



# Board of County Commissioners Agenda Request

2C  
Agenda Item #

**Requested Meeting Date:** January 12, 2016

**Title of Item:** Request to Fill Committee Opening - HRA

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	<b>Action Requested:</b> <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
<b>Submitted by:</b> Nathan Burkett		<b>Department:</b> Administration
<b>Presenter (Name and Title):</b> n/a		<b>Estimated Time Needed:</b>
<b>Summary of Issue:</b>  Attached is a letter from Nancy J. Johnson Houg, Executive Director Housing & Redevelopment Authority of Aitkin County expressing the desire of the HRA Board to reappoint Galen Tveit to a second five year term as Commissioner of the Housing & Redevelopment Authority of Aitkin County.		
<b>Alternatives, Options, Effects on Others/Comments:</b>		
<b>Recommended Action/Motion:</b> Reappoint Galen Tveit to a five year term as Commissioner of the Housing & Redevelopment Authority of Aitkin County.		
<b>Financial Impact:</b> Is there a cost associated with this request? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the total cost, with tax and shipping? \$ Is this budgeted? <input type="checkbox"/> Yes <input type="checkbox"/> No      Please Explain:		

**HOUSING & REDEVELOPMENT AUTHORITY  
OF  
AITKIN COUNTY**

NANCY J. JOHNSON-HOUG  
Executive Director  
nancy@aitkinhra.org

215 - 3rd St. SE  
Aitkin, MN 56431  
Phone: (218) 927-2151  
Fax: (218) 927-4159

December 30, 2015

Mr. Nathan Burkett  
Aitkin County Administration  
Room 130  
217 2<sup>nd</sup> St. N.W.  
Aitkin, MN 56431

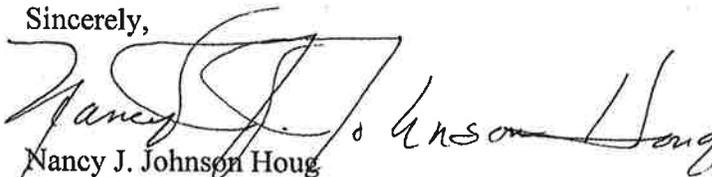
RE: HRA Appointment, Aitkin County HRA

Dear Mr. Burkett:

Enclosed is an application for Commissioner of the Housing & Redevelopment Authority of Aitkin County. Mr. Tveit is currently serving and it would be the desire of the Board that he be re-appointed for a five year term. Galen is a very engaging member of the Board and has 100% attendance at all our meetings. It is our request for you to place this on your Consent Agenda for your meeting of January 12, 2016.

If you have any questions regarding this please contact our office at 218-927-2151.

Sincerely,



Nancy J. Johnson-Houg  
Executive Director  
Housing & Redevelopment Authority of Aitkin County

Enclosure (1)

# MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Housing & Redevelopment Authority of Aitkin County

AITKIN COUNTY COMMISSIONER DISTRICT 5

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

County Commissioner 1 term

Forest Advisory Bd.

Board of Adjustment

Active VFW

Married & has lived in Aitkin County @ 53 years

HRA Board -

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Galen Tveit  
Signature of Applicant

12-30-15  
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this application submitted at the suggestion of appointing authority? Yes  No \_\_\_\_\_

Please return application to the Aitkin County Administrator's office, located at  
217 2<sup>nd</sup> Street NW - Room 130, Aitkin, MN 56431

NAME OF APPLICANT: Galen Tveit

STREET ADDRESS OF APPLICANT: \_\_\_\_\_ PHONE NUMBERS: \_\_\_\_\_

\_\_\_\_\_ DAYS \_\_\_\_\_

\_\_\_\_\_ EVENINGS \_\_\_\_\_

For Office Use Only

Date Appointed: \_\_\_\_\_ Date of Term Expiration: \_\_\_\_\_ Term #: \_\_\_\_\_