik Thornton
Karen Lenyoun

Excused

Tara Izzo
Oscar Medina

Absent

Staff

Deo Akena, Manager, CAP
Jocelyn Salamat, Admin Analyst, CAP
Erik Aguilar, OSS, OEqC
Deanna Zotalis-Ferreira, Chief, CAP

Guests

1. **Call to Order:** Meeting called to order by Jeannine Nash at 12:36 pm.
2. **Roll Call:** 8 members were present; quorum was **Achieved**
Keith Esshaki had to leave early at 1:29 pm to attend another meeting.
3. **Acceptance of Agenda:** Keith Esshaki motioned to accept agenda; Malik Thornton seconded. Motion passed.
4. **Approval of Minutes:** Ivan Andujar motioned to accept November 9, 2023 minutes; Hilary Ward seconded. Motion passed.
5. **Public Comments:** No Public Comments
6. **Information Item: Vacancy Report**

Currently, there are 9 primary seats filled. 6 primary seat vacancies:

- Public Sector - Seat 1 - In communication with D1 Policy Advisor
- Public Sector - Seat 4 - New D4 appointment; she is actively seeking candidates
- Public Sector - Seat 5 - In communication with D5 Policy Advisor; they are interviewing candidates
- Economically Disadvantaged Sector - Seat 12 – Central Region
- Economically Disadvantaged Sector - Seat 7 – North Central Region
 - Parina Parikh resigned 12/18/23

- Economically Disadvantaged Sector - Seat 10 – South Region

CAB members and OEqC Regional Community Coordinators (RCCs) were encouraged to continue outreach efforts to fill the vacancies.

Deanna Zotalis-Ferreria followed up on Board of Supervisor Public Sector vacant positions. Office of Equitable Communities Director, Jennifer Bransford-Koons, has communicated with Board of Supervisors offices and offices are working to fill Public Sector vacancies.

7. Discussion Item: CAB Nominating Committee (AD HOC)

Jeannine Nash's reappointment for Private Sector Primary Seat 9 is in process.

Janelle Lopez is a new CAB applicant interviewed by Hilary Ward and Jeannine Nash and recommended for a seat.

Summer Elliot is a new CAB applicant interviewed by Hilary Ward and Keith Esshaki.

New CAB applications received from Joseph Jacome and Carla Vanegas. CAB needs ad hoc panelists to support with interviewing. Karen Lenyoun and Hilary Ward volunteered. Erik Aguilar will work with panelist in setting up interviews.

As of November, Ivan Andujar is no longer with ECTLC. ECTLC has expressed interest in providing another representative for Primary Seat 8. Ivan wants to continue serving on the Board so he will reapply with a new application with updated employer information or be moved into an alternate seat for East. Ivan will continue to serve until another representative from ECTLC has been voted in to serve on Primary Seat 8.

8. Action Item: CAB Nominating Committee (AD HOC)

Hilary Ward motioned to appoint Janelle Lopez to Economically Disadvantaged Sector South Primary Seat 10; Malik Thornton seconded. All present voted in favor. Motion passed.

Jeannine Nash motioned to appoint Summer Elliot to Private Sector Alternate Seat 18; Hilary Ward seconded. All present voted in favor. Motion passed.

9. Information Item: Confirmation of Receipt of Governing Documents (Organizational Standard 5.4)

Pending: Oscar Medina, Tara Izzo

This information item will remain on the agenda as a reminder for those who have not responded to the email confirming receipt of governing documents. At the next CAB meeting, those present who have not responded may acknowledge via wet signatures.

10. Discussion Item: Community Needs Assessment (CNA) Survey

Change "Funding" to "Act" in 3rd paragraph of survey.

Demographics

Add "Level" in "Federal Poverty Guidelines" to question 10. Keep question 10 to complete the CSBG Organizational Standard 3.2 regarding poverty.

Karen Lenyoun suggested removing "Federal Poverty Guideline" to be trauma informed.

CAB agreed to use the questions inquiring into the gross income and household size suggested by Jocelyn Salamat in the survey document's comment section.

Add both charts to the question, one with household income and the other with federal poverty guidelines (question in comment section). Keith Esshaki suggested the board members promote

the survey to their contacts, connection, networks, and secretaries to be able to reach more of the underserved populations.

Sebastian Pardo suggested improving wording of survey title to entice public.

Question 14 needs to be amended to include more governing bodies to be more inclusive of other entities.

Question 11 needs to be amended to add primary language, education level, overcrowding options to better understand household type. Destiny Preston will think on wording for overcrowding question.

Community Input

Question 1 reword to include "Access and Availability" for options.

Under "Knowledge" add reproductive health options – STI, HIV, pregnancy, birth control, family planning.

Under "Standard of living" remove "Availability of services for parents with school-aged children".

Under "Community" – Add question regarding quality of roads and potholes.

Under "Social" reword and move small business question to "Knowledge".

Remove "Knowledge of" for Community Garden question.

Community Needs and Services

Question 2 – CAP will work on rephrasing continued impact of Covid-19 on School health requirements for Covid-positive children, and share at the next meeting.

Built Environment, Transportation, and Climate

Add additional transportation option to question 9 - walking

11. Action Item: Any Changes to CNA Survey

Malik Thornton motioned to table voting on the final CNA Survey version until the next meeting. Destiny Preston seconded. Motion passed.

12. Director's Update: Deo Akena

Director's Report was handed out during meeting in the CAB Packet and discussed.

13. Chair's Update: Provided by Jeannine Nash

CAB Chair asked County of San Diego CAP to revisit call-in options listed in AB 2449 and review of CAB by-laws for future agenda.

14. Adjournment - Next Meeting

Hilary Ward made a motion to adjourn. Jeannine Nash seconded the motion. Motion carried. Meeting ended at 2:17 pm. The next regular meeting will be on **Thursday, February 8, 2024 at 3:30-5:00pm**. Location: **In Person** at Seville Plaza.

San Diego County
COMMUNITY ACTION BOARD

Board Member Application – Private & Economically Disadvantaged Sectors

Name: Summer Elliott

Date: 11/27/23

Home Address: [REDACTED]

City, State and ZIP: [REDACTED]

Email Address: [REDACTED]

Phone Number:

Which Sector are you interested in representing? ☐ Private ☒ Economically Disadvantaged

Please attach a brief biography or resume that describes your experience in working with the community

Please tell us about yourself and how you would like to help your community.

I am a member of one of the local tribes in the far east county. I work for Strong Hearted Native Women's Coalition for the past 3 years. I manage a few safe houses within San Diego county. I work with survivors of Human Trafficking, Sexual Assault and extreme Domestic Violence and their families. Prior to that I was a background investigator for 8 years. I'm born and raised in the east county, always active in my community as well as all of San Diego county as my work requires this.

Private Sector Applicants – please indicate your employer and note if you have been given permission to be the designated representative of the organization on the Community Action Board.

