

File No. 121102

Committee Item No. 1  
Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Rules

Date 4/18/13

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Motion                                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Budget Analyst Report                        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Analyst Report                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form (for hearings)             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | MOU  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Award Letter                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

#### OTHER (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Linda Wong

Date 4/15/13

Completed by: \_\_\_\_\_

Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.



Board of Supervisors  
 City and County of San Francisco  
 1 Dr. Carlton B. Goodlett Place, Room 244  
 (415) 554-5184 FAX (415) 554-7714

RECEIVED  
 BOARD OF SUPERVISORS  
 SAN FRANCISCO  
 2013 FEB 21 AM 9:18

**Application for Boards, Commissions, Committees, & Task Forces**

Name of Board, Commission, Committee, or Task Force: IHSS Public Authority Governing Body  
 Seat # or Category (If applicable): 2 District: 5

Name: Patricia (Tricia) Webb

Home Address: Eddy Street, Apt. 1008 SE, CA Zip: 94115

Home Phone: 415- — Occupation: ASSOC. Admin. Assistant

Work Phone: 415-821-1003 Employer: Community Living Campaign

Business Address: 1360 Mission St, 4th Floor SE, CA Zip: 94103

Business E-Mail: info@stcommunityliving.org Home E-Mail: @comcast.net

**Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.**

Check All That Apply:

Registered voter in San Francisco: Yes  No  If No, where registered: \_\_\_\_\_

Resident of San Francisco  Yes  No If No, place of residence: \_\_\_\_\_

**Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:**

African-American female. Mid-'50s. Wheelchair user,  
 Current IHSS board member/secretary, IHSS consumer,  
 Disability rights advocate.

**Business and/or professional experience:**

Planning for Elders volunteer.  
Service Connect Peer Advocate.  
Community Living Campaign (CLC).

**Civic Activities:**

Healthcare Action Team (HAT).  
Senior Survival School.  
Long Term Care Coordinating Council (LTCCC).  
Community Alliance for Disability Advocates (CADA).

Have you attended any meetings of the Board/Commission to which you wish appointment?    Yes  No

---

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (*Applications must be received 10 days before the scheduled hearing.*)

Date: 2/7/13    Applicant's Signature: (required) 

**Please Note:** Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.

---

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_



Board of Supervisors  
 City and County of San Francisco  
 1 Dr. Carlton B. Goodlett Place, Room 244  
 (415) 554-5184 FAX (415) 554-7714

RECEIVED  
 BOARD OF SUPERVISORS  
 SAN FRANCISCO  
 FEB 21 AM 9:22

**Application for Boards, Commissions, Committees, & Task Forces**

Name of Board, Commission, Committee, or Task Force: IHSS Public Authority Governing Body  
 Seat # or Category (If applicable): 4 District: Ø

Name: Elva Moran Hernandez

Home Address: N. Mayfair Ave. Daly City, CA Zip: 94015

Home Phone: (650) — Occupation: Home care provider

Work Phone: (415) 513-8702 Employer: IHSS Public Authority

Business Address: 832 Folsom St. 9th Floor SF, CA Zip: 94107

Business E-Mail: \_\_\_\_\_ Home E-Mail: — @yahoo.com

**Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.**

Check All That Apply:

Registered voter in San Francisco: Yes  No  If No, where registered: \_\_\_\_\_

Resident of San Francisco  Yes  No If No, place of residence: Daly City

**Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:**

Latina. 56 years. Home care worker for 13 years.  
 Bilingual.

**Business and/or professional experience:**

Home care worker for 13 years.

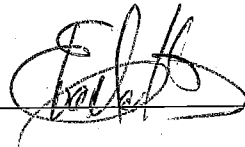
**Civic Activities:**

Active in various campaigns of Tom Ammiano, Gerardo Sandoval and Leland Yee.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes  No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 2/8/13 Applicant's Signature: (required)



**Please Note:** Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_



**Board of Supervisors**  
**City and County of San Francisco**  
 1 Dr. Carlton B. Goodlett Place, Room 244  
 (415) 554-5184 FAX (415) 554-7714

