



Nora Vargas

SUPERVISOR, FIRST DISTRICT
San Diego County Board Of Supervisors

2021 SEP -3 AM 11:54

CLEARANCE
OF SUPERVISORS

DATE: September 14, 2021

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to PERSONS WITH DISABILITIES, COMMITTEE FOR, Seat No. 1 and Seat No. 2

Recommendation:

VICE- CHAIR NORA VARGAS

Appoint Candice Custodio-Tan to the PERSONS WITH DISABILITIES, COMMITTEE FOR, Seat No. 1 for a term to expire January 6, 2025.

Appoint Jose Gaspar to the PERSONS WITH DISABILITIES, COMMITTEE FOR, Seat No. 2 for a term to expire January 6, 2025.

Background information:
Candice Custodio-Tan

[REDACTED]

Background information:
Jose Gaspar

[REDACTED]

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Nora Vargas", is written below the "Respectfully submitted," text.

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.

Please note that this application is a public record subject to disclosure. This application will be maintained 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

COUNTY OF SAN DIEGO
2021 JUN 19 AM 9:03
CLERK OF THE BOARD OF SUPERVISORS

(For Official Use Only)

Custodio-Tan

Last Name

Candice

First Name

Committee for Persons with Disabilities

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

1

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

8:00am

Please list any time restrictions

What are your principal areas of interest in County Government?

Interest in services that are provided specifically in public health, health care, and social services

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

Committee Name

Date Appointed

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

Committee/Organization Name

Dates Served

STATEMENT OF OCCUPATIONAL EXPERIENCE

Asian Solidarity Collective

Current Employer

Executive Director

Job Title

4 years

Length of Employment

Previous Employers

Asian Solidarity Collective

Diablo Valley College

UCSD Women's Center

We All We Got San Diego

Position Title

Organizer and Co-Founder

Student Advisor

Programs

Co-Founder and Co-Director

Length of Employment

3 years

1 year

7 years

1 year

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

Community Organizing, Programming and Coordinating, Service and Advocacy, Management

Lived experience with disabilities and raising children with disabilities.

Understanding of ableism, ability to identify and categorize specific examples of ableism, and the different ways in which ableism takes place on interpersonal, institutional and internalized levels

Please list community organizations to which you belong:

Asian Solidarity Collective

We All We Got San Diego - Mutual Aid

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.



Applicant's Signature

7/13/2021

Date

CONTACT INFORMATION

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

<u>Custodio-Tan</u>	<u>Candice</u>
<i>Last Name</i>	<i>First Name</i>
<u>Committee for Persons with Disabilities</u>	<u>1</u>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisory District You Live In</i>

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



COUNTY OF SAN DIEGO

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

COUNTY OF SAN DIEGO
2021 AUG 27 AM 11:41
CLERK OF THE BOARD
OF SUPERVISORS
(For Official Use Only)

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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Gaspar

Last Name

Jose

First Name

Persons with Disabilities, Committee for

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

District 1

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

No restrictions.

Please list any time restrictions

What are your principal areas of interest in County Government?

Health, Transportation, Recreation, Education

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

Committee Name

Date Appointed

N/A

N/A

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

Committee/Organization Name

Dates Served

N/A

N/A

STATEMENT OF OCCUPATIONAL EXPERIENCE

Magellan Health

Current Employer

Customer Care Associate

Job Title

Present, 7 months

Length of Employment

Previous Employers

The Jones Group

Santillan's Cyber Cafe

Position Title

Corporate Customer Service Agent

IT Manager

Length of Employment

3 years

6 years

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

I have extensive experience in healthcare working as a Customer Care Associate for Magellan Health. I have also volunteered for MDA (Muscular Dystrophy Association) and have applied my education in business administration to help raise funds for the organization. I am also an active Board Member of The Gurmilan Foundation, where I help raise money for grants and scholarships to empower members of the community with disabilities.

Please list community organizations to which you belong:

The Gurmilan Foundation

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.

