# AGROLATURE AGROLATIVE BECRIATION

# **COUNTY OF SONOMA**

575 ADMINISTRATION DRIVE, ROOM 102A SANTA ROSA, CA 95403

# SUMMARY REPORT

**Agenda Date: 2/2/2021** 

To: Board of Supervisors

**Department or Agency Name(s):** Board of Supervisors

Staff Name and Phone Number: Supervisor Chris Coursey, (707) 565-2241

Vote Requirement: Majority

Supervisorial District(s): Third District

#### **Recommended Action:**

Approve the Appointment of Annabel Nygard to the Mental Health Board, effective February 2, 2021 and expiring on December 31, 2023. (Third District)

## **Executive Summary:**

Approve the Appointment of Annabel Nygard to the Mental Health Board, effective February 2, 2021 and expiring on December 31, 2023. (Third District)

### **Discussion:**

#### **Prior Board Actions:**

### **FISCAL SUMMARY**

| Expenditures                       | FY 20-21 | FY21-22   | FY 22-23  |
|------------------------------------|----------|-----------|-----------|
|                                    | Adopted  | Projected | Projected |
| Budgeted Expenses                  |          |           |           |
| Additional Appropriation Requested |          |           |           |
| Total Expenditures                 |          |           |           |
| Funding Sources                    |          |           |           |
| General Fund/WA GF                 |          |           |           |
| State/Federal                      |          |           |           |
| Fees/Other                         |          |           |           |
| Use of Fund Balance                |          |           |           |
| Contingencies                      |          |           |           |
| Total Sources                      |          |           |           |

| Staffing Impacts: |  |  |
|-------------------|--|--|
|-------------------|--|--|

**Agenda Date: 2/2/2021** 

Related Items "On File" with the Clerk of the Board:

| Position Title (Payroll Classification) |  | Deletions<br>(Number) |
|---|--|-----------------------|
|   |  |                       |
|   |  |                       |
|   |  |                       |

| Narrative Explanation of Staffing Impacts (If Required): |  |
|--|--|
| Attachments:   |  |