



Board of County Commissioners Agenda Request

2P
Agenda Item #

Requested Meeting Date: January 28, 2025

Title of Item: Aitkin County HRA Committee Re-Appointment

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

Submitted by: Teresa Smude	Department: Aitkin County HRA
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Presenter (Name and Title):	Estimated Time Needed:
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Summary of Issue:

Please find an Application for Service for JoLynn Kulhem to be re-appointed to the Aitkin County HRA board of commissioners. Please note that pursuant to the Bylaws, all terms of the board begin on November 1 of each year and are five year appointments.

Alternatives, Options, Effects on Others/Comments:

Recommended Action/Motion:

Approve re-appointment of JoLynn Kulhem to the Aitkin County HRA.

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:

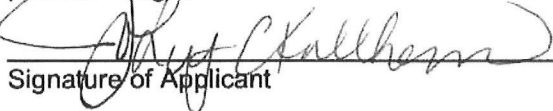
Housing and Redevelopment Authority of Aitkin County

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)

Affordable housing is vital for ensuring stability and fostering economic growth while creating strong, healthy communities where everyone has the opportunity to thrive.

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


Signature of Applicant

12/31/2024
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: Jolynn Kullhem

STREET ADDRESS OF APPLICANT:
4989D Great River Rd
Palisade, MN 56469

PHONE NUMBERS:
DAYS 218-429-2437
EVENINGS same

For Office Use Only

Date Appointed: _____

Date of Term Expiration: _____

Term #: _____