



## Legislation Details (With Text)

**File #:** 20-1041      **Version:** 1      **Name:**  
**Type:** Appointment      **Status:** Agenda Ready  
**File created:** 10/22/2020      **In control:** BOARD OF SUPERVISORS  
**On agenda:** 11/3/2020      **Final action:**  
**Title:** Consideration of Advisory Board Appointment:  
Mental Health Board  
**Sponsors:** Clerk of the Board  
**Indexes:**  
**Code sections:**  
**Attachments:** 1. App\_Julie Colfax\_Mental Health Board

Date	Ver.	Action By	Action	Result
11/3/2020	1	BOARD OF SUPERVISORS	Adopted	Pass

## MEMORANDUM

**Date:** November 3, 2020  
**To:** The Honorable Moke Simon, Chair, Lake County Board of Supervisors  
**From:** Johanna DeLong, Assistant Clerk of the Board  
**Subject:** Consideration of Advisory Board Appointment

### Executive Summary:

### Mental Health Board: 1 Vacancy - (1) *Consumer Member*

Application received: Julie Colfax- New Application for Consumer Member

#### If not budgeted, fill in the blanks below only:

Estimated Cost: \_\_\_\_\_ Amount Budgeted: \_\_\_\_\_ Additional Requested: \_\_\_\_\_ Future Annual Cost: \_\_\_\_\_

#### Consistency with Vision 2028 and/or Fiscal Crisis Management Plan (check all that apply):

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Well-being of Residents            | <input type="checkbox"/> Public Safety               | <input type="checkbox"/> Infrastructure   | <input type="checkbox"/> Not applicable      |
| <input type="checkbox"/> Economic Development               | <input type="checkbox"/> Disaster Recovery           | <input type="checkbox"/> County Workforce | <input type="checkbox"/> Technology Upgrades |
| <input checked="" type="checkbox"/> Community Collaboration | <input type="checkbox"/> Business Process Efficiency | <input type="checkbox"/> Clear Lake       | <input type="checkbox"/> Revenue Generation  |
|   |  |   | <input type="checkbox"/> Cost Savings        |

#### If request for exemption from competitive bid in accordance with County Code Chapter 2 Sec. 2-38, fill in blanks below:

Which exemption is being requested?  
How long has Agreement been in place?  
When was purchase last rebid?  
Reason for request to waive bid?

**RECOMMENDED ACTION:** Appoint qualified applicant to the selected Advisory Board.