



County of Monterey County Administrative Office  
 c/o of the Clerk of the Board  
 168 W. Alisal St., 1st Floor, Salinas, CA 93901  
 (831) 755-5066 FAX (831) 755-5888

## APPLICATION FOR APPOINTMENT

### Application for Appointment to:

#### **Salinas Valley Basin Groundwater Sustainability Agency Board of Directors (Public Member Director, Primary or Alternate)**

**General:** The County is a member of a joint powers authority called the Salinas Valley Basin Groundwater Sustainability Agency (“SVBGSA”), and the County appoints the Primary and Alternate Public Member Director positions on the Board of Directors of the SVBGSA. The terms of the current Primary and Alternate Public Member Directors will expire on June 30, 2019, and the County is soliciting Applicants for the positions to serve a term of three years, commencing July 1, 2019, through June 30, 2022. The Public Member Director positions will be filled through an application process to and appointment by the Monterey County Board of Supervisors. Applications are now being accepted for these positions. **The deadline to apply is June 14, 2019. The Board of Supervisors is expected to make a decision on June 25, 2019.**

The SVBGSA is a joint powers authority, an independent public agency established by County of Monterey, certain cities within the groundwater basin, and other eligible entities. The purpose of the SVBGSA is to cooperatively carry out the requirements of Sustainable Groundwater Management Act including, but not limited to, serving as the Groundwater Sustainability Agency for the Salinas Valley Groundwater Basin, and developing, adopting and implementing a Groundwater Sustainability Plan that achieves groundwater sustainability in the Basin.

**Qualifications:** The appointee **must** have a basic understanding of the Salinas Valley Groundwater Basin and groundwater in general, an understanding of how to run an organization, and the ability to work collaboratively with other directors coming from diverse constituencies. In addition, the appointee **must** be a rural residential Well owner; or a representative of an industrial processor, a Local Small or State Small Water System (a public water system with less than 16 but more than 1 connection), or of a mutual water company.



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**\*Supervisory District in which you reside:**

**\*Full Name:**

**\*Date:**

Information provided by the applicant is not regarded as confidential except for the addresses and phone numbers of references and the applicant's personal information including home and work addresses, phone numbers and email address.

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

**\*Current Occupation: (within the last twelve (12) months)**

**\*Current License: (Professional or Occupational, date of issue/or expiration including status)**

**\*Education/Experience: (A resume may be attached contacting this and any other information that would be helpful to the Board in evaluating your application,)**

**\*Other County Board/Commission/Committee on which you serve/have served:**

**\*References (at least two (2) list names and contact phone numbers)**



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**\*Name and occupation of spouse within the last 12 months, if married (For Conflict of Interest purposes):**

**\*Please explain your reasons for wishing to serve and, in your opinion, how you feel you can contribute:**



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**APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE  
REQUIRED TO TAKE AN OATH OF OFFICE.**

**All applications will be kept on file for one year from the date of receipt of the  
application.**

**Complete separate Personal information page.**



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**PERSONAL INFORMATION**

The following information is provided in confidence, but may be used by the Board of Supervisors when making the appointment, or be used by the Committee/Commission/Board/Task Force following appointment for purposes of communicating with the appointee.

**\*Full Name:**

**\*Email Address:**

**\*Home Address:**

**\*Work Address:**

**\*City of Residence**

**\*State**

**\*Zip Code**

**\*City:**

**\*State:**

**\*Zip Code**

**\*Telephone:**

**\*Telephone (cell):**

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**This section for staff use only:**

Date received by COB: \_\_\_\_\_

Date received by CAO: \_\_\_\_\_

Date reviewed by CAO: \_\_\_\_\_

Appointed by BOS:  Yes    Date: \_\_\_\_\_    If Not appointed check here:

Application valid through: \_\_\_\_\_