The board meets on the second Thursday of each month from 3:30-5:00 pm in the city of San Diego. Does this create any barriers for you? Please explain.

No, I work in the city of San Diego. It's not an issue to meet in San Diego

How did you learn about the openings on the Community Action Board? (please check one)

☒ Flyer ☐ CAP Event ☐ CAB Member ☐ Other

For further information about CAB click [here](#)

Thank you for completing this form. Please mail or email to:

Community Action Partnership
1255 Imperial Avenue, Suite 720
San Diego, CA 92101
MS W-294



Deanna.Zotalis-Ferreira@sdcounty.ca.gov



San Diego County
COMMUNITY ACTION BOARD

Board Member Application – Private & Economically Disadvantaged Sectors

Name: Janelle Lopez

Date: 11/2/2023

Home Address: [REDACTED]

City, State and ZIP: [REDACTED]

Email Address: [REDACTED]

Phone Number: [REDACTED]

Which Sector are you interested in representing?



Private



Economically Disadvantaged

Please attach a brief biography or resume that describes your experience in working with the community

Please tell us about yourself and how you would like to help your community.

Hello,

My name is Janelle Lopez, I am 35 years old and my pronouns are she/her. I am a mother of three children ages 16, 13, and 12, I enjoy traveling, watching the cooking show network, and making memories with my pets and children. I am a Chula Vista native of Mexico descent.

As a passionate and dedicated member of this vibrant community, I am deeply committed to creating a **Private Sector Applicants** – please indicate your employer and note if you have been given permission to be the designated representative of the organization on the Community Action Board. 

e3 Civic High School. Yes I have permission to serve on this Action Board.

The board meets on the second Thursday of each month from 3:30-5:00 pm in the city of San Diego. Does this create any barriers for you? Please explain.

No barriers.

How did you learn about the openings on the Community Action Board? (please check one)

☒ Flyer

☐ CAP Event

☐ CAB Member

☐ Other

Note: The application will be public record since it is submitted to the Board, however an applicant's address will be redacted.

For further information about CAB click [here](#)

Thank you for completing this form. Please mail or email to:



Community Action Partnership
1255 Imperial Avenue, Suite 720
San Diego, CA 92101
MS W-294

Deanna.Zotalis-Ferreira@sdcounty.ca.gov



CAB Application Janelle Lopez – Supplement

Please tell us about yourself and how you would like to help your community.

Hello,

My name is Janelle Lopez, I am 35 years old and my pronouns are she/her. I am a mother of three children ages 16, 13, and 12, I enjoy traveling, watching the cooking show network, and making memories with my pets and children. I am a Chula Vista native of Mexico descent.

As a passionate and dedicated member of this vibrant community, I am deeply committed to creating a positive change and fostering an environment of growth and support. I firmly believe that the strength of a community lies in the collective efforts of its members, and I am eager to contribute to this shared vision of progress with you all.

In my current position as the Library & Wellness Community Coordinator at e3 Civic High School, my main objective is to pinpoint crucial areas where our community can make the most of available resources. Whether it's organizing educational workshops for underprivileged youth, initiating environmental conservation projects, or collaborating with local businesses to promote economic development, I am eager to lend my expertise and time to drive sustainable change.

I am particularly drawn to initiatives that promote inclusivity and diversity, recognizing the importance of creating a space where every voice is heard and valued. By actively engaging with individuals from all walks of life and understanding their unique needs, I aim to foster a sense of unity and empathy within our community.

I am determined to establish strong partnerships with local organizations and authorities, to implement effective strategies that address pressing issues and bring about long-term solutions. By fostering a culture of collaboration and open communication, I am confident that we can pave the way for a brighter and more resilient future for everyone in our community.

In all my endeavors, my ultimate goal is to inspire others to join me in this journey of service and compassion. Together, we can create a ripple effect of positive change that transcends boundaries and empowers our community to thrive in the face of challenges.



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

Lopez	Janelle
_____ Last Name	_____ First Name
Community Action Partnership Administering Board	District 1
_____ Name of Board, Committee, or Commission to Which You are Applying for Membership	_____ Supervisorial District You Live In

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? ☒ Yes ☐ No

Please list any time restrictions

What are your principal areas of interest in County Government?
see attached.

List all County Boards, Commissions or Committees of which you are a current member.
Not a current member ☒

Committee Name

Date Appointed

_____	_____
_____	_____
_____	_____

List past County appointments with dates served, and other past or present community or public service appointments.

Not a current member ☒

Committee/Organization Name

Dates Served

_____	_____
_____	_____
_____	_____
_____	_____

STATEMENT OF OCCUPATIONAL EXPERIENCE

see attached.

Current Employer

Job Title

Length of Employment

Previous Employers

Position Title

**Length of
Employment**

What experience or special knowledge can you bring to your area(s) of interest?

see attached.

Please list community organizations to which you belong:

see attached.

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: www.sandiegocounty.gov/content/sdc/cob/forms.html. Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at www.sandiegocounty.gov/cob/bcac/ or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Janelle Lopez

3/21/2024

Applicant's Signature

Date

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Lopez		Janelle
<hr/>		<hr/>
<i>Last Name</i>		<i>First Name</i>
Community Action Partnership Administering Board		<i>District 1</i>
<hr/>		<hr/>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>		<i>Supervisory District You Live In</i>

<hr/>		<hr/>	
<i>Home Street Address</i>		<i>City</i>	<i>State</i>
<hr/>		<hr/>	<hr/>
<i>Mailing Address (if different than home address)</i>		<i>City</i>	<i>State</i>
<hr/>		<hr/>	<hr/>
<i>Business Street Address</i>		<i>City</i>	<i>State</i>
<hr/>		<hr/>	<hr/>
<i>Home Phone #</i>		<i>Business Phone #</i>	
<hr/>		<hr/>	
<i>Mobile Phone #</i>		<i>Business Phone #</i>	
<hr/>		<hr/>	
<i>E-Mail Address</i>		<hr/>	



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

Elliott	Summer
_____ Last Name	_____ First Name
Community Action Partnership Administering Board	District 2
_____ Name of Board, Committee, or Commission to Which You are Applying for Membership	_____ Supervisorial District You Live In

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? ☒ Yes ☐ No

Please list any time restrictions

What are your principal areas of interest in County Government?

see attached

List all County Boards, Commissions or Committees of which you are a current member.

Not a current member ☒

Committee Name

Date Appointed

_____	_____
_____	_____
_____	_____

List past County appointments with dates served, and other past or present community or public service appointments.

Not a current member ☒

Committee/Organization Name

Dates Served

_____	_____
_____	_____
_____	_____
_____	_____

STATEMENT OF OCCUPATIONAL EXPERIENCE

see attached.

Current Employer

Job Title

Length of Employment

Previous Employers

Position Title

**Length of
Employment**

What experience or special knowledge can you bring to your area(s) of interest?

see attached.

Please list community organizations to which you belong:

see attached.

