

County of Santa Cruz

BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4069 (831) 454-2200 FAX: (831) 454-3262 TDD: (831) 454-2123

JANET K. BEAUTZ
FIRST DISTRICT

WALTER J. SYMONS SECOND DISTRICT

MARDI WORMHOUDT THIRD DISTRICT TONY CAMPOS FOURTH DISTRICT

JEFF ALMQUIST FIFTH DISTRICT

AGENDA: 4/13/99

March 25, 1999

BOARD OF SUPERVISORS County of Santa Cruz 701 Ocean Street Santa Cruz, CA 95060

RE: AT-LARGE APPOINTMENT TO LONG TERM CARE
INTERAGENCY COMMISSION (REPRESENTATIVE OF
PUBLICLY FUNDED SENIOR TRANSPORTATION PROGRAM)

Dear Members of the Board:

I recommend the appointment of the following person to the Long Term Care Interagency Commission, as an at-large representative of a publicly funded senior transportation program, in accordance with County Code Chapter 2.116, Section 30, for a term to expire April 1, 2000:

> Scott Bugental Director of Transportation Food and Nutrition Services 236 Santa Cruz Avenue Aptos, CA 95003 335-5839 (H) 688-8840, ext. 215

> > Sincerely,

JEFF ALMOUIST, Supervi

JA:ted

cc: Scott Bugental

Long Term Care Interagency Commission

1382A5

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

I NSTRUCTI ONS

If you are interested in serving on a County Advisory Body please complete the following application and return it to the Board of Supervisors, 701 Ocean St., Room 500, Santa Cruz, California. If you are interested in being considered for more than one advisory body a separate application should be submitted for each appointment you are seeking.

Upon receipt, your application for appointment will be routed to each Board member and then filed for further consideration by Board members when there is a vacancy on the advisory body. If a Supervisor is interested in nominating you for appointment, the Supervisor will contact you and discuss the appointment, the appointment process, and requirements for the advisory body in question.

Please specify below the Commission/Committee or Board to which you are seeking appointment and provide the requested information.

Thank you for your interest in County Government.

COMMI SSI ON,	COMMITTEE or BOARD	Long-Term Co	ore Interagency Coumission
<u>Name</u>		Scott Bug	ental
<u>Address</u>		236 Santucri	g Ave
		Aptos CA	95003
<u>Phone</u>	(Home)	(831) 335-	5839
	(Busi ness)	11 (88.	8840 x 215
Supervi sori	ial District	5th	
Length of	Residence in Area	14 years	
<u>Age</u>	(Optional)	Circle one:	Under 21
			21-30
			31-40 -) 4 0
			Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory Body	<u>Term</u>
EDTAC (SECRTC)	1998-2000
MASTE (SCMTD)	1998- present.
Santa Margarita handwater Basin Advisory Committee	1997-present
Advisory Committee	

Institution	Majo	<u>or D</u>	<u>egree</u>	Year	
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	(office Manager)				
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STATEMENT OF QUALIFICATIONS

Please attach a brief statement indicating why you are interested in serving on the advisory body in question and why you are qualified for the appointment.

CERTI FI CATI ON

I certify that the above information is true and correct and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

01011121370 Date



Santa Cruz County's Consolidated Transportation Service Agency

3/11/99

Cheryl Bentley Long Term Care Interagency Commission County of Santa Cruz 1400 Emeline Avenue Santa Cruz, CA 95060

Please accept my application to become a member of the Long Term Care Interagency Commission.

As Director of Transportation for Food and Nutrition Services, Inc., I believe my presence on the Commission could aid in facilitating better paratransit services for our clientele. Clearly there are issues discussed by the Commission that our relevant to our Agency, and important information our Agency can share with the other Commission members.

I look forward to participating in the Commission's work.

Sincerely,

Scott Bugenfal

Director of Transportation

Food and Nutrition Services