Jose M. Gaspar

Applicant's Signature

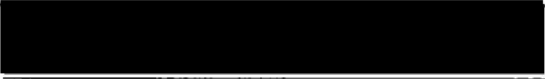



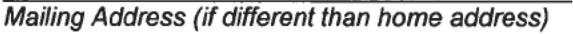












August 26, 2021

Date

CONTACT INFORMATION

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

Gaspar	Jose
<small>Last Name</small>	<small>First Name</small>
Persons with Disabilities, Committee for	District 1
<small>Name of Board, Committee, or Commission to Which You are Applying for Membership</small>	<small>Supervisory District You Live In</small>

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



Nora Vargas

SUPERVISOR, FIRST DISTRICT
San Diego County Board Of Supervisors

2021 SEP -3 AM 11:54

CLEARANCE
OF SUPERVISOR

DATE: September 14, 2021

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to BEHAVIORAL HEALTH ADVISORY BOARD (BHAB),
COUNTY OF SAN DIEGO, Seat No. 2

Recommendation:

VICE- CHAIR NORA VARGAS

Re-appoint Janice Luna Reynoso to the BEHAVIORAL HEALTH ADVISORY BOARD
(BHAB), COUNTY OF SAN DIEGO, Seat No. 2 for a term to expire September 11, 2024.

Background information:

Janice Luna Reynoso

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

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Nora Vargas

SUPERVISOR, FIRST DISTRICT
San Diego County Board Of Supervisors

2021 SEP -3 AM 11:54

CLEARANCE
OF SUPERVISOR

DATE: September 14, 2021

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to SAN DIEGO COUNTY CAPITAL ASSET LEASING
CORP (SANCAL), Seat No. 1

Recommendation:
VICE- CHAIR NORA VARGAS

Re-appoint Shirley Nakawatase to the SAN DIEGO COUNTY CAPITAL ASSET LEASING
CORP (SANCAL), Seat No. 1 for a term to expire January 6, 2025.

Background information:
Shirley Nakawatase

[REDACTED]

Respectfully submitted,

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Nora E. Vargas", is written over a horizontal line.

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

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

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COUNTY OF SAN DIEGO

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

COUNTY OF SAN DIEGO

2021 JAN -7 PM 4:29

CLERK OF THE BOARD
OF SUPERVISORS

(For Official Use Only)

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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<u>NAKAWATASE</u> Last Name	<u>SHIRLEY</u> First Name
<u>SAN DIEGO COUNTY ASSET LEASING CORP (SANCAL)</u> Name of Board, Committee, or Commission to Which You are Applying for Membership	
	<u>1</u> 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?

STRATEGIC PLANNING, COMMUNITY SERVICE, DESIGN REVIEW

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

Committee Name	Date Appointed
<u>SANCAL</u>	<u>8/7/2018</u>

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

Committee/Organization Name	Dates Served
<u>DESIGN REVIEW - CITY OF IMPERIAL BEACH</u>	<u>1991 - 20</u>

STATEMENT OF OCCUPATIONAL EXPERIENCE

<u>NAKAWATSE & COMPANY, CPAS</u>	
Current Employer	
<u>PRESIDENT</u>	<u>30 YEARS</u>
Job Title	Length of Employment

Previous Employers	Position Title	Length of Employment
<u>PALOMAR COLLEGE</u>	<u>FACULTY</u>	<u>5 YEARS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

LEADERSHIP

REAL ESTATE

FINANCIAL

Please list community organizations to which you belong:

SAN DIEGO REGIONAL CENTER - CHAIR OF THE BOARD


KIOWA - PUBLIC RELATIONS CHAIR - CALIF. - NEVADA - HAWAII

VARIOUS CHAMBERS OF COMMERCE

NOTE: Candidates for the Air Pollution Control District Hearing Board, 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.



11/6/2021

Applicant's Signature Date

CONTACT INFORMATION

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

<u>NAKAWATASE</u>	<u>SHIRLEY</u>
Last Name	First Name
<u>SAN CAL</u>	<u>1</u>
Name of Board, Committee, or Commission to Which You are Applying for Membership	Supervisory District You Live In

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



Nora Vargas

SUPERVISOR, FIRST DISTRICT
San Diego County Board Of Supervisors

2021 SEP -3 PM 12:11
CLERK OF SUPERVISORS

DATE: September 14, 2021

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to FISH AND WILDLIFE ADVISORY COMMISSION, SAN DIEGO COUNTY, Seat No. 1

Recommendation:
VICE- CHAIR NORA VARGAS

Waive Board Policy A-74, "Citizen Participation in County Boards, Commissions and Committees," and re-appoint Mark Kukuchek to the FISH AND WILDLIFE ADVISORY COMMISSION, SAN DIEGO COUNTY, Seat No. 1 for a term to expire January 6, 2025.