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: www.sandiegocounty.gov/content/sdc/cob/forms.html. Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at www.sandiegocounty.gov/cob/bcac/ or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Summer Elliott

3/21/2024

Applicant's Signature

Date

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Elliott	Summer
<hr/>	<hr/>
<i>Last Name</i>	<i>First Name</i>
Community Action Partnership Administering Board	<i>District 2</i>
<hr/>	<hr/>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisory District You Live In</i>

<hr/>			
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>			
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>			
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>			
<i>Home Phone #</i>	<i>Business Phone #</i>		
<hr/>			
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
<hr/>			
<i>E-Mail Address</i>			



COSD CLERK OF THE BOARD
2024 MAR 15 PM4:11

County of San Diego

ERIC C. MCDONALD, MD, MPH, FACEP
INTERIM AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
1600 PACIFIC HIGHWAY, ROOM 206, MAIL STOP P-501
SAN DIEGO, CA 92101-2417
(619) 515-6555 • FAX (619) 515-6556

PATTY KAY DANON
CHIEF OPERATIONS OFFICER

March 15, 2024

TO: Andrew Potter
Clerk of the Board of Supervisors

FROM: Eric C. McDonald, MD, Interim Agency Director
Health and Human Services Agency

APPOINTMENTS TO HIV PLANNING GROUP

1. **Action Required:** Recommend the following individuals for appointment to the HIV Planning Group (HPG) by the San Diego County Board of Supervisors (Board):
 - a. Stephen Spector, MD as Recipient of Ryan White Part D (Seat #31), for a second four-year term.
 - b. Tyra Fleming as General Member (Seat #3), for a second four-year term.
 - c. Ivy Rooney as Prevention Intervention Representative (Seat #43), for a first term.
2. **Background:**
 - a. The Ryan White HIV/AIDS Treatment Extension Act of 2009 requires the County of San Diego (County) to establish and maintain an HPG to oversee prioritization of services and allocation of funding to service categories.
 - b. Dr. Stephen Spector, Tyra Fleming, and Ivy Rooney have been recommended for appointment by the HPG.
3. **Reason for Requested Action and Impact:**
 - a. The recommended candidates must be appointed by the Board in accordance with the HPG By-Laws.
 - b. This appointment will ensure that the County meets federal legislative requirements.
 - c. This effort aligns with the County's vision of a just, sustainable, and resilient future for all. This effort also supports our ongoing commitment to the regional *Live Well San Diego* vision, by building a better service delivery system.

Thank you for your assistance. Please contact Dasha Dahdouh, Community Health Program Specialist, on behalf of the HIV Planning Group at Dasha.Dahdouh@sdcounty.ca.gov if you have any questions.

Sincerely,

ERIC C. MCDONALD, MD, MPH, FACEP
Interim Agency Director



San Diego County HIV Planning Group (HPG)

MEMBERSHIP APPLICATION

The mission of the HIV Planning Group is to plan for the delivery of HIV services to reduce the impact of HIV. To help us process your membership application to the HIV Planning Group, please provide all of the information requested. You may enter N/A (not applicable) where appropriate. **Please type or print clearly.** If there is any part of the application that you do not understand, please contact HIV planning group support staff at the HIV, STD and Hepatitis Branch (HSHB) of Public Health Services at: 619-403-8809.

Section 1: Contact Information

Name:		Stephen A Spector	
Home Address:		[REDACTED]	
City:	State:	ZIP Code:	
[REDACTED]	[REDACTED]	[REDACTED]	
Home Phone Number: ()		[REDACTED]	
Current Employer (if applicable):		[REDACTED]	
Work Address:		[REDACTED]	
City:	State:	ZIP Code:	
La Jolla	CA	[REDACTED]	
Work Phone Number: ()		Cell Phone Number: ()	
[REDACTED]		[REDACTED]	
Accept Text Messages?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address:		Fax Number (if available): ()	
(personal)			
(work)		[REDACTED]	
Please be aware that the HIV Planning Group is a public body. You will receive mail and phone calls from the HIV, STD and Hepatitis Branch and members of the HIV Planning Group. Would you prefer to receive phone calls, messages, and/or e-mail at home or at work?			
I prefer to receive phone calls and messages at: <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Work <input checked="" type="checkbox"/> Cell			
I prefer to receive email at: <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Work			

Section 2: Personal Information

The composition of the HIV Planning Group is required to (1) reflect the demographics of the HIV/AIDS epidemic in San Diego County, (2) include representation from a range of federally mandated categories and 3) include representation from impacted communities. The gender, race/ethnicity, and HIV status categories on this form are those required by our federal funding sources to monitor and measure reflectiveness and representation on the HIV Planning Group. By providing information for the following sections A-J, you will help ensure the HIV Planning Group reflects parity, inclusion and representation (PIR) of those impacted by HIV/AIDS in San Diego County.

A. I am:

- ☒ Male
 ☐ Transman
 ☐ Non-Binary
 ☐ Decline to Answer
☐ Female
 ☐ Transwoman
 ☐ Gender Non-Conforming
 ☐ Other: _____

B. I am a person living with HIV/AIDS:

- ☐ Yes
 ☒ No
 ☐ Decline to Answer

(NOTE: This information will only be available to the HIV Planning Group Membership Committee and support staff.)

If "yes," as a member of the HIV Planning Group, I am willing to self-identify as a person living with HIV/AIDS?

- ☐ Yes
 ☐ No

C. My race is (please check most prominent):

- ☐ American Indian or Alaskan Native
 ☐ Black / African American
 ☐ Hispanic / Latino / Chicano
 ☐ More than one race
 ☐ Decline to Answer
☐ Asian
 ☐ Native Hawaiian / Other Pacific Islander
 ☒ White / Caucasian
 ☐ Unknown/Other

D. My ethnicity is:

- ☐ Hispanic or Latino
 ☒ Not Hispanic or Latino
 ☐ Unknown/Other
 ☐ Decline to Answer

E. My date of birth is: [REDACTED] / [REDACTED] / [REDACTED]

F. I have an understanding of the process and procedures of the HPG:

- ☒ Yes
 ☐ No

G. Number of HPG meetings attended in the last 6 months: 5

H. Number of committee meetings attended in the last 6 months: 2 (It is suggested that you attend at least two (2) meetings prior to becoming a member: one (1) committee meeting and one (1) HIV Planning Group Meeting)

I. I am a currently a member of the following community liaison and/or affiliated groups, and/or have the following relevant experience: Director, Mother-Child-Adolescent HIV Program (MCAP)

J. I am interested in becoming a voting member on the following committees (participation in at least one of the committees is required):

- ☐ Community Engagement Group
 ☐ Membership Committee
☐ Strategies & Standards Committee
 ☐ Priority Setting & Resource Allocation Committee
☒ Medical Standards & Evaluation Committee

