

## Application Form

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### Profile

#### Which Boards would you like to apply for?

---

Contra Costa Council on Homelessness: Submitted

---

Seat Name (if applicable)

#### This application is used for all boards and commissions

Alejandra

First Name

Chamberlain

Last Name

Middle Initial

[REDACTED]

Email Address

[REDACTED]

Home Address

Suite or Apt

Pleasant Hill

City

CA

State

94523

Postal Code

[REDACTED]

Primary Phone

Contra Costa County Office of  
Education

Employer

Youth Development Services  
Manager

Job Title

Program Manager

Occupation

---

#### Do you, or a business in which you have a financial interest, have a contract with Contra Costa Co.?

---

☒ Yes ☐ No

#### Is a member of your family (or step-family) employed by Contra Costa Co.?

---

☐ Yes ☒ No

---

### Education History

Select the highest level of education you have received:

---

☒ Other

MS

---

If "Other" was Selected Give Highest Grade or  
Educational Level Achieved

---

**College/ University A**

California State University,  
Sacramento

---

Name of College Attended

Counseling

---

Course of Study / Major

---

Units Completed

**Type of Units Completed**

---

☒ Semester

**Degree Awarded?**

---

☒ Yes ☐ No

Master of Science

---

Degree Type

2009

---

Date Degree Awarded

---

**College/ University B**

California State University,  
Sacramento

---

Name of College Attended

Child Development

---

Course of Study / Major

---

Units Completed

## Type of Units Completed

---

## Degree Awarded?

---

☒ Yes ☐ No

Bachelor of Arts

---

Degree Type

2006

---

Date Degree Awarded

---

## College/ University C

Name of College Attended

---

Course of Study / Major

---

Units Completed

---

## Type of Units Completed

---

None Selected

## Degree Awarded?

---

☐ Yes ☐ No

Degree Type

---

Date Degree Awarded

---

---

## Other schools / training completed:

Course Studied

---

---

Hours Completed

## Certificate Awarded?

---

☐ Yes ☐ No

---

## Work History

Please provide information on your last three positions, including your current one if you are working.

### 1st (Most Recent)

6/2014-Present

Dates (Month, Day, Year) From - To

40

Hours per Week Worked?

## Volunteer Work?

---

☐ Yes ☒ No

Youth Development Services  
Manager

Position Title

## Employer's Name and Address

---

Contra Costa County Office of Education 77 Santa Barbara Road Pleasant Hill Ca 94523

## Duties Performed

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•Manage, plan, organize, control and direct Youth Development Services operations and activities including educational and vocational training programs and services to enhance learning, achievement and educational outcomes among identified high-risk students (Foster youth, homeless youth and youth on probation). •Coordinate and direct communications, information, personnel and budgets to meet student needs and assure smooth and efficient programs and services. •Coordinate homeless and foster youth quarterly meetings with the 18 district in the county.

---

2nd

1/2013-06/2014

Dates (Month, Day, Year) From - To

40

Hours per Week Worked?

## Volunteer Work?

☐ Yes ☒ No

Youth Services Program  
Coordinator

Position Title

## Employer's Name and Address

City of San Pablo 13831 San Pablo Avenue San Pablo, CA 94806

## Duties Performed

• Plan, organize, and direct City of San Pablo Youth Services operations and activities: educational and vocational training programs and services to enhance learning, achievement and educational outcomes among high-risk youth such as foster and homeless youth. • Manage the Team For Youth (TFY) grant funded programs; includes maintaining related time lines to assure related activities comply with established standards, requirements, policies and procedures.

3rd

11/2010-01/2013

Dates (Month, Day, Year) From - To

40

Hours per Week Worked?

## Volunteer Work?

☐ Yes ☒ No

Youth Development Services  
Specialist

Position Title

## Employer's Name and Address

Contra Costa County Office of Education 77 Santa Barbara Road Pleasant Hill Ca 94523

## Duties Performed

---

- Assisted with planning and implementation of youth services: academic and career counseling-related programs and events for high-risk and at-risk youth such as WIA, foster and homeless youth.
  - Coordinated youth services information between teachers, administrators, staff, outside agencies, students, parents, community resources, educational institutions, and others to establish and maintain partnerships to facilitate and enhance support and services for at-risk youth.
- 

## Final Questions

How did you learn about this vacancy?

---

☒ Other

Jaime

If "Other" was selected please explain

**. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?**

---

☐ Yes ☒ No

**If Yes, please identify the nature of the relationship:**

---

**Do you have any financial relationships with the County such as grants, contracts, or other economic relations?**

---

☒ Yes ☐ No

**If Yes, please identify the nature of the relationship:**

---

Contracts to provide services for foster youth through EHSD and services for WIOA through the WDB.

# Application Form

## Profile

### Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Submitted

Consumer

Seat Name (if applicable)

### This application is used for all boards and commissions

Candace

First Name

C

Middle Initial

Collier

Last Name

Email Address

Home Address

Suite or Apt

Antioch

City

CA

State

94509

Postal Code

Primary Phone

Contra Costa County health services

Employer

Mental Health Community Support Worker

Job Title

CCBHS

Occupation

Do you, or a business in which you have a financial interest, have a contract with Contra Costa Co.?

☐ Yes ☒ No

Is a member of your family (or step-family) employed by Contra Costa Co.?

☐ Yes ☒ No

## Education History

Select the highest level of education you have received:

☒ High School Diploma

If "Other" was Selected Give Highest Grade or Educational Level Achieved

College/ University A

Contra Costa College

Name of College Attended

Psychology

Course of Study / Major

73

Units Completed

Type of Units Completed

☒ Semester

Degree Awarded?