Background information:
Mark Kukuchek



Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Nora E. Vargas".

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



JOEL ANDERSON
SUPERVISOR, SECOND DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

2021 SEP -3 PM 12:12
CLEANLINESS
OF SUPERVISOR

DATE: September 14, 2021

TO: Board of Supervisors

SUBJECT: VARIOUS APPOINTMENTS (DISTRICT: 2)

RECOMMENDATION(S): SUPERVISOR JOEL ANDERSON

1. Appoint Mary Kay Borchard to the ALPINE COMMUNITY PLANNING GROUP, Seat No. 1 for a term to expire January 6, 2025.
2. Appoint Colby Ross to the ALPINE COMMUNITY PLANNING GROUP, Seat No. 13 for a term to expire January 6, 2025.
3. Appoint Todd Boyer to the BEHAVIORAL HEALTH ADVISORY BOARD (BHAB), COUNTY OF SAN DIEGO, Seat No. 5 for a term to expire September 14, 2024.
4. Appoint Dana Pettersen to the JESS MARTIN PARK ADVISORY COMMITTEE, Seat No. 4 for a term to expire January 6, 2025.
5. Waive Board Policy A-74, "Citizen Participation in County Boards, Commissions and Committees," and re-appoint Russell Rodvold to the LAKESIDE DESIGN REVIEW BOARD, Seat No. 7 for a term to expire April 17, 2023
6. Appoint David Shaw to the LAKESIDE DESIGN REVIEW BOARD, Seat No. 6 for a term to expire May 7, 2022.
7. Re-appoint Mike Wagenleitner to the CSA NO. 026 - RANCHO SAN DIEGO LOCAL PARK DISTRICT ADVISORY BOARD, Seat No. 2 for a term to expire January 6, 2025.
8. Appoint Steve Babbitt to the CSA NO. 128 - SAN MIGUEL LOCAL PARK DISTRICT CITIZEN ADVISORY BOARD, Seat No. 1 for a term to expire January 6, 2025.

SUBJECT: VARIOUS APPOINTMENTS (DISTRICT: 2)

BACKGROUND

1. Mary Kay Borchard

[REDACTED]

2. Colby Ross

[REDACTED]

3. Todd Boyer

[REDACTED]

4. Dana Pettersen

[REDACTED]

5. Russell Rodvold

[REDACTED]

6. David Shaw

[REDACTED]

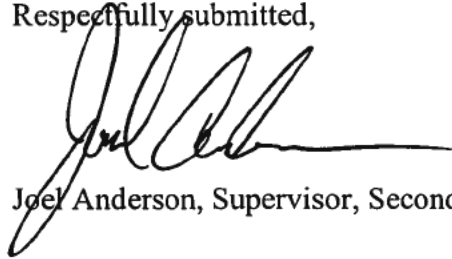
7. Michael Wagenleitner

[REDACTED]

8. Steve Babbitt

[REDACTED]

Respectfully submitted,



Joel Anderson, Supervisor, Second District



County of San Diego, Planning & Development Services

**APPLICATION FOR APPOINTMENT TO A
PLANNING OR SPONSOR GROUP VACANCY**

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

CITY OF SAN DIEGO

2021 AUG 31 AM 9:53

CLEARANCE UNIT
OF SUPERVISORS

To be considered by a Community Planning or Sponsor Group for an appointment recommendation, interested candidates shall complete the following application. Once complete, the applicant shall submit the application to the group Chair. After the application is signed by the group's current Chair, the Chair will submit the application to the Registrar of Voters for certification. However, completion of the aforementioned process does not ensure that the candidate will be recommended for appointment or subsequently appointed.