K. I qualify to serve as an HPG member in one of the following seats (Please check all that apply):

<input type="checkbox"/> Unaffiliated Consumer <ul style="list-style-type: none"> are receiving HIV-related services" from Ryan White Part A funded providers are not officers, employees, or consultants to any providers receiving Ryan White Part A funds, and "do not represent any such entity;" 	<input type="checkbox"/> Rep of individuals who formerly were federal, state, or local prisoners who were released from custody of the penal system during the preceding 3 yrs. and had HIV/AIDS as of date of release.
<input type="checkbox"/> Healthcare Provider, including Federally Qualified Health Center (FQHC)	<input type="checkbox"/> Board of Supervisors Designee: Districts 1 - 5
<input type="checkbox"/> Community-based organization serving affected populations and AIDS service organization	<input type="checkbox"/> Recipient of other Federal HIV Programs – Prevention Provider
<input type="checkbox"/> Social Service Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – Part F, AIDS Education and Training center and/or Ryan White Dental Provider
<input type="checkbox"/> Mental Health Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – HOPWA / HUD
<input type="checkbox"/> Substance Abuse Treatment Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – Veterans Administration
<input type="checkbox"/> Local Public Health Agency: HHSA Director or Designee	<input type="checkbox"/> HIV Testing Representative
<input type="checkbox"/> Local Public Health Agency: Public Health Officer or Designee	<input type="checkbox"/> Prevention Intervention Representative
<input type="checkbox"/> Hospital Planning Agency or Health Care Planning Agency	<input type="checkbox"/> Affected community including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with Hep B or C, and historically underserved group and/or subpopulation
<input type="checkbox"/> Non-elected Community Leader	<input type="checkbox"/> Prevention Services Consumer/Advocate
<input type="checkbox"/> Prevention Services Consumer	<input type="checkbox"/> State Government – State Medicaid
<input type="checkbox"/> State Government – CDPH Office of AIDS (OA) Part B	<input type="checkbox"/> Recipient of RW Part C
<input checked="" type="checkbox"/> Recipient of RW Part D	

Please list any agency affiliations (work and/or board member). If you need more space than provided, please attach a separate sheet of paper.

Director, UCSD Mother-Child-Adolescent HIV Program (MCAP).
Director, Ryan White Part D Program

Section 3: Short Answer

Please respond briefly to the questions below. If you need more space than provided, please attach a separate sheet of paper.

1. The ability to work as a team member of a large and diverse group is crucial to the work of the HIV Planning Group. Teamwork allows the planning group to conduct business efficiently and to fulfill its mission successfully. **Please tell us about your ability to work as a member of a team.**

I have extensive experience working effectively as part of a team. As a faculty member of UCSD and Rady Children's Hospital San Diego (RCHSD), I am often called upon to serve on committees that require the interactions with other committee members to develop consensus on a specific policy or program. I am also involved in the many local, national and international groups that are focused on improving the lives of women, children and youth infected and affect by HIV. These groups include the International Maternal, Perinatal, Adolescent AIDS Clinical Trials (IMPAACT) Network, the Pediatric HIV/AIDS Cohort Study (PHACS) and the Adolescent HIV Trials Group. Having served on the San Diego HIV Planning Group over the past four years, I believe that I have demonstrated my ability to work as a team member of the HPG, and to treat all its members and members of the community with respect and dignity.

2. What special skills, knowledge, qualities, or life experience would you bring to the HIV Planning Group?

Please include a list of educational and professional degrees, certifications, credentials, or other experiences. You may attach a current resume and/or other documentation that you wish to provide.

I am a physician specializing in Pediatrics and Infectious Disease. I am the founder and Director of the UCSD Mother-Child-Adolescent HIV Program (MCAP) that provides care to pregnant persons, women of all ages, children and youth. From 1995-2006, I was the Leader of the Pediatric AIDS Clinical Trials Group (PACTG now called IMPAACT) during a time when HIV mother-to-child transmission was decreased from 25% to less than 2%, and HIV infection was changed from an invariably fatal disease to a chronic illness. I believe that my background and experience enables me to provide an unique perspective to the HPG.

3. Active member participation is vital to the work of the HIV Planning Group (HPG). The full board typically meets one time per month for two to three hours. HIV Planning Group members are also required to participate in at least one subcommittee which typically meets once per month, for two hours. Please tell us about your ability to attend monthly planning group meetings and one committee meeting each month.

Over the past four years, I have actively attended meetings of the HPG and the Medical Standards Committee. I have also been an active member of the Monkeypox Task Force Committee.

4. Is there anything else you would like us to know about you?

Having served on the HPG for almost four years, I have a great appreciation for the importance of this Committee in assisting the San Diego County HIV/AIDS Program to utilize most effectively limited resources.

Section 4: Attachments

1. **Brief Biography:** Please write a brief biography (2-5 sentences) that describes your interests, accomplishments and experience related to the field of HIV/AIDS.

I have been involved with the HIV/AIDS since the beginning of the pandemic. I have been a Senior Advisor to the Clinton Foundation and to the President's Emergency Fund for AIDS Relief (PEPFAR), and have helped to improve HIV care and treatment for pregnant persons, women, children and youth in San Diego and worldwide.

2. **Letter of Recommendation (optional):** Please ask someone who knows you well (may be a colleague or personal) to write a letter of recommendation for you explaining how he/she knows you and describing your work in the area of HIV/AIDS and other issues, your community participations, your meeting skills, and any other personal qualities or experiences that you have.

3. **Were you referred by someone? If so, list the name of the individual (optional):**

currently a member of the HPG

4. **Do you have any limitations? (transportation, childcare, etc.):**

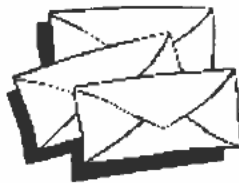
None

Section 5: Signature and Date

I agree that the information provided in this application, (including attachments), is true and correct to the best of my knowledge.

Signature Stephen Spector, M.D. Digitally signed by Stephen Spector, M.D.
Date: 2023.11.13 11:42:32 -08'00' Date _____

If any information on your application changes, or if you wish to withdraw your application from consideration by the HIV Planning Group Membership Committee, please contact the HIV, STD & Hepatitis Branch as soon as possible. Please note, membership interviews will be conducted as needed. If you have any other questions or comments, call Support Staff at 619-403-8809.



Email your completed application to:

HPG.HHSA@sdcounty.ca.gov

SAN DIEGO COUNTY HEALTH & HUMAN SERVICES AGENCY
HIV, STD and Hepatitis Branch
ATTN: HIV PLANNING GROUP SUPPORT
3851 Rosecrans Street, Suite #207, MS: P-505
San Diego, CA 92110



San Diego County HIV Planning Group (HPG)

MEMBERSHIP APPLICATION

The mission of the HIV Planning Group is to plan for the delivery of HIV services to reduce the impact of HIV. To help us process your membership application to the HIV Planning Group, please provide all of the information requested. You may enter N/A (not applicable) where appropriate. **Please type or print clearly.** If there is any part of the application that you do not understand, please contact HIV planning group support staff at the HIV, STD and Hepatitis Branch (HSHB) of Public Health Services at: 619-403-8809.

