

SONOMA COUNTY

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

Legislation Text

File #: 2020-0083, Version: 1	ı
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To: Board of Supervisors

Department or Agency Name(s): Board of Supervisors

Staff Name and Phone Number: Supervisor David Rabbitt, 707-565-2241

Vote Requirement: Majority

Supervisorial District(s): Second District

Recommended Action:

Approve the Appointment of Carol West to the Sonoma County Mental Health Board representing the Second District for a three-year term beginning March 1, 2020 and expiring March 1, 2023. (Second District).

Executi	ive Sum	ımary:
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Prior Board Actions:

FISCAL SUMMARY

Expenditures	FY 19-20	FY20-21	FY 21-22
	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			

Narrative Explanation of Fiscal Impacts:

Staffing Impacts:	
Starring impacts.	

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Position Title (Payroll Classification)		Deletions (Number)

Narrative Explanation of Sta	ffing Impacts (If Required)
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N/A

Attachments:

None

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

None