



Board of County Commissioners Agenda Request

2L
Agenda Item #

Requested Meeting Date: March 26, 2024

Title of Item: Aitkin County HRA Committee Appointment

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	Action Requested: <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft)	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing* <small>*provide copy of hearing notice that was published</small>
Submitted by: Teresa Smude		Department: Aitkin County HRA
Presenter (Name and Title): N/A		Estimated Time Needed: N/A
Summary of Issue: Attached is an application for service submitted by Eileen Foss for an appointment to the HRA Board. No other applications were received.		
Alternatives, Options, Effects on Others/Comments:		
Recommended Action/Motion: Approve appointment of Eileen Foss to the Aitkin County HRA Board		
Financial Impact: Is there a cost associated with this request? <input type="checkbox"/> Yes <input checked="" 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:		

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin County HRA

AITKIN COUNTY COMMISSIONER DISTRICT 1

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)

I was employed with Pine County Human Services & then Aitkin County Health & Human Services from 1972 through 2015. I worked in the positions of clerk typist, financial worker & financial assistance supervisor. During those years, I worked with many individuals & families dealing with housing issues, etc.

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

Eileen Foss
Signature of Applicant

1-31-24
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: EILEEN FOSS

STREET ADDRESS OF APPLICANT:
34944 455th PL
AITKIN MN 56431

PHONE NUMBERS:
DAYS 218-839-7369 (CELL)
EVENINGS 218-927-6816 (HOME)

For Office Use Only
Date Appointed: _____ Date of Term Expiration: _____ Term #: _____