Section 1: Contact Information

Name: Tyra Fleming	
Home Address: [REDACTED]	
City: [REDACTED]	State: [REDACTED] ZIP Code: [REDACTED]
Home Phone Number: () [REDACTED]	
Current Employer (if applicable) [REDACTED]	
Work Address: [REDACTED]	
City: [REDACTED]	State: [REDACTED] ZIP Code: [REDACTED]
Work Phone Number: () [REDACTED]	Cell Phone Number: () [REDACTED]
Accept Text Messages? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address: [REDACTED] (personal) (work)	Fax Number (if available): () [REDACTED]
Please be aware that the HIV Planning Group is a public body. You will receive mail and phone calls from the HIV, STD and Hepatitis Branch and members of the HIV Planning Group. Would you prefer to receive phone calls, messages, and/or e-mail at home or at work?	
I prefer to receive phone calls and messages at: <input type="checkbox"/> Personal <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cell	
I prefer to receive email at: <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Work	

Section 2: Personal Information

The composition of the HIV Planning Group is required to (1) reflect the demographics of the HIV/AIDS epidemic in San Diego County, (2) include representation from a range of federally mandated categories and 3) include representation from impacted communities. The gender, race/ethnicity, and HIV status categories on this form are those required by our federal funding sources to monitor and measure reflectiveness and representation on the HIV Planning Group. By providing information for the following sections A-J, you will help ensure the HIV Planning Group reflects parity, inclusion and representation (PIR) of those impacted by HIV/AIDS in San Diego County.

A. I am:

- ☐ Male
 ☐ Transman
 ☐ Non-Binary
 ☐ Decline to Answer
☒ Female
 ☐ Transwoman
 ☐ Gender Non-Conforming
 ☐ Other: _____

B. I am a person living with HIV/AIDS:

- ☒ Yes
 ☐ No
 ☐ Decline to Answer

(NOTE: This information will only be available to the HIV Planning Group Membership Committee and support staff.)

If "yes," as a member of the HIV Planning Group, I am willing to self-identify as a person living with HIV/AIDS?

- ☐ Yes
 ☐ No
 ☒ X - Sometimes

C. My race is (please check most prominent):

- ☐ American Indian or Alaskan Native
 ☐ Black / African American
 ☐ Hispanic / Latino / Chicano
 ☒ More than one race
 ☐ Decline to Answer
☐ Asian
 ☐ Native Hawaiian / Other Pacific Islander
 ☐ White / Caucasian
 ☐ Unknown/Other

D. My ethnicity is:

- ☐ Hispanic or Latino
 ☒ Not Hispanic or Latino
 ☐ Unknown/Other
 ☐ Decline to Answer

E. My date of birth is: / /

F. I have an understanding of the process and procedures of the HPG:

- ☒ Yes
 ☐ No

G. Number of HPG meetings attended in the last 6 months: _____

H. Number of committee meetings attended in the last 6 months: _____ (It is suggested that you attend at least two (2) meetings prior to becoming a member: one (1) committee meeting and one (1) HIV Planning Group Meeting)

I. I am a currently a member of the following community liaison and/or affiliated groups, and/or have the following relevant experience: Christie's Place client and have peer navigation and advocacy training

J. I am interested in becoming a voting member on the following committees (participation in at least one of the committees is required):

- ☒ Community Engagement Group
 ☐ Membership Committee
☐ Strategies & Standards Committee
 ☐ Priority Setting & Resource Allocation Committee
☐ Medical Standards & Evaluation Committee

K. I qualify to serve as an HPG member in one of the following seats (Please check all that apply):

<input checked="checked" type="checkbox"/> Unaffiliated Consumer <ul style="list-style-type: none"> are receiving HIV-related services" from Ryan White Part A funded providers are not officers, employees, or consultants to any providers receiving Ryan White Part A funds, and "do not represent any such entity;" 	<input type="checkbox"/> Rep of individuals who formerly were federal, state, or local prisoners who were released from custody of the penal system during the preceding 3 yrs. and had HIV/AIDS as of date of release.
<input type="checkbox"/> Healthcare Provider, including Federally Qualified Health Center (FQHC)	<input type="checkbox"/> Board of Supervisors Designee: Districts 1 - 5
<input type="checkbox"/> Community-based organization serving affected populations and AIDS service organization	<input type="checkbox"/> Recipient of other Federal HIV Programs – Prevention Provider
<input type="checkbox"/> Social Service Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – Part F, AIDS Education and Training center and/or Ryan White Dental Provider
<input type="checkbox"/> Mental Health Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – HOPWA / HUD
<input type="checkbox"/> Substance Abuse Treatment Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – Veterans Administration
<input type="checkbox"/> Local Public Health Agency: HHSA Director or Designee	<input type="checkbox"/> HIV Testing Representative
<input type="checkbox"/> Local Public Health Agency: Public Health Officer or Designee	<input type="checkbox"/> Prevention Intervention Representative
<input type="checkbox"/> Hospital Planning Agency or Health Care Planning Agency	<input type="checkbox"/> Affected community including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with Hep B or C, and historically underserved group and/or subpopulation
<input type="checkbox"/> Non-elected Community Leader	<input type="checkbox"/> Prevention Services Consumer/Advocate
<input type="checkbox"/> Prevention Services Consumer	<input type="checkbox"/> State Government – State Medicaid
<input type="checkbox"/> State Government – CDPH Office of AIDS (OA) Part B	<input type="checkbox"/> Recipient of RW Part C
<input type="checkbox"/> Recipient of RW Part D	

Please list any agency affiliations (work and/or board member). If you need more space than provided, please attach a separate sheet of paper.

I am a member of the Housing Authority Resident Advisory Board. I do not believe this is a conflict because it is a consumer appointed seat.

Section 3: Short Answer

Please respond briefly to the questions below. If you need more space than provided, please attach a separate sheet of paper.

1. The ability to work as a team member of a large and diverse group is crucial to the work of the HIV Planning Group. Teamwork allows the planning group to conduct business efficiently and to fulfill its mission successfully. **Please tell us about your ability to work as a member of a team.**

I believe that I have participated and shown my ability to work with others in a very professional, empathetic, and resolution driven perspective.

2. What special skills, knowledge, qualities, or life experience would you bring to the HIV Planning Group?

Please include a list of educational and professional degrees, certifications, credentials, or other experiences. You may attach a current resume and/or other documentation that you wish to provide.

Resume: https://1drv.ms/w/s!AtfIRA6ZVHr7hSONI_9WgpHHqoGv?e=3sobSU

3. Active member participation is vital to the work of the HIV Planning Group (HPG). The full board typically meets one time per month for two to three hours. HIV Planning Group members are also required to participate in at least one subcommittee which typically meets once per month, for two hours. Please tell us about your ability to attend monthly planning group meetings and one committee meeting each month.

I have made the necessary preparations to prepare to be available to participate and attend required meetings.