Planning or Sponsor Group Name: ALPINE COMMUNITY PLANNING GROUP

Applicant Name: MARY KAY BORCHARD

Supervisory District: 2

Current Membership on Other Boards, Commissions or Committees (BCC):

Name of BCC:

ALPINE LIBRARY FRIENDS ASSOC. BOARDS

Date Appointed:

2015

Specialized Experience or Knowledge:

ADULT EDUCATION & CURRICULUM

BILINGUAL - SPANISH

Occupational Experience:

Employer

Position Title

Dates of Employment

Current:

Past: IMPERIAL VALLEY COLLEGE PROFESSOR 1979-2006

Past: IMPERIAL CO. SHERIFFS OFFICE DIVISION CHAIR 1995-1990
INVESTIGATOR
DEPUTY SHERIFF

Statement of why you feel you would be the best candidate to fill this vacancy:



County of San Diego, Planning & Development Services

**APPLICATION 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 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: M K Borcherds Date: 8-27-2021

Print Name on Voter's Registration Form: MARY C BORCHERDS
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

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

Signature: T. Lyons Date: 10-29-2021 Most Recent

Print Name: Travis Lyons Date Elected Chair: 1-23-2014 / 2-25-2021

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 Alpine Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # 2504092 Signed: [Signature]
Deputy Registrar of Voters

ROV Date Stamp: 17 AUG 30 AM 11:18

REC'D S.D. CO. ROV





County of San Diego, Planning & Development Services

**APPLICATION FOR APPOINTMENT TO A
PLANNING OR SPONSOR GROUP VACANCY**

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

This application is a public record and is subject to the rules of disclosure.

The following private information is for internal use only and will not be posted to the website.

Name: MARY KAY BORCHARD Supervisorial District: 2

Residence Address:

[REDACTED]

Mailing Address (if different from above):

Business Address:

E-mail Address:

[REDACTED]

Telephone Numbers (include area code):

Home: [REDACTED]

Cell: [REDACTED]

Work: _____

COUNTY OF SAN DIEGO
2021 AUG 27 AM 11:56

CLERK OF THE BOARD
OF SUPERVISORS



County of San Diego, Planning & Development Services

**APPLICATION FOR APPOINTMENT TO A
PLANNING OR SPONSOR GROUP VACANCY**

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

To be considered by a Community Planning or Sponsor Group for an appointment recommendation, interested candidates shall complete the following application. Once complete, the applicant shall submit the application to the group Chair. After the application is signed by the group's current Chair, the Chair will submit the application to the Registrar of Voters for certification. However, completion of the aforementioned process does not ensure that the candidate will be recommended for appointment or subsequently appointed.

Planning or Sponsor Group Name: ALPINE COMMUNITY PLANNING GROUP

Applicant Name: Colby Ross

Supervisorial District: #2

Current Membership on Other Boards, Commissions or Committees (BCC):

Name of BCC:

Date Appointed:

Specialized Experience or Knowledge:

Public Safety, Fire Safety, Fire Protection, Wildfire Awareness
& Needs, Traffic Issues, Community Service & Public Safety.

Occupational Experience.

	Employer	Position Title	Dates of Employment
Current	<u>ALPINE FIRE PROTECTION DISTRICT</u>	<u>FIREFIGHTER/PARAMEDIC</u>	<u>3/2/2001 - PRESENT</u>
Past			
Past			

Statement of why you feel you would be the best candidate to fill this vacancy:

I feel my time and experience in public service as a
Firefighter/Paramedic here in Alpine has given me a unique
vantage point on how to serve the community and
its needs. I love the community of Alpine and will always
do my best to serve our citizens to the best
of my ability.

PDS-900 REV.: 08/20/2019

Page 1 of 3

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.



County of San Diego, Planning & Development Services

APPLICATION 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 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: Colby A. Ross Date: 6/23/2021

Print Name on Voter's Registration Form Colby Ross
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement

Group Chair:

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

Signature: A. Z. Lyon Date: 6/29/2021

Print Name: Travis Lyon Date Elected Chair: 1-23-2014 / 2-25-2021 ^{Originally} ^{most recent}

Email Address: [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 Alpine Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # 772030 Signed: [Signature]
Deputy Registrar of Voters

ROV Date Stamp: 2021 AUG 21 A 3:11

CO. S. D. P. D.

PDS-900 REV 08/20/2019

Page 2 of 3

This application is a public record and is subject to
Not valid for appointment without current Chair's signature





County of San Diego, Planning & Development Services

**APPLICATION FOR APPOINTMENT TO A
PLANNING OR SPONSOR GROUP VACANCY**

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

This application is a public record and is subject to the rules of disclosure.