☐ Yes ☒ No

Degree Type

Date Degree Awarded

College/ University B

Name of College Attended

Course of Study / Major

Units Completed



Type of Units Completed

None Selected

Degree Awarded?

☐ Yes ☐ No

Degree Type

Date Degree Awarded

College/ University C

Name of College Attended

Course of Study / Major

Units Completed

Type of Units Completed

None Selected

Degree Awarded?

☐ Yes ☐ No

Degree Type

Date Degree Awarded

Other schools / training completed:

Course Studied

---

Hours Completed

## Certificate Awarded?

---

☐ Yes ☐ No

---

## Work History

Please provide information on your last three positions, including your current one if you are working.

### 1st (Most Recent)

08/08/2016-present

Dates (Month, Day, Year) From - To

40

Hours per Week Worked?

## Volunteer Work?

---

☐ Yes ☒ No

Mental health community support  
worker

Position Title

## Employer's Name and Address

---

Office for consumer empowerment 1330 Arnold Dr Martinez, ca

## Duties Performed

---

Peer support, facilitate meetings, transportation peer support. I also help my peers share their lived recovery story. Use my lived experience to help my peers overcome their obstacles.

---

## 2nd

Dates (Month, Day, Year) From - To

---

Hours per Week Worked?

## Volunteer Work?

---

☐ Yes ☐ No

---

Position Title

## Employer's Name and Address

---

## Duties Performed

---

---

3rd

---

Dates (Month, Day, Year) From - To

---

Hours per Week Worked?

## Volunteer Work?

---

☐ Yes ☐ No

---

Position Title

## Employer's Name and Address

---

## Duties Performed

---

---

## Final Questions

How did you learn about this vacancy?

---

☒ Other

Jamie Jennett

---

If "Other" was selected please explain

**. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?**

---

☐ Yes ☒ No

**If Yes, please identify the nature of the relationship:**

---

**Do you have any financial relationships with the County such as grants, contracts, or other economic relations?**

---

☒ Yes ☐ No

**If Yes, please identify the nature of the relationship:**

---

I am employed with the county

## Application Form

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### Profile

#### Which Boards would you like to apply for?

---

Contra Costa Council on Homelessness: Submitted

#### Reentry Services

Seat Name (if applicable)

#### This application is used for all boards and commissions

Patrice

First Name

Guillory

Last Name

Middle Initial

[REDACTED]  
Email Address

[REDACTED]  
Home Address

Suite or Apt

Antioch

City

CA

State

94531

Postal Code

[REDACTED]  
Primary Phone

HealthRIGHT 360

Employer

Reentry Network Manager

Job Title

Occupation

---

#### Do you, or a business in which you have a financial interest, have a contract with Contra Costa Co.?

☐ Yes ☒ No

#### Is a member of your family (or step-family) employed by Contra Costa Co.?

---

☐ Yes ☒ No

---

### Education History

Select the highest level of education you have received:

---

☒ Other

Some Graduate School

---

If "Other" was Selected Give Highest Grade or  
Educational Level Achieved

---

College/ University A

Northwestern University

---

Name of College Attended

Public Policy & Administration

---

Course of Study / Major

---

Units Completed

Type of Units Completed

---

None Selected

Degree Awarded?

---

☐ Yes ☒ No

M.A.

---

Degree Type

---

Date Degree Awarded

---

College/ University B

Spelman College

---

Name of College Attended

Comparative Women's Studies

---

Course of Study / Major

---

Units Completed

## Type of Units Completed

---

None Selected

## Degree Awarded?

---

☒ Yes ☐ No

B.A.

Degree Type

Date Degree Awarded

---

## College/ University C

Name of College Attended

Course of Study / Major

Units Completed

## Type of Units Completed

---

None Selected

## Degree Awarded?

---

☐ Yes ☐ No

Degree Type

Date Degree Awarded

---

## Other schools / training completed:

Course Studied

---

Hours Completed

## Certificate Awarded?

---

☐ Yes ☐ No

---

## Work History

Please provide information on your last three positions, including your current one if you are working.

### 1st (Most Recent)

11/1/2016 - Present

Dates (Month, Day, Year) From - To

40 hrs

Hours per Week Worked?

## Volunteer Work?

---

☐ Yes ☒ No

Network Manager

Position Title

## Employer's Name and Address

---

HealthRIGHT 360 - 5119 Lone Tree Way, Antioch, CA 94531

## Duties Performed

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• Provide oversight and manage day to day operations of the Reentry Network collaborative system including managing project budget, assessing reentry service quality and efficiency, and monitoring system and client outcomes. • Supervise a dedicated direct service and administrative support staff, and successfully manage contract deliverables resulting in multi-year renewal. • In partnership with Contra Costa Behavioral Health and the City of Antioch's Police Department, received a \$6 million three-year grant from the California Board of State and Community Corrections' Prop 47 funds to implement a local criminal justice diversion pilot for arrestees with a history of mental illness or substance use disorder. - Provide continuous quality improvement through system-wide and interagency training and capacity building opportunities.

---



2nd

August 2015 - September 2016

Dates (Month, Day, Year) From - To

40 hrs.

Hours per Week Worked?

