



ORANGE COUNTY BOARD OF SUPERVISORS

Nomination for Boards, Commissions & Committees (Rev. 7/15/19)

Agenda Date: 12/17/19

Item # 19-001174

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Jenny Qian, Agency Advisory Board Coordinator
HCA/Health Policy, Research & Communications

It is my intent to appoint:

Name: Liz Hall

Address: [Redacted]

City & Zip: [Redacted]

Day Phone: [Redacted] Fax Number: [Redacted]

E-mail address: [Redacted]

To the: Orange County HIV Planning Council
(Name of Board, Commission or Committee)

Position Slot: Category (I) State government (including the State Medicaid agency and the agency administering the program under part B of the subchapter)

Name of incumbent being replaced or last known member: Jessica Heskin

Term of Office: 2 years or N/A

(Choose one) From (Date) 01/01/20 to 12/31/21

Term Concurrent with Supervisor's Term of office

Term Concurrent with position

Vacancy created by (Choose one): Resignation Expiration of Term N/A
 Other: _____

Nomination to: Appoint Reappointment Newly Formed Committee

Qualifications: Attached (must be attached for appointments and reappointments)

Remarks: _____

For Clerk of the Board Use Only

Clerk's Initials: _____ File I.D. _____ Needs a COI Send Departure Letter

Contact Name _____ Supporting Agency _____ Mail or Pony

Appoint/Complete: Term Years _____ Term Dates: _____ to _____
 CWS Other _____

Check one: Scheduled Vacancy Unscheduled Vacancy

Posted on _____ to _____

Certification of posting attached Page 1 of 1