

# **SONOMA COUNTY**

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

# Legislation Text

File #: 2019-0321, Version: 1

To: Board of Supervisors

**Department or Agency Name(s):** Board of Supervisors **Staff Name and Phone Number:** Supervisor Susan Gorin

Vote Requirement: Majority Supervisorial District(s): First

### **Recommended Action:**

Approve the Appointment of Richard Baum to the Advisory Council to Area Agency on Aging, for a two year term, beginning 4/2/2019. (First District)

### **Executive Summary:**

**Discussion:** 

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

### **FISCAL SUMMARY**

| Expenditures                       | FY 18-19<br>Adopted | FY19-20<br>Projected | FY 20-21<br>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                      |                     |                      |                       |

## **Narrative Explanation of Fiscal Impacts:**

NA

| Staffing Impacts:                       |                                   |   |                       |
|---|-----------------------------------|---|-----------------------|
| Position Title (Payroll Classification) | Monthly Salary Range<br>- I Step) | • | Deletions<br>(number) |
|   |                                   |   |                       |

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

**Attachments:** 

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