### Volunteer Work?

☐ Yes ☒ No

Field Operations Coordinator,  
Central-East Reentry Network

Position Title

### Employer's Name and Address

Contra Costa County (Independent Contractor) 651 Pine St. 10th Floor, Martinez CA

### Duties Performed

• Managed direct service coordination and communications between contracted service providers as they offer reentry services in Antioch and far East Contra Costa County with a specific emphasis on clients with low-level, drug-related felonies. • Develop local mentoring and community-responsive programs to enhance service navigation as a support mechanism for jail-to-community transitions into the far East Contra Costa region. • Worked collaboratively with County agencies, the County Reentry Coordinator, the County Administrator's Office, local CBOs and FBOs, and local law enforcement agencies to implement the County adopted Plan for an East & Central County Networked System of Services for Returning Citizens

3rd

April 2015 - August 2015

Dates (Month, Day, Year) From - To

40 hrs

Hours per Week Worked?

### Volunteer Work?

☐ Yes ☒ No

Program Manager

Position Title

## Employer's Name and Address

---

CCHS - Community Wellness & Prevention Programs 597 Center Avenue - Suite 125 Martinez, CA 94553

## Duties Performed

---

• Managed strategic planning process of emerging local community health project that promote chronic disease prevention, healthy built environment, and reducing health inequities in east Contra Costa County. • Managed a multi-sectoral collaborative in partnership with healthcare providers, social service agencies, business leaders, FBOs and CBOs, elected officials and public sector agencies to implement the Healthy and Livable Pittsburg Action Plan. • Oversaw program budget, grant management duties, and provide technical assistance to local CBOs.

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## Final Questions

### How did you learn about this vacancy?

---

☒ Other

### CCP-CAB Meeting Announcement

---

If "Other" was selected please explain

### . Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

---

☐ Yes ☒ No

### If Yes, please identify the nature of the relationship:

---

### Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

---

☒ Yes ☐ No

### If Yes, please identify the nature of the relationship:

---

Employer has contracts with CCC Office of Reentry & Justice and CCHS-Behavioral Health Division.

## Application Form

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### Profile

#### Which Boards would you like to apply for?

---

Contra Costa Council on Homelessness: Submitted

#### Behavioral Health

Seat Name (if applicable)

#### This application is used for all boards and commissions

Miguel

First Name

K

Middle Initial

Hidalgo-Barnes

Last Name

[REDACTED]

Email Address

[REDACTED]

Home Address

[REDACTED]

Suite or Apt

Richmond

City

CA

State

94806

Postal Code

[REDACTED]

Primary Phone

Hume Center

Employer

Program Manager

Job Title

Psychologist

Occupation

---

#### Do you, or a business in which you have a financial interest, have a contract with Contra Costa Co.?

☐ Yes ☒ No

#### Is a member of your family (or step-family) employed by Contra Costa Co.?

---

☐ Yes ☒ No

---

### Education History

Select the highest level of education you have received:

---

☒ Other

Doctorate

---

If "Other" was Selected Give Highest Grade or  
Educational Level Achieved

---

College/ University A

UCSC

---

Name of College Attended

Psychology

---

Course of Study / Major

Enough

---

Units Completed

Type of Units Completed

---

☒ Semester

Degree Awarded?

---

☒ Yes ☐ No

BA

---

Degree Type

2003

---

Date Degree Awarded

---

College/ University B

Pacific University

---

Name of College Attended

Clinical Psychology

---

Course of Study / Major

Enough

---

Units Completed

## Type of Units Completed

---

☒ Quarter

## Degree Awarded?

---

☒ Yes ☐ No

PsyD

Degree Type

9/31/2010

Date Degree Awarded

---

## College/ University C

Miguel

Name of College Attended

Course of Study / Major

Units Completed

## Type of Units Completed

---

None Selected

## Degree Awarded?

---

☐ Yes ☐ No

Degree Type

Date Degree Awarded

---

## Other schools / training completed:

Course Studied

---

Hours Completed

## Certificate Awarded?

---

☐ Yes ☐ No

---

## Work History

Please provide information on your last three positions, including your current one if you are working.

### 1st (Most Recent)

10/2009-Current

---

Dates (Month, Day, Year) From - To

40

---

Hours per Week Worked?

### Volunteer Work?

---

☐ Yes ☒ No

Program Manager

---

Position Title

### Employer's Name and Address

---

Portia Bell Hume Center 3095 Richmond PkWy #201

### Duties Performed

---

Psychologist

---

### 2nd

---

Dates (Month, Day, Year) From - To

---

Hours per Week Worked?

## Volunteer Work?

---

☐ Yes ☐ No

---

Position Title

## Employer's Name and Address

---

## Duties Performed

---

---

3rd

---

Dates (Month, Day, Year) From - To

---

Hours per Week Worked?

## Volunteer Work?

---

☐ Yes ☐ No

---

Position Title

## Employer's Name and Address

---

## Duties Performed

---

---

## Final Questions

### How did you learn about this vacancy?

---

☒ Other

## Sitting Member

---

If "Other" was selected please explain

**. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?**

---

☐ Yes ☒ No

**If Yes, please identify the nature of the relationship:**

---

**Do you have any financial relationships with the County such as grants, contracts, or other economic relations?**

---

☒ Yes ☐ No

**If Yes, please identify the nature of the relationship:**

---

Hume Center has county grants and I work there.



# Application Form

## Profile

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Submitted

Emergency Solutions Grant Seat

Seat Name (if applicable)

This application is used for all boards and commissions

Gabriel

First Name

Lemus

Last Name

Middle Initial

Email Address

Home Address

Suite or Apt

Martinez

City

CA

State

94553

Postal Code

Primary Phone

Contra Costa County

Employer

Principal Planner

Job Title

Occupation

Do you, or a business in which you have a financial interest, have a contract with Contra Costa Co.?