RECEIVED  
 BOARD OF SUPERVISORS  
 SAN FRANCISCO

2013 FEB 21 AM 9:18

**Application for Boards, Commissions, Committees, & Task Forces**

Name of Board, Commission, Committee, or Task Force: HSS, <sup>Public Authority</sup> Governing Board

Seat # or Category (If applicable): 6 District: 8

Name: Kelly Dearman

Home Address: Upper Terrace Zip: 94117

Home Phone: \_\_\_\_\_ Occupation: Real Estate Investor

Work Phone: 431-7655 Employer: HSM

Business Address: 600 Haight Street Zip: 94117

Business E-Mail: kdearman@HSMsf.com Home E-Mail: \_\_\_\_\_ @yahoo.com

**Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.**

Check All That Apply:

Registered voter in San Francisco: Yes  No  If No, where registered: \_\_\_\_\_

Resident of San Francisco  Yes  No If No, place of residence: \_\_\_\_\_

**Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:**

I am an African American woman currently serving on the Human Services Commission. My seat on that commission qualifies me for a seat on this board as a member from the ASA Commission is supposed to serve.

**Business and/or professional experience:**

I use to represent child welfare workers when I worked for the SF city Attorney's Office and later had a small elder issues law practice.

**Civic Activities:**

HSA Commissioner  
Vice President - Rooftop PTA

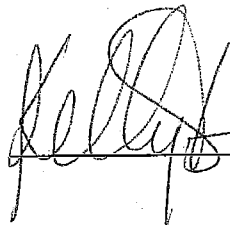
Have you attended any meetings of the Board/Commission to which you wish appointment?

Yes  No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 2/18/13

Applicant's Signature: (required)



**Please Note:** Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_

02/24/2010 12:05 415-243-457

IHSS PUBLIC AUTHOR

PAGE 03/04

# City and County of San Francisco

# Human Services Commission



George Yamasaki, Jr., President  
Anita Martinez, Vice President  
Kelly Dearman  
Brian Murphy  
Pablo Stewart, M.D.

REC'D OCT 31 2005

Louise Rainey, Secretary

October 24, 2005

The Honorable Michela Alioto-Pier  
The Honorable Ross Mirkarimi  
The Honorable Aaron Peskin  
San Francisco Board of Supervisors Rules Committee  
City Hall - Room 263  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

Dear Members of the Rules Committee:

Kindly accept this letter in support of the recommendation of the In Home Supportive Services Public Authority Governing Board that Human Services Commissioner Kelly Dearman be appointed to that body.

Respectfully,

George Yamasaki, Jr.  
President





Board of Supervisors  
 City and County of San Francisco  
 1 Dr. Carlton B. Goodlett Place, Room 244  
 (415) 554-5184 FAX (415) 554-7714

RECEIVED  
 BOARD OF SUPERVISORS  
 SAN FRANCISCO

FEB 21 AM 9:22

**Application for Boards, Commissions, Committees, & Task Forces**

Name of Board, Commission, Committee, or Task Force: IHSS Public Authority Governing

Seat # or Category (If applicable): 9 Body District: 4

Name: Tatiana A Kostanian

Home Address: -26th Avenue Zip: 94122

Home Phone: 415 Occupation: Commission Member Mayors Disability Council

Work Phone: 6655578 Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Business E-Mail: tatiana.kostanian@sbcc.global.com Home E-Mail: \_\_\_\_\_ @gmail.com

Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Registered voter in San Francisco: Yes  No  If No, where registered: \_\_\_\_\_

Resident of San Francisco  Yes  No If No, place of residence: \_\_\_\_\_

Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

Please refer to attached resume.

**Business and/or professional experience:**

Please refer to attached paper

**Civic Activities:**

Commission Member Mayors Disability Council  
Bd Member In Home Support Services for the Disabled & Elderly

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes  No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 2/11/2013 Applicant's Signature: (required) Jatiana A. Kostanian

**Please Note:** Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:  
Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_

*Work Status*

2010 Community Service

Name: Tatiana A. Kostanian

Address: 26<sup>th</sup> Avenue – Business Address: Box 22162 – San Francisco, Ca. - 94122.3218

Home Phone: 415. — Fax: 415.665.1178 [Please call to connect fax machine]

