



Health & Human Services Agenda Request

1E
Agenda Item #

Requested Meeting Date: December 19, 2023

Title of Item: Approval of Tri-County Community Health Board Member

<input checked="" type="checkbox"/> REGULAR AGENDA	Action Requested:	<input type="checkbox"/> Direction Requested
<input type="checkbox"/> CONSENT AGENDA	<input checked="" type="checkbox"/> Approve/Deny Motion	<input type="checkbox"/> Discussion Item
<input type="checkbox"/> INFORMATION ONLY	<input type="checkbox"/> Adopt Resolution (attach draft)	<input type="checkbox"/> Hold Public Hearing* <i>*provide copy of hearing notice that was published</i>

Submitted by: Paula Arimborgo	Department: H&HS Administration
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Presenter (Name and Title): Paula Arimborgo, Administrative Assistant	Estimated Time Needed: 2 min
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Summary of Issue:
Request approval of new member, Lynne Jacobs, to Tri-County Community Health Board for a 3-year term. Current member, Ihleen Williams' term is expiring December 31, 2023.

Alternatives, Options, Effects on Others/Comments:

Recommended Action/Motion:

Financial Impact:
Is there a cost associated with this request? Yes No
What is the total cost, with tax and shipping? \$
Is this budgeted? Yes No *Please Explain:*

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin - Itasea - Koochiching Community Health Board

AITKIN COUNTY COMMISSIONER DISTRICT 4

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)

As a soon to be retired director of Aitkin County CARE, I have served the county of Aitkin by overseeing services to older adults + disabled adults. This position has allowed extensive collaborations with public health particularly with the SHIP department. As a member of the Community leadership team together we work hard to meet the needs of the public.

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

Lynne Jacobs
Signature of Applicant

12-5-2023
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
307 2nd Street NW – Room 310, Aitkin, MN 56431**

NAME OF APPLICANT: Lynne Jacobs

STREET ADDRESS OF APPLICANT:
56890 Loon Ave
McGregor, MN 55760

PHONE NUMBERS:
DAYS 218-820-8790
EVENINGS " "

For Office Use Only

Date Appointed: _____ Date of Term Expiration: _____ Term #: _____