The following private information is for internal use only and will not be posted to the website

Name: Colby Ross Supervisory District: 2

Residence Address:

[REDACTED]

Mailing Address (if different from above):

Business Address

[REDACTED]

E-mail Address:

[REDACTED]

Telephone Numbers (include area code)

Home: _____

Cell: _____

Work: _____



COUNTY OF SAN DIEGO

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

COUNTY OF SAN DIEGO

2021 FEB 17 AM 8:51

CLERK OF THE BOARD
OF SUPERVISORS
(For Official Use Only)

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.

Please note that this application is a public record subject to disclosure. This application will be maintained 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

Boyer

Last Name

Todd

First Name

Behavioral Health Advisory Board

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

2

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?

To use my experience in recovery to help with behavioral health matters

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

Committee Name

Date Appointed

none

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

Committee/Organization Name

Dates Served

Alano Club of El Cajon Board of Directors

3/2010 - present

STATEMENT OF OCCUPATIONAL EXPERIENCE

retired

Current Employer

Job Title

Length of Employment

Previous Employers	Position Title	Length of Employment
Living Spaces	sales	2 years
Jerome's Furniture	sales	2 years
Ashley Furniture	sales	3.5 years
Now Furniture	sales	6.5 years

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

I am a person in recovery, having been clean and sober for 20 years. My sobriety date is October 18, 2000. I have been

I am person in recovery, having been clean and sober for 20 years.

My sobriety date is October 18, 2000.

18 years ago, I was diagnosed with anxiety and depression.

My treatment is ongoing and successful.

My experience gives me insight into behavioral health issues.

Please list community organizations to which you belong:

Alano Club of El Cajon, Board Chair

AA 20 years

NOTE: Candidates for the Air Pollution Control District Hearing Board, 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.

Todd Boyer

Applicant's Signature




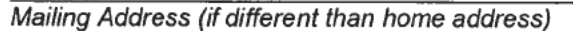


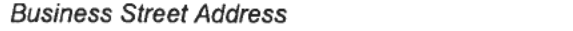




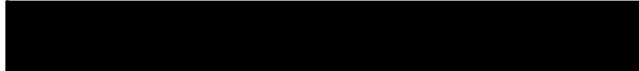


2-16-2021

Date

CONTACT INFORMATION

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

Boyer	Todd
<i>Last Name</i>	<i>First Name</i>
Behavioral Health Advisory Board	2
<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 Zip</i>
		
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State Zip</i>
		
<i>Business Street Address</i>	<i>City</i>	<i>State Zip</i>
		
<i>Home Phone #</i>	<i>Business Phone #</i>	
		
<i>Mobile Phone #</i>	<i>Fax #</i>	
		
<i>E-Mail Address</i>		



COUNTY OF SAN DIEGO

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

COUNTY OF SAN DIEGO
2021 MAR -1 AM 9:40

COUNTY OF SAN DIEGO
2021 FEB 29 AM 9:35

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 maintained 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

Pettersen
Last Name

Dana
First Name

Jess martin park Advisory Committee
Name of Board, Committee, or Commission to Which You are Applying for Membership

2
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?

parks and outdoor spaces

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

Committee Name

Date Appointed

Friends of the Julian Library

2019 - present

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

Committee/Organization Name

Dates Served

STATEMENT OF OCCUPATIONAL EXPERIENCE

<u>Retired</u>	
<i>Current Employer</i>	
<u> </u>	<u> </u>
<i>Job Title</i>	<i>Length of Employment</i>

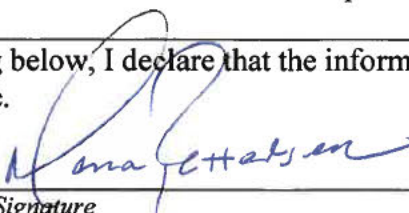
Previous Employers	Position Title	Length of Employment
<u>Julian elementary</u>	<u>Special Education</u>	<u>13 yrs</u>
<u>School District</u>	<u>Aide</u>	
<u>Julian yesteryears</u>	<u>Business owner</u>	<u>9 yrs</u>
<u> </u>	<u> </u>	<u> </u>

What experience or special knowledge can you bring to your area(s) of interest?
<u>Facilities Director - Intermountain Park And</u> <u>Recreation - Cross nation path</u>
<u>Julian Chamber of Commerce Down Hall Renovation</u> <u>Committee</u>
<u> </u>