4. Is there anything else you would like us to know about you?

I have found my first year being involved with HPG to be very fulfilling and purposeful in my life, and believe I am just getting started on the value I can bring to the HPG. My place in HPG does not feel like it has reached the end as of yet. I am excited and encouraged to see where else this journey will take me and how that can be beneficial to the lives of so many others.

Section 4: Attachments

1. **Brief Biography:** Please write a brief biography (2-5 sentences) that describes your interests, accomplishments and experience related to the field of HIV/AIDS.

I am a long term survivor of HIV/AIDS and have worked very hard and diligently over this time to become an effective, efficient, and positive change within the community. I have intentionally pursued training and support groups designed specifically for the HIV/AIDS community. Some examples are Project Pearl, Seeking Safety, and Lotus Project.

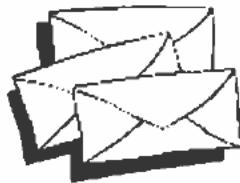
2. **Letter of Recommendation (optional):** Please ask someone who knows you well (may be a colleague or personal) to write a letter of recommendation for you explaining how he/she knows you and describing your work in the area of HIV/AIDS and other issues, your community participations, your meeting skills, and any other personal qualities or experiences that you have.
3. **Were you referred by someone? If so, list the name of the individual (optional):**
4. **Do you have any limitations? (transportation, childcare, etc.):**

Section 5: Signature and Date

I agree that the information provided in this application, (including attachments), is true and correct to the best of my knowledge.

Signature **Tyra Fleming** Digitally signed by Tyra Fleming
Date: 2024.03.13 14:10:53 -07'00' Date 3/13/24

If any information on your application changes, or if you wish to withdraw your application from consideration by the HIV Planning Group Membership Committee, please contact the HIV, STD & Hepatitis Branch as soon as possible. Please note, membership interviews will be conducted as needed. If you have any other questions or comments, call Support Staff at 619-403-8809.



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HIV, STD and Hepatitis Branch
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San Diego, CA 92110**



San Diego County HIV Planning Group (HPG)

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Section 1: Contact Information

Name:		Ivy Rooney	
Home Address:		[REDACTED]	
City:	State:	ZIP Code:	
[REDACTED]	[REDACTED]	[REDACTED]	
Home Phone Number: ()		[REDACTED]	
Current Employer (if applicable)		[REDACTED]	
Work Address:		[REDACTED]	
City:	State:	ZIP Code:	
[REDACTED]	[REDACTED]	[REDACTED]	
Work Phone Number:		Cell Phone Number:	
[REDACTED]		[REDACTED]	
Accept Text Messages?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address:		Fax Number (if available)	
(personal)	[REDACTED]	[REDACTED]	
(work)	[REDACTED]	[REDACTED]	
Please be aware that the HIV Planning Group is a public body. You will receive mail and phone calls from the HIV, STD and Hepatitis Branch and members of the HIV Planning Group. Would you prefer to receive phone calls, messages, and/or e-mail at home or at work?			
I prefer to receive phone calls and messages at:		<input checked="" type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Cell	
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 ☐ Decline to Answer
☒ Female
 ☐ Transwoman
 ☐ Gender Non-Conforming
 ☐ Other: _____

B. I am a person living with HIV/AIDS:

- ☐ Yes
 ☒ No
 ☐ Decline to Answer

(NOTE: This information will only be available to the HIV Planning Group Membership Committee and support staff.)

If "yes," as a member of the HIV Planning Group, I am willing to self-identify as a person living with HIV/AIDS?

- ☐ Yes
 ☐ No

C. My race is (please check most prominent):

- ☐ American Indian or Alaskan Native
 ☐ Black / African American
 ☐ Hispanic / Latino / Chicano
 ☐ More than one race
 ☐ Decline to Answer
☐ Asian
 ☐ Native Hawaiian / Other Pacific Islander
 ☒ White / Caucasian
 ☐ Unknown/Other

D. My ethnicity is:

- ☒ Hispanic or Latino
 ☐ Not Hispanic or Latino
 ☐ Unknown/Other
 ☐ Decline to Answer

E. My date of birth is: [REDACTED]

F. I have an understanding of the process and procedures of the HPG:

- ☒ Yes
 ☐ No

G. Number of HPG meetings attended in the last 6 months: 0

H. Number of committee meetings attended in the last 6 months: 0 (It is suggested that you attend at least two (2) meetings prior to becoming a member: one (1) committee meeting and one (1) HIV Planning Group Meeting)

I. I am a currently a member of the following community liaison and/or affiliated groups, and/or have the following relevant experience: CARE Partnership (have not participated in some time)

J. I am interested in becoming a voting member on the following committees (participation in at least one of the committees is required):

- ☐ Community Engagement Group
 ☐ Membership Committee
☒ Strategies & Standards Committee
 ☐ Priority Setting & Resource Allocation Committee
☒ Medical Standards & Evaluation Committee

K. I qualify to serve as an HPG member in one of the following seats (Please check all that apply):

<input type="checkbox"/> Unaffiliated Consumer <ul style="list-style-type: none"> are receiving HIV-related services" from Ryan White Part A funded providers are not officers, employees, or consultants to any providers receiving Ryan White Part A funds, and "do not represent any such entity;" 	<input type="checkbox"/> Rep of individuals who formerly were federal, state, or local prisoners who were released from custody of the penal system during the preceding 3 yrs. and had HIV/AIDS as of date of release.
<input checked="" type="checkbox"/> Healthcare Provider, including Federally Qualified Health Center (FQHC)	<input type="checkbox"/> Board of Supervisors Designee: Districts 1 - 5
<input type="checkbox"/> Community-based organization serving affected populations and AIDS service organization	<input type="checkbox"/> Recipient of other Federal HIV Programs – Prevention Provider
<input type="checkbox"/> Social Service Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – Part F, AIDS Education and Training center and/or Ryan White Dental Provider
<input type="checkbox"/> Mental Health Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – HOPWA / HUD
<input type="checkbox"/> Substance Abuse Treatment Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – Veterans Administration
<input type="checkbox"/> Local Public Health Agency: HHSA Director or Designee	<input type="checkbox"/> HIV Testing Representative
<input type="checkbox"/> Local Public Health Agency: Public Health Officer or Designee	<input type="checkbox"/> Prevention Intervention Representative
<input type="checkbox"/> Hospital Planning Agency or Health Care Planning Agency	<input type="checkbox"/> Affected community including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with Hep B or C, and historically underserved group and/or subpopulation
<input type="checkbox"/> Non-elected Community Leader	<input type="checkbox"/> Prevention Services Consumer/Advocate
<input type="checkbox"/> Prevention Services Consumer	<input type="checkbox"/> State Government – State Medicaid
<input type="checkbox"/> State Government – CDPH Office of AIDS (OA) Part B	<input type="checkbox"/> Recipient of RW Part C
<input type="checkbox"/> Recipient of RW Part D	

Please list any agency affiliations (work and/or board member). If you need more space than provided, please attach a separate sheet of paper.