☐ Yes ☒ No

Is a member of your family (or step-family) employed by Contra Costa Co.?

☐ Yes ☒ No

## Education History

Select the highest level of education you have received:

---

☒ Other

Master's Degree

---

If "Other" was Selected Give Highest Grade or  
Educational Level Achieved

---

College/ University A

Gabriel Lemus

---

Name of College Attended

History and Chicana/o Studies

---

Course of Study / Major

---

Units Completed

Type of Units Completed

---

☒ Quarter

Degree Awarded?

---

☒ Yes ☐ No

B.A.

---

Degree Type

6/2000

---

Date Degree Awarded

---

College/ University B

Cornell University

---

Name of College Attended

City and Regional Planning

---

Course of Study / Major

---

Units Completed

## Type of Units Completed

---

## Degree Awarded?

---

☒ Yes ☐ No

## Master's in Regional Planning

---

Degree Type

8/2002

---

Date Degree Awarded

---

## College/ University C

---

Name of College Attended

---

Course of Study / Major

---

Units Completed

## Type of Units Completed

---

None Selected

## Degree Awarded?

---

☐ Yes ☐ No

---

Degree Type

---

Date Degree Awarded

---

## Other schools / training completed:

---

Course Studied

---

Hours Completed

## Certificate Awarded?

---

☐ Yes ☐ No

---

## Work History

Please provide information on your last three positions, including your current one if you are working.

### 1st (Most Recent)

12/2/2002 - Present

Dates (Month, Day, Year) From - To

40

Hours per Week Worked?

### Volunteer Work?

---

☐ Yes ☒ No

Principal Planner

Position Title

### Employer's Name and Address

---

Contra Costa County, 30 Muir Road, Martinez CA

### Duties Performed

---

Principal Planner: Primary administrator of various community development federal programs (CDBG and ESG Programs) for Contra Costa County

---

### 2nd

---

Dates (Month, Day, Year) From - To

Hours per Week Worked?

Volunteer Work?

☐ Yes ☐ No

Position Title

Employer's Name and Address

Duties Performed

3rd

Dates (Month, Day, Year) From - To

Hours per Week Worked?

Volunteer Work?

☐ Yes ☐ No

Position Title

Employer's Name and Address

Duties Performed

Final Questions

**How did you learn about this vacancy?**

---

☒ Contra Costa County Homepage

---

If "Other" was selected please explain

**. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?**

---

☐ Yes ☒ No

**If Yes, please identify the nature of the relationship:**

---

**Do you have any financial relationships with the County such as grants, contracts, or other economic relations?**

---

☐ Yes ☒ No

**If Yes, please identify the nature of the relationship:**

---

## Application Form

---

### Profile

#### Which Boards would you like to apply for?

---

Contra Costa Council on Homelessness: Submitted

Law Enforcement representative

Seat Name (if applicable)

#### This application is used for all boards and commissions

Bradley

First Name

R

Middle Initial

Lindblom

Last Name

[REDACTED]

Email Address

[REDACTED]

Home Address

Suite or Apt

San Pablo

City

CA

State

94806

Postal Code

[REDACTED]

Primary Phone

City of San Pablo

Employer

Priority Oriented Policing  
Sergeatn

Job Title

Police Sergeant for San Pablo  
Police Department

Occupation

---

**Do you, or a business in which you have a financial interest, have a contract with Contra Costa Co.?**

---

☐ Yes ☒ No

**Is a member of your family (or step-family) employed by Contra Costa Co.?**

---

☐ Yes ☒ No

---

### Education History

Select the highest level of education you have received:

---

☒ Other

Masters Degree

---

If "Other" was Selected Give Highest Grade or  
Educational Level Achieved

---

College/ University A

California State Univ Chico

---

Name of College Attended

Public Administration

---

Course of Study / Major

Bachelors Degree

---

Units Completed

Type of Units Completed

---

☒ Semester

Degree Awarded?

---

☒ Yes ☐ No

Bachleor Degree

---

Degree Type

May 2003

---

Date Degree Awarded

---

College/ University B

University of Phoenix

---

Name of College Attended

Criminal Justice

---

Course of Study / Major

Masters Degree

---

Units Completed



## Type of Units Completed

---

☒ Quarter

## Degree Awarded?

---

☒ Yes ☐ No

## Masters Degree

---

Degree Type

## November 2010

---

Date Degree Awarded

---

## College/ University C

---

Name of College Attended

---

Course of Study / Major

---

Units Completed

## Type of Units Completed

---

None Selected

## Degree Awarded?

---

☐ Yes ☐ No

---

Degree Type

---

Date Degree Awarded

---

## Other schools / training completed:

---

Course Studied

---

Hours Completed

## Certificate Awarded?

---

☐ Yes ☐ No

---

## Work History

Please provide information on your last three positions, including your current one if you are working.

### 1st (Most Recent)

5/1/2003-present

Dates (Month, Day, Year) From - To

40

Hours per Week Worked?

### Volunteer Work?

---

☐ Yes ☒ No

Police Sergeant

Position Title

### Employer's Name and Address

---

City of San Pablo (Police Department) 13880 San Pablo Avenue. San Pablo CA, 94806

### Duties Performed

---

I currently supervise our Priority Oriented Policing Unit which is comprised of three separate units to include: Gang Unit, School Resource Officers and Code Enforcement. My duties supervising the Code Enforcement Unit address our homeless population with regard to care and cleanup.