E-mail: — [dsbcglobal.net](mailto:dsbcglobal.net)

Continuation of Community Involvement and Programs from 1962 – Present:

Hold Help-Support Line for Lives with Multiple Sclerosis/Multiple Sclerosis Society Northern CA. Since 1962  
Hold Help Support Line and Website for Lives with compounded and profound disabilities MHONA-Since 1962  
Since 2009-Hold Yearly Event-Address *Directly* Issues Facing Disabled, Elderly Civilians lives locally/globally

\*Boards Served on and Volunteerism:

San Francisco Mayors Disability Council – From: 2003 to Present  
Executive Mayors Disability Board  
Physical Access Committee  
Mayors Disability Disaster Preparedness Committee

In Home Services For The Elderly and Disabled – From : 2008 to Present

**Work Status**

**Tatiana A. Kostanian**  
 Home: \_\_\_\_\_ venue  
 Business: Box 22182  
 San Francisco - CA - 94122.3218 - U. S. A.  
Home Phone - 415 \_\_\_\_\_

**PERSONAL**

Energetic, enthusiastic, hard working senior citizen.

**EDUCATION**

4 years High School - George Washington High - Graduated 1962  
 6 mos. City College

**EMPLOYMENT**

2 years Clerk/Typist - *Milens Jewelry - Family Business*  
 Worked as clerk/typist in office and interacted with staff and public

2 years Clerk/Receptionist - *Fairmont Hotel*  
 Worked as clerk/typist, receptionist. Interacted with both staff and public.

4 years Receptionist/Typist - *Liberty Mutual Insurance - 8 member staff*  
 Worked as clerk/typist/receptionist. Interacted with both staff and public

5 years Secretary/typist/receptionist - *Mutual of New York - 8 member staff*  
 Worked as secretary/typist/receptionist. Interacted with both staff and public

14 years Secretary/receptionist - *American President Lines*  
 Worked in Purchasing Department for 7 buyers  
 Worked as secretary/receptionist. Interacted with both staff and public

3 years Bank Of America - Public Affairs - Fred Martin's Department - 14 member staff  
 Public Affairs - Worked as secretary/receptionist. Interacted with both staff and public  
 Real Estate Div. - Executive Secretary To Ken Palla - Mr. Palla reported directly to Mr. Sam Armacost

3 years Medical Secretary - Receptionist - *University of California Hospital - 17 member staff*  
 Worked as medical secretary/receptionist. Interacted with 17 member staff, and public

1 year Worked on Gavin Newsom Mayoral Campaign - San Francisco - California  
 Data entry, answered phone, interacted with public and staff members

**LANGUAGES**

English

**Skills**

Type 78 wpm. PC or Macintosh.  
 Enjoy working with both staff and public

Please see attached page in regards to public community service.

**Personal References**

Inspector Gregory Ovanessian - Fraud Division - San Francisco Police Department  
 Susan Keller - San Francisco Coroner's Office  
 Dr. Tina Tong Yee - San Francisco Mental Health  
 Harold J. Truett III - Attorney At Law  
 Dr. Ulrich Berg - Psychologist

Community Service

Name: Tatiana A. Kostanlian

Address : — 26th Avenue - Business Address : Box 22162 - San Francisco, Ca. - 94122.9218  
 Home Phone : 415. — Fax : 415.685.1178 [Please call to connect fax machine] - E-mail : — .nsn.com

\*Community Involvement From 1962 - Present :

Church Support Group - Presidio of San Francisco - Religious Activities Center  
 MHONA - Founded/Established Non Profit - A 501 - C - 3 [Est. 1962]  
 Offering Private Self-Help Support Group(s) - Community Meetings - Etc.  
 University of California - Support Group By/For Diverse Communities Facing Disabling Issues -  
 [Violence-DisAbilities-Etc.]