Please list community organizations to which you belong:
<u>vice-president - Julian community Heritage Foundation</u>
<u>Assistant Director - ms. Julian Scholarship Pageant</u>
<u>Fundraising - staging - Julian Fourth of July Parade Committee</u>
<u> </u>

NOTE: Candidates for the Air Pollution Control District Hearing Board, 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.	
<u></u>	<u>2/23/21</u>
<i>Applicant's Signature</i>	<i>Date</i>

CONTACT INFORMATION

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

<u>Peterson</u>		<u>Alana</u>	
Last Name		First Name	
<u>San Diego Committee Joe Press Martin park</u>			
Name of Board, Committee, or Commission to Which You are Applying for Membership		Supervisorial District You Live In <u>District 2</u>	
<u>Joel Anderson</u>			
<u>[REDACTED]</u>			
Home Street Address		City	State Zip
<u>[REDACTED]</u>			
Mailing Address (if different than home address)		City	State Zip
<u>—</u>			
Business Street Address		City	State Zip
<u>—</u>			
Home Phone #		Business Phone #	
<u>[REDACTED]</u>		<u>—</u>	
Mobile Phone #		Fax #	
<u>[REDACTED]</u>			
E-Mail Address			



COUNTY OF SAN DIEGO

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

COUNTY OF SAN DIEGO

2021 AUG -2 AM 8:27

CLERK OF THE BOARD
OF SUPERVISORS

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

Rodvold

Last Name

Russell

First Name

Lakeside Design Review Board

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

2

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?

Community Planning / Aesthetics / Design

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

Committee Name

Lakeside Design Review Board

Date Appointed

2020

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

Committee/Organization Name

Lakeside Design Review Board

Dates Served

10+ yrs

STATEMENT OF OCCUPATIONAL EXPERIENCE

<u>Rodbold Enterprises, INC</u>	
Current Employer	
<u>Mechanic</u>	<u>40yrs</u>
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?

Construction / Design working knowledge

Please list community organizations to which you belong:

Lakeside Chamber of Commerce

NOTE: Candidates for the Air Pollution Control District Hearing Board, 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.

Murray R. Rodbold 7/31/21

Applicant's Signature Date

CONTACT INFORMATION

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

<u>Rodvold</u>	<u>Russell</u>
Last Name	First Name
<u>Lakeside Design Review Board</u>	
Name of Board, Committee, or Commission to Which You are Applying for Membership	
	<u>2</u>
	Supervisorial District You Live In

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



COUNTY OF SAN DIEGO

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

2021 SEP -2 PM 3:07

CLERK OF THE BOARD
OF SUPERVISORS
(For Official Use Only)

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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SHAW

Last Name

DAVID

First Name

LAKE SIDE DESIGN REVIEW BOARD

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

ANDERSON

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?
SERVING AND IMPROVING THE COMMUNITY

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

Committee Name

LAKE SIDE CHAMBER OF COMMERCE

Date Appointed

7-22-2021

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

Committee/Organization Name

Dates Served

STATEMENT OF OCCUPATIONAL EXPERIENCE

ALVAREZ AND SHAW, INC.

Current Employer

VICE PRESIDENT/CFO

Job Title

6

Length of Employment

Previous Employers	Position Title	Length of Employment
J. CLOUD, INC	GENERAL SUPT.	3
FLATIRON, INC.	FOREMAN	2
A.M. ORTEGA, INC.	FOREMAN	2
KOCH-ARMSTRONG, INC.	FOREMAN	5

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

GENERAL CONSTRUCTION/CONTRACTING.

IDENTIFYING POSSIBLE CONFLITS AND PROVIDING PRACTICAL SOLUTIONS

REVIWEING PLANS.

Please list community organizations to which you belong:

LAKESIDE CHAMBER OF COMMERCE

TEAM PARKER FOR LIFE (BOARD MEMBER) 501C3

NOTE: Candidates for the Air Pollution Control District Hearing Board, 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.


Applicant's Signature

8-11-2021

Date

CONTACT INFORMATION

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

SHAW <i>Last Name</i>	DAVID <i>First Name</i>
LAKESIDE DESIGN REVIEW BOARD <i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	ANDERSON <i>Supervisorial District You Live In</i>

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



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.