---

### 2nd

Dates (Month, Day, Year) From - To

Hours per Week Worked?

Volunteer Work?

☐ Yes ☐ No

Position Title

Employer's Name and Address

Duties Performed

3rd

Dates (Month, Day, Year) From - To

Hours per Week Worked?

Volunteer Work?

☐ Yes ☐ No

Position Title

Employer's Name and Address

Duties Performed

Final Questions

**How did you learn about this vacancy?**

---

☒ Other

---

If "Other" was selected please explain

**. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?**

---

☐ Yes ☒ No

**If Yes, please identify the nature of the relationship:**

---

**Do you have any financial relationships with the County such as grants, contracts, or other economic relations?**

---

☒ Yes ☐ No

**If Yes, please identify the nature of the relationship:**

---

I oversee our AVAP (abandoned vehicle abatement program) which is economically funded through the County AVAP authority.

# Application Form

## Profile

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Submitted

Homeless Service Provider

Seat Name (if applicable)

This application is used for all boards and commissions

Deanne

First Name

M

Middle Initial

Pearn

Last Name

Email Address

Home Address

Suite or Apt

Moraga

City

CA

State

94556

Postal Code

Primary Phone

Contra Costa Interfaith Housing

Employer

Executive Director

Job Title

Social Service Executive

Occupation

Do you, or a business in which you have a financial interest, have a contract with Contra Costa Co.?

☒ Yes ☐ No

Is a member of your family (or step-family) employed by Contra Costa Co.?

☐ Yes ☒ No

## Education History

Select the highest level of education you have received:

---

☒ Other

Masters in Public Policy

---

If "Other" was Selected Give Highest Grade or  
Educational Level Achieved

---

College/ University A

Stanford University

---

Name of College Attended

Human Biology

---

Course of Study / Major

180

---

Units Completed

Type of Units Completed

---

☒ Quarter

Degree Awarded?

---

☒ Yes ☐ No

BA

---

Degree Type

June 1993

---

Date Degree Awarded

---

College/ University B

University of California at Berkeley

---

Name of College Attended

Masters in Public Policy

---

Course of Study / Major

60

---

Units Completed

## Type of Units Completed

---

## Degree Awarded?

---

☒ Yes ☐ No

## Masters in Public Policy (MPP)

---

Degree Type

June 1998

---

Date Degree Awarded

---

## College/ University C

---

Name of College Attended

---

Course of Study / Major

---

Units Completed

## Type of Units Completed

---

None Selected

## Degree Awarded?

---

☐ Yes ☐ No

---

Degree Type

---

Date Degree Awarded

---

## Other schools / training completed:

---

Course Studied

---

Hours Completed

## Certificate Awarded?

---

☐ Yes ☐ No

---

## Work History

Please provide information on your last three positions, including your current one if you are working.

### 1st (Most Recent)

4/15/2017-Present

Dates (Month, Day, Year) From - To

Full time

Hours per Week Worked?

### Volunteer Work?

---

☐ Yes ☒ No

Executive Director

Position Title

### Employer's Name and Address

---

CCIH 399 Taylor Blvd. #115 Pleasant Hill, CA 94523

### Duties Performed

---

Oversee all aspects of agency performance, including governance, fundraising, contract management, program operations, agency operations, personnel

---

### 2nd

June 1998- April 2017

Dates (Month, Day, Year) From - To



---

## Full time

Hours per Week Worked?

---

## Volunteer Work?

☐ Yes ☒ No

---

## Co-Founder, VP Policy

Position Title

---

## Employer's Name and Address

First Place for Youth 426 17th Street, #100 Oakland, CA 94612

---

## Duties Performed

Serve as member of executive team. Shape strategy and direction for agency. Oversee government relations and policy agenda for agency

---

3rd

---

Dates (Month, Day, Year) From - To

---

Hours per Week Worked?

---

## Volunteer Work?

☐ Yes ☐ No

---

Position Title

---

## Employer's Name and Address

---

## Duties Performed

---

---

## Final Questions

**How did you learn about this vacancy?**

---

☒ Other

Attending COH meetings as a  
community member

---

If "Other" was selected please explain

**. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?**

---

☐ Yes ☒ No

**If Yes, please identify the nature of the relationship:**

---

**Do you have any financial relationships with the County such as grants, contracts, or other economic relations?**

---

☒ Yes ☐ No

**If Yes, please identify the nature of the relationship:**

---

Contra Costa Interfaith Housing is a private, non-profit community based agency providing permanent housing and vital support services to the county's most vulnerable families and individuals. CCIH has a number of contracts with the County to pay for housing and services for residents.



CLERK OF THE BOARD OF SUPERVISORS  
CONTRA COSTA CO.  
Costa  
County

RECEIVED

MAY 10 2017

Office Use Only  
Date Received:

Print Form

For Reviewers Use Only:  
Accepted Rejected

## BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:

Contra Costa County  
CLERK OF THE BOARD  
651 Pine Street, Rm. 106  
Martinez, California 94553-1292  
PLEASE TYPE OR PRINT IN INK  
(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

Council on Homelessness Executive Board

Health Care Representative

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name:	Cascio	Tracy	
	(Last Name)	(First Name)	(Middle Name)
2. Address:		Martinez	CA 94553
	(No.)	(Street)	(Apt.) (City) (State) (Zip Code)
3. Phones:			
	(Home No.)	(Work No.)	(Cell No.)
4. Email Address:			

5. EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma ☒ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved Graduate School

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Western Washington Univ.	Psychology	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>		64	BA	1986
B) UC Berkeley, School of SW	MSW	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	6		MSW	1991
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