\*Boards Served On and Volunteerism :

San Francisco City College - Served on Board For The Homeless  
 San Francisco General Hospital - CAB Board  
 San Francisco Non Profit Organisation(s) Along W/S.F. Police Dept. Address Youth Violence & Prevention Issues  
 [my Husband's Cousin Serves as Inspector w/San Francisco Police Fraud Unit - Inspector Gregory Ovanessian]  
 San Francisco Sunset Neighborhood - Community Issues Outreaches  
 San Francisco Mental Health Consumer & Family Board - Mental Health Issues  
 San Francisco Mental Health Consumer - Family Health Council - Mental Health Issues  
 San Francisco Rotary Club - DisAbled Representative - Advocate [Secretary]  
 San Francisco Coalition For Global Change - Advocacy For UN  
 Pathways To Peace - Supportive Affiliation - A United Nations Connect And Outreach For Children

\*Volunteer[ing] in San Francisco : From age 15 to 60 years of age :

Red Cross - And for Armed Forces Back From War [Hospitals in/around Bay Area of San Francisco]  
 San Francisco Letterman Hospital - Sang for Veterans Back from Vietnam [many airlifted to Letterman asap]  
 [Volunteered personal time reading, writing letters for Veterans]  
 San Francisco Russian Center - Sang for Russian-American Community [& recent emigre' their families]  
 San Francisco USO-Private Homes/and Concerns & for Noted Personalities  
 San Francisco Laguna Honda Hospital - Sang For Elderly, DisAbled Patients Their families, and community  
 San Francisco MHONA - Served disAbled community [with mental/physical disAbilities, their families, loved ones  
 [Includes issues of : ptsd, dissociation, schizophrenia, many other mental/physical health issues]  
 [Accompanied many to court, as well their family members-Offering all counseling [self-help, free outreach]  
 [Offered : additional support of clothes, furniture, money, gaining meds, Where qualified: physicians support  
 referral(s), attorney's, etc. ; added support of mental health needs, where possible and needed]  
 Offer a community Warm Phone Support Line for DisAbled Community(ies)

\*Community Programs:

Held Yearly Golden Gate Park Programs at San Francisco Golden Gate Park Band Shell - For/By DisAbled Communities  
 Started Program & Awareness of Working In/For Golden Gate Park To Improve & Enhance Rhododendron Grove  
 [As a Special Roll-Way Entrance/Exit Interface For/with DisAbled lives]  
 Started A Youth Awareness Award(s) Luncheons to "Empower Youth with/Cross-DisAbilities" [with Ha's Restaurant]  
 Hold Social Support Group For Consumers w/Mental/Physical DisAbilities-Family-Loved Ones-Community-Caregivers  
 [\*Reaching For The Stars\* -A Lunch Program with Consumer Entertainers - Poets - Musicians - Vocalists - Bands, etc.]  
 Work Yearly with SF Mental Health on a program I started, \* "Reaching For The Stars" whereby consumers share their  
 talents and poetry at the San Francisco Public Library.

\*Commendations - Awards :

Received : Commendation - Award From San Francisco State Legislature For MHONA International  
 Commendation - From : United States House of Representatives & United States Congress  
 From Mayor's Office - Gained "A Day of Remembrance To Remember A Day For/By DisAbled Lives" [& Profoundly]  
 By All Communities in San Francisco. Other miscellaneous awards from San Francisco communities

Many above service(s) through years, offered whilst maintaining full time job(s) working 8 hr. a day. + married, raising 1 child

# Mayor's Office on Disability



Gavin Newsom  
Mayor

Susan Mizner  
Director

December 28, 2007

Angela Calvillo, Clerk of the Board  
City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689

Re: MDC Appointment to Public Authority Governing Body

Dear Ms. Calvillo:

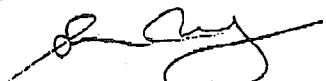
I am writing to inform you that Elizabeth Grigsby was unable to fulfill her duties as the Mayor's Disability Council (MDC) representative on the San Francisco IHSS Public Authority Governing Body. The MDC is recommending to the Rules Committee and the Board of Supervisors that Tatiana Kostanian be appointed to replace Ms. Grigsby on the Authority board.

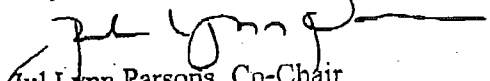
Ms. Kostanian has proven herself a valuable member of the MDC and is very interested in issues affecting low-income older adults and people with disabilities. We feel she is a strong candidate for the Public Authority Governing Body. If you have any questions, please feel free to contact me at (415) 554-6789.