Ivy Pharmacy
Human Dignity Foundation
HIV Funding Collaborative
SD Women's HIV Conf Planning Committee

Section 3: Short Answer

Please respond briefly to the questions below. If you need more space than provided, please attach a separate sheet of paper.

1. The ability to work as a team member of a large and diverse group is crucial to the work of the HIV Planning Group. Teamwork allows the planning group to conduct business efficiently and to fulfill its mission successfully. **Please tell us about your ability to work as a member of a team.**

The ability to work in a team is a valuable and essential attribute in all aspects of life. First, I feel that I can appreciate what everyone brings to a collaboration. In addition, I am receptive to new ideas and adaptable to change. I have an especially positive mindset in team settings because I believe in the power of working together for common goals.

2. What special skills, knowledge, qualities, or life experience would you bring to the HIV Planning Group?

Please include a list of educational and professional degrees, certifications, credentials, or other experiences. You may attach a current resume and/or other documentation that you wish to provide.

I began working in the field of HIV/AIDS pharmacy in 1991. Because of the structure of insurance coverage at the time, there was a need for service providers to heavily advocate for access to treatments. Although treatments and access has improved significantly, assisting patients in navigating benefits and understanding insurance barriers is still needed.

I have dedicated my life's work to ensure that our HIV/AIDS community receive care in a respectful, compassionate and timely manner. I have helped to bring efficiency and order to HIV specialized pharmacies by protecting the needs of our consumers.

3. Active member participation is vital to the work of the HIV Planning Group (HPG). The full board typically meets one time per month for two to three hours. HIV Planning Group members are also required to participate in at least one subcommittee which typically meets once per month, for two hours. Please tell us about your ability to attend monthly planning group meetings and one committee meeting each month.

Yes I am available

4. Is there anything else you would like us to know about you?

After working for more that 30 years in HIV/AIDS community, I continue to be committed to making a difference in the way that care is delivered to our consumers. I take my responsibilities very seriously and always strive for excellence in what I present to others.

Section 4: Attachments

1. **Brief Biography:** Please write a brief biography (2-5 sentences) that describes your interests, accomplishments and experience related to the field of HIV/AIDS.

In my time working in the HIV field, I have been able to successfully change the operations and efficiencies of the specialty pharmacies that I have worked for. This ultimately resulted in better service and outcomes for our patients. I have always prioritized training staff in a way to understand the relevance of the work that was being done.

2. **Letter of Recommendation (optional):** Please ask someone who knows you well (may be a colleague or personal) to write a letter of recommendation for you explaining how he/she knows you and describing your work in the area of HIV/AIDS and other issues, your community participations, your meeting skills, and any other personal qualities or experiences that you have.

3. **Were you referred by someone? If so, list the name of the individual (optional):**

Rhea VanBrocklin

4. **Do you have any limitations? (transportation, childcare, etc.):**

No

Section 5: Signature and Date

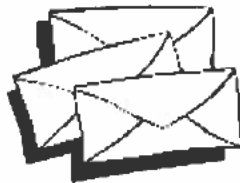
I agree that the information provided in this application, (including attachments), is true and correct to the best of my knowledge.

Signature



Date 03/01/2024

If any information on your application changes, or if you wish to withdraw your application from consideration by the HIV Planning Group Membership Committee, please contact the HIV, STD & Hepatitis Branch as soon as possible. Please note, membership interviews will be conducted as needed. If you have any other questions or comments, call Support Staff at 619-403-8809.



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HPG.HHSA@sdcounty.ca.gov

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HIV, STD and Hepatitis Branch
ATTN: HIV PLANNING GROUP SUPPORT
3851 Rosecrans Street, Suite #207, MS: P-505
San Diego, CA 92110



County of San Diego

SARAH E. AGHASSI
CHIEF ADMINISTRATIVE OFFICER
(619) 531-6226
FAX (619) 557-4060

CHIEF ADMINISTRATIVE OFFICE
1600 PACIFIC HIGHWAY, SUITE 209 SAN DIEGO, CA 92101-2422

L. MICHAEL VU
ASST. CHIEF ADMINISTRATIVE OFFICER
(619) 531-4940
FAX (619) 557-4060

March 4, 2024

TO: Andrew Potter
Clerk of the Board

FROM: Sarah E. Aghassi
Interim Chief Administrative Officer

SAN DIEGO COUNTY ARTS AND CULTURE COMMISSION APPOINTMENTS

Pursuant to San Diego County Administrative Code, Article IIIw, Section 84.801 Membership and Selection, I nominate the following candidate for service on the San Diego County Arts and Culture Commission. Please place this appointment on the April 9, 2024 Board of Supervisors' Agenda for their consideration and approval.

- Juliet Rodriguez, to a new term running April 9, 2024 through May 2, 2025 (Youth, Seat 13)

If you have any questions, please contact Giang Meyers, Group Program Manager, at 619-346-8572.

Thank you for your attention on this matter.

Sincerely,

SARAH E. AGHASSI
Interim Chief Administrative Officer



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

Rodriguez	Juliet
_____ Last Name	_____ First Name
Arts and Culture Commission, San Diego County	District 3
_____ Name of Board, Committee, or Commission to Which You are Applying for Membership	_____ Supervisorial District You Live In

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? ☒ Yes ☐ No

Please list any time restrictions

What are your principal areas of interest in County Government?

As a current employee of the City of Oceanside, I am actively engaged in Oceanside's local government and creative economy. My experience has shown me the potential for collaboration among all cities in the county to enhance arts and culture on a broader scale, recently highlighted by the countywide AEP6 study. Being from Sacramento, I noticed that many rural areas and smaller cities were often underserved in countywide initiatives due to a lack of representation. I see this role as a great opportunity for North County visibility in county-wide initiatives and look forward to contributing as a youth commissioner.

List all County Boards, Commissions or Committees of which you are a current member.
Not a current member ☒_

Committee Name

Date Appointed

_____	_____
_____	_____
_____	_____

List past County appointments with dates served, and other past or present community or public service appointments.

Not a current member ☐_

Committee/Organization Name

Dates Served

Galt Youth Commission (Sacramento County)	2015-2019
Professional Arts & Culture Assistant (City of Oceanside, Oceanside CA Cultural District)	2023-Present
Steering Committee Member (Oceanside CA Cultural District)	2023-Present

STATEMENT OF OCCUPATIONAL EXPERIENCE

City of Oceanside, Oceanside CA Cultural District	
<i>Current Employer</i>	
Professional Arts & Culture Assistant	<i>Current, 2023-Present</i>
<i>Job Title</i>	<i>Length of Employment</i>

Previous Employers	Position Title	Length of Employment
Independent Contractor	Mural Artist	3 years, 2021-2024
A Space In Between	Gallery Assistant (Temp)	6 months, 2022
Atrium 916	Gallery Assistant (Temp)	6 months, 2023
Champion Installs	Recruiter/Office Assistant	3 years, 2019-2021

What experience or special knowledge can you bring to your area(s) of interest?
I can offer valuable insights from my background as a creative professional and working artist. Having originated from Sacramento and recently moved to southern California in late 2023, I bring a fresh outlook on arts and culture programs, drawing from my unique hometown. As staff support to the Oceanside CA Cultural District, I play a proactive role in the city's creative development, offering visibility for the arts and culture perspective of the city. Additionally, my past involvement in the Galt Youth Commission, where I served as chairman, secretary, and vice chairman over four years, furthers my ability to contribute meaningfully as an arts commissioner.