COUNTY OF SAN DIEGO

2021 AUG 18 PM 3:22

CLERK OF THE BOARD
OF SUPERVISORS
(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be maintained 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

Wagenketter
Last Name

Mike
First Name

CSA 26 Advisory Board
Name of Board, Committee, or Commission to Which You are Applying for Membership

District 2
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?

Parks in CSA 26 local Park District

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

Committee Name

Date Appointed

None

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

Committee/Organization Name

Dates Served

CSA 26 Advisory Board

10-15-2005 - 2020

STATEMENT OF OCCUPATIONAL EXPERIENCE

Retired
Current Employer

Job Title

Length of Employment

Previous Employers

Position Title

Length of Employment

Eastside Union School Dist

Superintendent

7 years

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

I served on the CSA 26 Park & Nursery Bd. for 15 years

Please list community organizations to which you belong:

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/cob/bcac/. 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.

Mike Paez
Applicant's Signature

08-15-2021
Date

CONTACT INFORMATION

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

<u>Deenbacher</u> Last Name	<u>Mike</u> First Name
<u>CSA 26 Advisory Board</u> Name of Board, Committee, or Commission to Which You are Applying for Membership	<u>District 9</u> Supervisory District You Live In

<u>[REDACTED]</u> Home Street Address	<u>[REDACTED]</u> City	<u>[REDACTED]</u> State	<u>[REDACTED]</u> Zip
<u>Same</u> Mailing Address (if different than home address)	<u>[REDACTED]</u> City	<u>[REDACTED]</u> State	<u>[REDACTED]</u> Zip
<u>None</u> Business Street Address	<u>[REDACTED]</u> City	<u>[REDACTED]</u> State	<u>[REDACTED]</u> Zip
<u>[REDACTED]</u> Home Phone #	<u>[REDACTED]</u> Business Phone #		
<u>[REDACTED]</u> Mobile Phone #	<u>[REDACTED]</u> Fax #		



COUNTY OF SAN DIEGO

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

COUNTY OF SAN DIEGO
2021 SEP -1 PM 1:16
CLERK OF THE BOARD
OF SUPERVISORS

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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Babbitt

Last Name

Steve

First Name

CSA128 San Miguel Local Parks Advisory

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

2

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?
Parks.

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

Committee Name

Date Appointed

None

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

Committee/Organization Name

Dates Served

Spring Valley Revitalization (Supervisor Jacob)

approx 2003-2006

STATEMENT OF OCCUPATIONAL EXPERIENCE

Small Business Owner

Current Employer

Owner

Job Title

23 years

Length of Employment

Previous Employers

Position Title

Length of Employment

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

25 years volunteering in the community

Please list community organizations to which you belong:

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

Steve Babbitt

Applicant's Signature

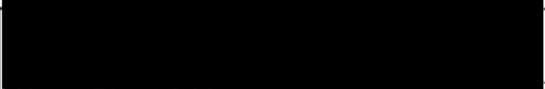













2021-08-30

Date

CONTACT INFORMATION

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

Babbitt	Steve
<i>Last Name</i>	<i>First Name</i>
CSA128 San Miguel Local Parks Advisory	2
<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 Zip</i>
		
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State Zip</i>
		
<i>Business Street Address</i>	<i>City</i>	<i>State Zip</i>
		
<i>Home Phone #</i>	<i>Business Phone #</i>	
		
<i>Mobile Phone #</i>	<i>Fax #</i>	
		
<i>E-Mail Address</i>		



County of San Diego

NICK MACCHIONE, FACHE
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

September 1, 2021

TO: Andrew Potter
Clerk of the Board of Supervisors

FROM: Nick Macchione, Agency Director
Health and Human Services Agency

COUNTY OF SAN DIEGO
21 AUG 31 AM 9:39
CLERK OF THE BOARD
OF SUPERVISORS

APPOINTMENT TO HIV PLANNING GROUP

1. **Action Required:** Recommend the following individuals for appointment to the HIV Planning Group (HPG) by the Board of Supervisors:
 - a. Appoint Michael Alvarez as Unaffiliated Consumer #9, for a four (4) year term
2. **Background:** This individual has been recommended for appointment by the HIV Planning Group Membership Committee. Approved members may serve beginning on the day of appointment by the San Diego County Board of Supervisors (Board). The federal government mandates an HIV Planning Group with specified representation in order to receive and administer funding through the Ryan White Treatment Extension Act of 2009.
3. **Reason for Requested Action and Impact:**
 - a. Appointment from the Board is needed.
 - b. The federal government mandates an HIV Planning Group with specified representation in order to receive and administer funding through the Ryan White Treatment Extension Act of 2009.
 - c. This appointment will ensure that the County of San Diego meets federal Ryan White Part A legislative requirements regarding key stakeholders in the HIV planning process.