Ms. Kostanian's contact information is as follows:

Tatiana Kostanian  
Box 22162  
San Francisco, Ca 94122 - 3218  
Voice: 415. / \_\_\_\_\_  
Fax: 415. 759-0958  
E-mail: + \_\_\_\_\_ @sbeglobal.net

Thanks for your consideration,

  
Susan Mizner, Director  
Mayor's Office on Disability

  
Jul Lynn Parsons, Co-Chair  
Mayor's Disability Council

San Francisco  
BOARD OF SUPERVISORS

Date Printed: November 6, 2012

Date Established:

June 9, 1995

Active

**IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY**

**Contact and Address:**

Patrick D Hoctel  
In-Home Supportive Services Public Authority  
832 Folsom Street, 9th Floor  
San Francisco, CA 94107

Phone: (415) 593-8117

Fax:

Email: phoctel@sfihsppa.org

**Authority:**

Welfare and Institutions Code Section 12301.6; Ordinance No. 185-95; Ordinance No. 55-05.

**Board Qualifications:**

The governing body of the In-Home Supportive Services (IHSS) Public Authority shall be composed of 13 members appointed by the Board of Supervisors. The Board of Supervisors shall solicit recommendations for appointment of qualified members through a fair and open process, including reasonable written notice to, and affording reasonable response time from, the IHSS Authority, members of the general public, and other interested persons and organizations. No fewer than 50 percent of the membership shall be individuals who are current or past users of personal assistance services paid for through public or private funds or who are recipients of IHSS.

Membership categories on the governing body shall be as follows:

1. Two consumers over the age of 55 years, each authorized to represent organizations that advocate for aging people with disabilities;
2. Two consumers between the ages of 18 and 60 years, each authorized to represent organizations that advocate for younger people with disabilities;
3. One consumer at-large over the age of 55 years;
4. One consumer at-large between the ages of 18 and 60 years;
5. One worker who provides personal assistance services to a consumer;
6. One Commissioner from the Human Services Commission, recommended to the Board by the Commission;
7. One Commissioner from the Commission on the Aging, recommended to the Board by the

"R Board Description" (Screen Print)

San Francisco  
BOARD OF SUPERVISORS

Commission;

8. One Commissioner from the Health Commission, recommended to the Board by the Commission;

9. One member of the Mayor's Disability Council, recommended to the Board by the Council.

10. One member representing the bargaining unit of the union that represents IHSS independent providers.

11. One consumer at-large who is 18 years of age or older.

The In-Home Supportive Services Public Authority shall provide assistance in finding personnel for the In-Home Supportive Services Programs through the establishment of a central registry, and related functions, and to perform any other functions, as may be necessary for the operation of the Authority, or related to the delivery of IHSS in San Francisco.

Initial appointment of both the consumer and worker members shall be made from a list of recommendations based on applications designed by, and submitted to, the IHSS Task Force of Planning for Elders in the Central City. The governing body of the Authority may make recommendations to the Board of Supervisors for establishing procedures for consumer and worker member appointments. Every attempt shall be made to assure that each appointee will be able to serve the full term to which he or she has been appointed, in order to ensure continuity in the work of the Authority.

After the terms of the initial period are complete, each appointment to the governing body shall thereafter be for a three-year term. A member may be reappointed, but may not serve more than a total of nine consecutive years on the governing body. The initial appointment periods shall be staggered as follows:

(1) Three one-year terms;

(2) Four two-year terms; and

(3) Four three-year terms.

Upon appointment, members shall draw lots to determine the length of each member's initial term.

Qualified applicants must reside in San Francisco and have: familiarity with, or knowledge of, personal assistance services; the capacity to understand their role to aid and assist the Authority in the administration of its duties; and the ability to attend regularly scheduled meetings, which shall occur only in facilities which meet disability access requirements.

Report: The Authority shall submit annually a report to the Board of Supervisors detailing its functions and evaluating its operation for that year. In addition, such report shall present the Authority's specific goals and objectives for the coming year and its plan for meeting those goals and objectives.



San Francisco  
BOARD OF SUPERVISORS

Sunset Date: None