THIS FORM IS A PUBLIC DOCUMENT

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

<p>A) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> 2/05 <input type="text"/> Present</p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p><input type="text"/> 10 <input type="text"/> 7</p> <p>Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Homeless Program Manager</p> <p>Employer's Name and Address</p> <p>VA Northern California Health Care 150 Muir Road Martinez, CA 94553</p>	<p>Duties Performed</p> <p>Supervise staff and manage a continuum of services for homeless Veterans in the region of NCHCS, including permanent supportive housing, contracted emergency and transitional housing, justice outreach and employment services. Team size is 73 staff, 1340 units of permanent housing, 221 transitional, 121 emergency.</p>
<p>B) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> 9/91 <input type="text"/> 2/05</p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p><input type="text"/> 13 <input type="text"/> 5</p> <p>Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Homeless Program Coordinator</p> <p>Employer's Name and Address</p> <p>San Francisco VA 401 3rd St. San Francisco, CA 94103</p>	<p>Duties Performed</p> <p>Supervised a team of social workers and operated a continuum of services for Veterans in the SF Bay area. Team size was 10, number of transitional and emergency beds totaled 50.</p>
<p>C) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p>Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p><input type="text"/></p> <p>Employer's Name and Address</p> <p><input type="text"/></p>	<p>Duties Performed</p> <p><input type="text"/></p>
<p>D) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p>Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p><input type="text"/></p> <p>Employer's Name and Address</p> <p><input type="text"/></p>	<p>Duties Performed</p> <p><input type="text"/></p>

7. How did you learn about this vacancy?

☒ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☐ Other

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? No ☐ Yes ☒

If Yes, please identify the nature of the relationship: Contract with CCC for emergency beds.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name: [REDACTED]

Date: 10/7/15

### Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: 651 Pine Street, Room 106, Martinez, CA 94553.
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for  
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution  
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;  
NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:
  1. Mother, father, son, and daughter;
  2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
  3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
  4. First cousin;
  5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
  6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
  7. Registered domestic partner, pursuant to California Family Code section 297.
  8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
  9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.

## Application Form

---

### Profile

#### Which Boards would you like to apply for?

---

Contra Costa Council on Homelessness: Submitted

#### Public Safety

Seat Name (if applicable)

#### This application is used for all boards and commissions

Manjit

First Name

Sappal

Last Name

Middle Initial

[REDACTED]  
Email Address

[REDACTED]  
Home Address

Suite or Apt

Martinez

City

CA

State

94553

Postal Code

[REDACTED]  
Primary Phone

Martinez Police Department

Employer

Police Chief

Job Title

Police

Occupation

---

#### Do you, or a business in which you have a financial interest, have a contract with Contra Costa Co.?

---

☐ Yes ☒ No

#### Is a member of your family (or step-family) employed by Contra Costa Co.?

---

☐ Yes ☒ No

---

### Education History

Select the highest level of education you have received:

---

☒ Other

Masters Public Administration

---

If "Other" was Selected Give Highest Grade or  
Educational Level Achieved

---

**College/ University A**

Golden Gate University

---

Name of College Attended

Public Administration

---

Course of Study / Major

36

---

Units Completed

**Type of Units Completed**

---

☒ Semester

**Degree Awarded?**

---

☒ Yes ☐ No

Masters Public Administration

---

Degree Type

April 26, 2014

---

Date Degree Awarded

---

**College/ University B**

University of Phoenix

---

Name of College Attended

Business Administration

---

Course of Study / Major

57

---

Units Completed



## Type of Units Completed

---

## Degree Awarded?

---

☒ Yes ☐ No

Business Administration

---

Degree Type

2003

---

Date Degree Awarded

---

## College/ University C

San Francisco State University

---

Name of College Attended

Biology

---

Course of Study / Major

39

---

Units Completed

## Type of Units Completed

---

☒ Semester

## Degree Awarded?

---

☐ Yes ☒ No

Degree Type

---

Date Degree Awarded

---

---

## Other schools / training completed:

FBI National Academy

---

Course Studied

400  
Hours Completed

Certificate Awarded?

☒ Yes ☐ No

Work History

Please provide information on your last three positions, including your current one if you are working.

1st (Most Recent)

8/31/2015 to current  
Dates (Month, Day, Year) From - To

60  
Hours per Week Worked?

Volunteer Work?

☐ Yes ☒ No

Police Chief  
Position Title

Employer's Name and Address

City of Martinez Police Department 525 Henrietta Street Martinez, CA 94549

Duties Performed

Lead and manage the Martinez Police Department with a focus on providing public safety services to the community. Focus on policy implementation, problem solving, and collaboration with the community as well as other agencies and entities.

2nd

7/23/1997 to 8/28/2015  
Dates (Month, Day, Year) From - To

50

Hours per Week Worked?

## Volunteer Work?

☐ Yes ☒ No

Police Captain

Position Title

## Employer's Name and Address

City of Richmond Police Department 1701 Regatta Boulevard Richmond, CA 94804

## Duties Performed

Began as a police officer and worked numerous assignments to include: METRO, NITRO, Intelligence, Homicide Detective, SWAT, Mobile Field Force, Firearms Instructor, Patrol Sergeant, Crime Analysis and COMPSTAT Manager, Patrol Lieutenant, Internal Affairs Commander, and District Captain that oversaw policing services for two different geographical areas during my tenure.

3rd

7/1995 to 6/1997

Dates (Month, Day, Year) From - To

40

Hours per Week Worked?

