



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

ELLEN PIRIE
 SECOND DISTRICT

MARDI WORMHOUDT
 THIRD DISTRICT

TONY CAMPOS
 FOURTH DISTRICT

JEFF ALMQUIST
 FIFTH DISTRICT

AGENDA: 8/21/01

August 14, 2001

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

RE: APPOINTMENT TO CHILD CARE PLANNING COUNCIL

Dear Members of the Board:

I recommend the appointment of the following person to the Child Care Planning Council, as a representative of Child Care Providers (Category1), for a term to expire April 1, 2005:

Michelle Grant
 116 Cedar Street
 Santa Cruz, CA 95060
 423-1839 (H)

Sincerely,

MARDI WORMHOUDT, Supervisor
 Third District

MW:ted

cc: Michelle Grant
 Child Care Planning Council

2710A3

APPLICATION FOR APPOINTMENT TO THE SANTA CRUZ COUNTY CHILD CARE PLANNING COUNCIL (County Government appointment)

INSTRUCTIONS

If you are interested in serving on the Santa Cruz County Child Care Planning Council please complete the following application and return it to the Board of Supervisors, 701 Ocean St., Room 500, Santa Cruz, CA 95060. If you are interested in being considered for more than one advisory body a separate applicaiton 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 category of representation to which you are seeking appointment and provide the requested information.

Thank you for your interest in this advisory body.

COMMISSION, COMMITTEE OR BOARD PUBLIC POLICY + ENGAGEMENT

Name MICHELLE GIRANT
Address 1116 CEDAR ST
Phone (Home) 831.423.1839
(Business) _____

Category you are applying for: (check all that apply)

- Category 1 - Child Care Providers
- Category 2 - Community Representatives; Agency or business that advocates or provides funds for child care, but does not provide child care.
- Category 3 - Consumers; Parents who have received child care within the past 36 months.
- Category 4 - Public Agency Representatives; City, County or Local Education Agency
- Category 5 - Other; any of the above or At Large Representative

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

<u>Advisory Body</u>	<u>Term</u>
<u>SANTA CLARA LPC</u>	<u>CO CHAIR</u> <small>COMMUNITY OUTREACH</small>
<u>PAEVC + GHAEVC</u>	<u>PUBLIC POLICY CHAIR</u>
<u>WORTHY WAGE COALITION</u>	<u>SANTA CLARA CO. CHAIR</u>
_____	_____

WORK /VOLUNTEER EXPERIENCE


<u>Qraanization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>

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.

CERTIFICATION

I certify that the above information is true and correct and I authorize the veriication of the information in the application in the event I am afinalist for the appointment.


Signature

6/21/07
Date

