



# MONTEREY COUNTY

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## CLERK OF THE BOARD OF SUPERVISORS

**To:** Clerk of the Board's Office

**From:** IHSS Advisory Committee

**RE: Notification to Clerk of Appointment**

**Board of Supervisors' Meeting Date: 7/12/2022**

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**Appointment to the** (Name of the Board, Commission or Committee): IHSS Advisory Committee

Nominated by (Supervisor/District and or Association): District 4

Representing (Primary, Alternate, At Large, Community Organization, etc.): District 4 Provider

**Nominated Appointee:**

Name: Alicia Gaines

Address:

Telephone number(s):

Cell

Home

Business

Email:

**Contact preference:**  USPS Mail or via  Email

**Reason for Nomination:**

New Appointment

Replacing Member:

Reappointment

Filling an Unscheduled/Unexpired Term

Replacing Member:

Reason:  Resignation  Death  Term not completed  Other (explain)

Clerk noticed of Unscheduled/Unexpired Term on:

Earliest Board of Supervisors' meeting date appointment can be set is:

**Term:** Start Date: 6/2022 Expiration Date: 6/30/2025