## Volunteer Work?

☐ Yes ☒ No

Police Officer

Position Title

## Employer's Name and Address

City of Pittsburg Police Department 65 Civic Avenue Pittsburg, CA 94565

## Duties Performed

Patrol officer and School Resource Officer

---

## Final Questions

How did you learn about this vacancy?

---

☒ Other

Email from Jaime Jenett

---

If "Other" was selected please explain

**. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?**

---

☐ Yes ☒ No

**If Yes, please identify the nature of the relationship:**

---

**Do you have any financial relationships with the County such as grants, contracts, or other economic relations?**

---

☒ Yes ☐ No

**If Yes, please identify the nature of the relationship:**

---

The City of Martinez has a contract with the Contra Costa County Division of Health, Housing, and Homeless Services as well as with the Pleasant Hill Police Department for CORE Team services for the homeless population.

## Application Form

---

### Profile

#### Which Boards would you like to apply for?

---

Contra Costa Council on Homelessness: Submitted

Affordable Housing Developer

Seat Name (if applicable)

#### This application is used for all boards and commissions

Daniel

First Name

Sawislak

Last Name

Middle Initial

[REDACTED]

Email Address

[REDACTED]

Home Address

Suite or Apt

Berkeley

City

CA

State

94703

Postal Code

[REDACTED]

Primary Phone

Resources for Community  
Development

Employer

Housing Developer

Job Title

Housing Developer/Operator

Occupation

---

#### Do you, or a business in which you have a financial interest, have a contract with Contra Costa Co.?

☐ Yes ☒ No

#### Is a member of your family (or step-family) employed by Contra Costa Co.?

---

☐ Yes ☒ No

---

### Education History

Select the highest level of education you have received:

☒ High School Diploma

If "Other" was Selected Give Highest Grade or Educational Level Achieved

College/ University A

Daniel Sawislak

Name of College Attended

Urban and Regional Planning

Course of Study / Major

Units Completed

Type of Units Completed

☒ Semester

Degree Awarded?

☒ Yes ☐ No

Bachelor's

Degree Type

May 1983

Date Degree Awarded

College/ University B

University of California, Berkeley

Name of College Attended

City and Regional Planning

Course of Study / Major

Units Completed

## Type of Units Completed

---

None Selected

## Degree Awarded?

---

☒ Yes ☐ No

Master's

---

Degree Type

1988

---

Date Degree Awarded

---

## College/ University C

\_\_\_\_\_  
Name of College Attended

\_\_\_\_\_  
Course of Study / Major

\_\_\_\_\_  
Units Completed

## Type of Units Completed

---

None Selected

## Degree Awarded?

---

☐ Yes ☐ No

\_\_\_\_\_  
Degree Type

\_\_\_\_\_  
Date Degree Awarded

---

## Other schools / training completed:

\_\_\_\_\_  
Course Studied

---

Hours Completed

## Certificate Awarded?

---

☐ Yes ☐ No

---

## Work History

Please provide information on your last three positions, including your current one if you are working.

### 1st (Most Recent)

10/15/98-1/3/18

Dates (Month, Day, Year) From - To

40

Hours per Week Worked?

### Volunteer Work?

---

☐ Yes ☒ No

Executive Director

Position Title

### Employer's Name and Address

---

Resources for Community Development 2220 Oxford St. Berkeley CA 94703

### Duties Performed

---

Responsible for leadership and management of a non-profit housing development corporation,  
Responsible for all housing development, asset management, and supportive services programs.  
Provides operational, financial, and staff leadership for a growing organization.

---

### 2nd

2-1-93-10/14/88

Dates (Month, Day, Year) From - To



40

Hours per Week Worked?

## Volunteer Work?

☐ Yes ☒ No

Housing Development  
Director/Project Manager

Position Title

## Employer's Name and Address

Resources for Community Development 2220 Oxford St. Berkeley CA 94703

## Duties Performed

Led a staff of affordable housing managers in the development of affordable housing in Alameda and Contra Costa Counties.

3rd

2/1/89-1/31/93

Dates (Month, Day, Year) From - To

40

Hours per Week Worked?

## Volunteer Work?

☐ Yes ☐ No

Project Developer

Position Title

## Employer's Name and Address

Housing for Independent People

## Duties Performed

Managed the development of supportive housing for a non-profit developer in Northern California.

---

## Final Questions

How did you learn about this vacancy?

---

☒ Other

Current member of the  
commission.

---

If "Other" was selected please explain

**. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?**

---

☐ Yes ☒ No

**If Yes, please identify the nature of the relationship:**

---

**Do you have any financial relationships with the County such as grants, contracts, or other economic relations?**

---

☒ Yes ☐ No

**If Yes, please identify the nature of the relationship:**

---

My organization, Resources for Community Development, works with the County (acting as a lender/grantor) as a non-profit developer and operator of affordable housing.



## Form Center

### Form Submission Confirmation

Your Form Has Been Submitted Successfully

Thank you for your submission.

If you have additional questions, please contact our office.