Thank you for your assistance. Please contact Patrick Loose, Chief of the HIV, STD and Hepatitis Branch of Public Health Services at (619) 293-4709 if you have any questions regarding this action.

NICK MACCHIONE
Agency Director



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
3851 ROSECRANS STREET, MAIL STOP P-578
SAN DIEGO, CA 92110-3134
(619) 531-5800 • FAX (619) 542-4188

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

August 11, 2021

TO: Nick Macchione
Agency Director, Health and Human Services Agency


FROM: Wilma J. Wooten, M.D., M.P.H.
Director, Public Health Services

APPOINTMENTS TO HIV PLANNING GROUP

1. **Action Required:** Public Health Officer's signature on memorandum to the HHSA Director to recommend the following individual for appointment to the HIV Planning Group (HPG) by the Board of Supervisors:
 - a. Appoint Michael Alvarez as Unaffiliated Consumer #9, for a four (4) year term
2. **Background:** This individual has been recommended for appointment by the HIV Planning Group Membership Committee. Approved members may serve beginning on the day of appointment by the Board of Supervisors. The federal government mandates an HIV Planning Group with specified representation in order to receive and administer funding through the Ryan White Treatment Extension Act of 2009.
3. **Reason for Requested Action and Impact:**
 - a. The letter of request to the Clerk of the Board requires the Agency Director's signature.
 - b. Recommended candidate must be appointed by the Board of Supervisors (BOS).
 - c. Clerk of the Board staff creates and docket monthly Board memos for appointments to BOS Boards, Commissions, or Committees.
 - d. This appointment will ensure that the County of San Diego meets federal Ryan White Part A legislative requirements regarding key stakeholders in the HIV planning process.

Thank you for your assistance. Please contact Patrick Loose, Chief of the HIV, STD and Hepatitis Branch of Public Health Services at (619) 293-4709 if you have any questions regarding this action.

Sincerely,


WILMA J. WOOTEN, M.D., M.P.H.
Public Health Officer and Director
Public Health Services



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
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SAN DIEGO, CA 92110-3134
(619) 531-5800 • FAX (619) 542-4186

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

August 9, 2021

TO: Wilma J. Wooten, M.D., M.P.H., Public Health Officer
Public Health Services

FROM: Patrick Loose, Chief
HIV, STD and Hepatitis Branch

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Thank you for your assistance. Please contact me at (619) 293-4709 if you have any questions regarding this action.

Brookshire, Lauren

Digitally signed by Brookshire,
Lauren
Date: 2021.08.09 11:19:27 -07'00'

PATRICK LOOSE, Chief
HIV, STD and Hepatitis Branch



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: 619-293-4700.

Section 1: Contact Information		
Name: <u>Michael Alvarez</u>		
Home Address: [REDACTED]		
City: [REDACTED]	State: [REDACTED]	ZIP Code: [REDACTED]
Region/Area of Residence: <input checked="" type="checkbox"/> CENTRAL <input type="checkbox"/> SOUTH BAY <input type="checkbox"/> EAST COUNTY <input type="checkbox"/> NORTH CENTRAL <input type="checkbox"/> NORTH COASTAL <input type="checkbox"/> NORTH INLAND		
Home Phone Number: [REDACTED]		
Current Place of Employment (if applicable): [REDACTED]		
Work Address:		
City: [REDACTED]	State: [REDACTED]	ZIP Code: [REDACTED]
Work Phone Number: [REDACTED]	Cell Phone Number: [REDACTED]	
Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
E-mail Address: (personal) [REDACTED] (work) [REDACTED]	Fax Number (if available): ()	
<p>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?</p> <p>I prefer to receive phone calls and messages at: <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Work <input checked="" type="checkbox"/> Cell</p> <p>I prefer to receive email at: <input type="checkbox"/> Personal <input type="checkbox"/> Work</p>		