Please list community organizations to which you belong:
Oceanside CA Cultural District

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: www.sandiegocounty.gov/content/sdc/cob/forms.html. Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at www.sandiegocounty.gov/cob/bcac/ or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Juliet Rodriguez

1/17/2024

Applicant's Signature

Date

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Rodriguez		Juliet	
<hr/>		<hr/>	
<i>Last Name</i>		<i>First Name</i>	
Arts and Culture Commission, San Diego County		<i>District 3</i>	
<hr/>		<hr/>	
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>		<i>Supervisory District You Live In</i>	

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<hr/>	<hr/>	<hr/>	<hr/>
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>			
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>			
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>			
<i>Home Phone #</i>	<i>Business Phone #</i>		
<div></div>	<hr/>		
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
<div></div>	<hr/>		
<i>E-Mail Address</i>			

JULIET ELISE RODRIGUEZ

MULTIFACETED ARTIST

EXHIBITION HISTORY

- Untitled Solo Exhibition
 - Lodi Community Art Center, Lodi CA. February 2017
- Studio Showcase
 - Sac Open Studios by Verge Center for the Arts, Sacramento CA. 2017, 2018, 2021
- Untitled Solo Exhibition
 - The Art Bunker, Sacramento CA. August 2021
- Pacific Art League 100th Annual Exhibition
 - Group Exhibition, Palo Alto CA. January 2022
- Sac Open Studios Group Exhibition
 - Verge Center for the Arts, Sacramento CA. 2022
- Dia de Los Muertos, The Washington Center
 - Group Exhibition. Sacramento CA, October 2022
- WAL 100 Exhibition, Warehouse Artist Lofts
 - Group Exhibition, Sacramento CA. November 2022
- Oddity, Sol Collective
 - Group Exhibition. Sacramento CA, January 2023
- VOX, Ri Nu Underground
 - Group Exhibition, Rancho Cordova CA. March 2023
- Behind Closed Doors, Solo Exhibition
 - The Art Studios x WEAVE Inc. x We Are Sacramento. Sacramento CA, March 2023
- Untitled Solo Exhibition
 - The Medium Gallery, Sacramento CA. April 2023.
- Día de Los Muertos, The Soap Factory
 - Barrio Logan San Diego CA. Fall 2023

EMPLOYMENT

- Gallery Assistant
 - The Art Bunker, Sacramento CA. 2021
- Primary Docent
 - Coordinates Exhibition Curated by Faith J. McKinnie, Sacramento CA. Spring 2022
- Art Wellness Facilitator & Crisis Counselor
 - Turning Point Community Programs, Rancho Cordova CA. Spring 2022
- Gallery Assistant, Social Media Manager
 - A Space in Between, Sacramento CA. Summer 2022
- Personal Assistant, Artist Lin Fei Fei
 - Sacramento CA. Summer 2022
- Program Docent
 - Twin Rivers USD x Verge Center for the Arts - Artist Residency Program, Sacramento CA. Spring 2023
- Group Instructor
 - Paint and Sip, California Automobile Museum, Sacramento CA. Spring 2023
- Gallery Attendant
 - Atrium 916, Sacramento CA. 2022-2023
- Creative Workshop Summer Instructor
 - Verge Center for the Arts, Sacramento CA. Summer 2023
- Professional Arts & Culture Assistant
 - City of Oceanside, Oceanside CA Cultural District. Fall 2023-Present

JULIET ELISE RODRIGUEZ

MULTIFACETED ARTIST

MURAL ART

- Supporting Mural Artist
 - Cerealism, Sacramento CA. August 2022
- Supporting Mural Artist
 - CalTrans 21st Avenue Underpass, Sacramento CA. Fall 2022 - Summer 2023
- Supporting Mural Artist
 - Innovate Strength, Sacramento CA. January 2023
- Supporting Mural Artist
 - Mural, Sacramento Downtown Partnership, Sacramento CA. February 2023
- Assistant Mural Artist
 - Unseen Heroes x Sierra Nevada Brewing, Sacramento CA. February 2023
- Assistant Mural Artist
 - Arabella's, Sacramento CA. Spring 2023
- Assistant Mural Artist
 - Unseen Heroes x Capitol Area Development Authority, Sacramento CA. Spring 2023
- Lead Assistant Mural Artist
 - Franklin Neighborhood Development Corporation, Sacramento CA. Summer 2023
- Lead Artist
 - Made Studios, Sacramento CA. Summer 2023
- Lead Artist
 - City of Vista CA, Utility Box Mural. Fall 2023
- Lead Artist
 - California State Parks, San Diego CA. Winter 2023

CURATORIAL

- Teen Perspective, Youth Exhibition
 - Event Chair & Curator, Galt Youth Commission. Galt CA, April 2016
- How I Affect the World, Youth Exhibition
 - Event Chair & Curator, Galt Youth Commission. Galt CA, March 2017
- Operation Earth, Youth Exhibition
 - Event Chair & Curator, Galt Youth Commission. Galt CA, April 2018
- Behind Closed Doors, Independent Solo Exhibition
 - In partnership with WEAVE Inc. x The Art Studios, Sacramento CA. March 2023
- Library Arts Program
 - Oceanside Public Library rotating monthly exhibit. Oceanside CA. 2023-Present

PUBLICATIONS

- What Teens Think: A Teen's Perspective
 - The Galt Herald, 2016
- Galt youth art exhibit brings together 100 pieces, special speaker
 - Lodi News, 2016
- Local teen artist finds success with self-taught techniques
 - The Galt Herald, 2017
- Galt - Sac Open Studios
 - Lodi News, 2017
- Art tour more than doubles in local participation
 - The Galt Herald, 2017
- Galt, Isleton artists join in Sac Open Studios Tour
 - Lodi News, 2017
- Thirteen Twin Cities artists to participate in Sac Open Studio Tour this weekend
 - The Galt Herald, 2018
- Sacramento Artist Directory, Online
 - 2022
- Art-filled weekend at the California Automobile Museum Summer Art Show
 - KCRA3, 2022
- Epiphany Ezine, Issue No. 5
 - October 2022
- Oddity Magazine, Issue No. 5
 - January 2023
- Have A Dope Day, Podcast Episode
 - April 2023
- Epiphany Ezine, Issue No. 8
- Epiphany Ezine, Anniversary Issue