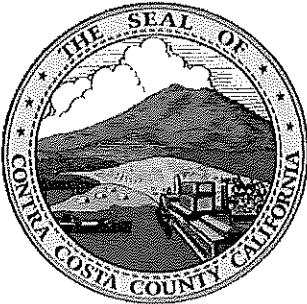
0



Form Center

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

Contra Costa County BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION



MAIL OR DELIVER TO :

Contra Costa County CLERK OF THE BOARD 651  
Pine Street, Rm. 106 Martinez, California 94553-  
1292 PLEASE TYPE (Each Position Requires a  
Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

PRINT EXACT NAME OF BOARD,  
COMMITTEE , OR COMMISSION

Council on Homelessness

PRINT EXACT SEAT NAME (if applicable)

Government Seat

Last Name

House

First Name

Teri

Middle Name

Address1

[Redacted Address]

City

Pittsburg

State

CA

Zip

94565

Home Number

Work Number

Cell Number

[REDACTED]

[REDACTED]

[REDACTED]

**EDUCATION:****Check appropriate box if you possess one of the following:**☒ High School Diploma☐ G.E.D. Certificate☐ California High School  
Proficiency Certificate**Give Highest Grade or Educational Level Achieved**

MS degree and post Masters 1 year certificate program

**A) Names of College/University attended**

Cal State Hayward

**Course of Study/Major**

Counseling Psychology

**Degree Awarded**☒ Yes☐ No**Semesters  
Completed****Degree Type**

MS

**Date Degree  
Awarded**

1994

**Enter Another College/University?**☒ Yes☐ No**B) Name of College/University**

Cal State Hayward

**Course of Study/Major**

Psychology

**Degree Awarded**☒ Yes☐ No**Semesters  
Completed****Degree Type**

BA

**Date Awarded**

1992

**Enter Another College/University**☒ Yes☐ No

**C) Name of College/University**

Bassist College, Portland OR

**Course of Study/Major**

Apparel Design

**Degree Awarded**☒ Yes☐ No**Semesters Completed****Degree Type**

BA

**Date Awarded**

1982

**Other:****School/Training Completed**

University of San Francisco

**Course Studied**

Fund Development

**Hours Completed**

Certificate

**Certificate Awarded**☒ Yes☐ No**EXPERIENCE:****THIS FORM IS A PUBLIC DOCUMENT**

PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body . Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

**Employer**

Self-Employed - Consultant for CDBG/Housing. Primary contract

**Address1**

City of Antioch

**Address2**

200 H. Street

<b>City</b>	<b>State</b>	<b>Zip</b>
Antioch	CA	94509

<b>From</b>	<b>To</b>	<b>Total Time (Years/Months)</b>
10/01/2010	12/20/2017	7 years 2 months

<b>Hours Per Week</b>	<b>Volunteer</b>
32	<input type="radio"/> Yes <input checked="" type="radio"/> No

**Duties Performed**

Administer federal Community Development Block Grant (CDBG), Neighborhood Stabilization Program (NSP), as well as Housing Successor funding for homeless programs, affordable housing

**Employer**

City of Concord

**Address1**

1950 Parkside Drive

**Address2**

<b>City</b>	<b>State</b>	<b>Zip</b>
Concord	CA	94519

<b>From</b>	<b>To</b>	<b>Total Time (Years/Months)</b>
01/01/1999	09/30/2010	11 years/9 months

Hours Per Week

Volunteer

☐ Yes☒ No**Duties Performed**

Administer federal CDBG program grants, Child Care Developer fee grants, and housing rehabilitation program loans.

**Employer****Address1****Address2****City****State****Zip****From****To****Total Time (Years/Months)****Hours Per Week****Volunteer**☐ Yes☒ No**Duties Performed**

Assist in administration of CDBG program, first year after transition from State CDBG to Entitlement with federal government.



**Employer**

Mt. Diablo Habitat for Humanity, Executive Director

**Address1**

Walnut Creek Methodist Church

**Address2**

1543 Sunnyvale Ave.

**City**

Walnut Creek

**State**

CA

**Zip**

94597

**From**

mm/dd/yyyy

**To**

mm/dd/yyyy

**Total Time (Years/Months)****Hours Per Week**

50

**Volunteer**

☐ Yes

☒ No

**Duties Performed**

Executive Director of housing construction nonprofit, administration including fundraising, board development, family application and selection process, construction activities, and more.

**How did you learn about this vacancy ?**

☐ CCC Homepage

☐ Walk - In

☐ Newspaper  
Advertisement

☐ District Supervisor

**Other**

Current member of Council on Homelessness

**Do you have a familial or financial**

**Relationship with a member of the Board of Supervisors ? (Please see Board Resolution no. 2011/55, attached ) :**

☒ No

☐ Yes

**Do you have any financial relationships with the County such as grants, contracts, or other economic relations ?**

☒ No

☐ Yes

**I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee , or Commission in Contra Costa County.**

**Sign Name :**

Teri House

**Date :**

12/20/17

### **Important Information**

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code § 6250 - 6270). 2. Send the completed paper application to the Office of the Clerk of the Board at: 651 Pine Street, Room 106, Martinez , CA 94553 . 3. A résumé or other relevant information may be submitted with this application. 4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training. 5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234. 6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation. 7. Meeting dates and times are subject to change and may occur up to two days per month. 8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution no. 2011/55 on 2/08/2011 as follows :**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted: 1. Mother, father, son, and daughter; 2. Brother, sister, grandmother, grandfather, grandson, and granddaughter; I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority. II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships: 3. Great - grandfather, great - grandmother, aunt, uncle, nephew, niece, great - grandson, and great - granddaughter; 4. First cousin; 5. Husband, wife, father - in - law, mother - in - law, son - in - law, daughter - in - law, stepson, and stepdaughter; 6. Sister - in - law (brother's spouse or spouse's sister), brother - in - law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson; 7. Registered domestic partner, pursuant to California Family Code section 297. 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner. 9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.

☒ Receive email copy

**Email address**

[REDACTED]

This field is not part of the form submission.

0