

File No. 190087

Committee Item No. 1

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date January 28, 2019

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 and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Memorandum of Understanding (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"/> | Form 126 - Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 700 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vacancy Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Information Sheet |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

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Completed by: Victor Young Date Jan. 25, 2019

Completed by: _____ Date _____



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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Shelter Monitoring Committee

Seat # or Category (If applicable): BOS #3 District:

Name: Gabriela Avalos

Home Address: [Redacted] Zip: 94110

[Redacted] Occupation: Caseworker

Work Phone: 415-967-6718 Employer: Lutheran Social Services

Business Address: 191 Golden Gate Avenue SF, CA Zip: 94102

Business E-Mail: gavalos@lssnorcal.org Home E-Mail: [Redacted]

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 [X] No [] If No, where registered:

Resident of San Francisco [X] 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:

As a mother and San Francisco native, it is important to me to understand what shelter programs are facing with the growing numbers of homeless individuals and families in the City.
It is important to me to get involved with how shelters are supporting, caring, and assisting homeless individuals and families. I'd like to understand the conditions and operations of the various shelter programs.
I would love the opportunity to visit and make realistic recommendations that can positively impact individuals and families utilizing the various shelter programs in San Francisco.

Business and/or professional experience:

Lutheran Social Services; DAH Caseworker - 1 year, 11 months
* Non-Profit in the S.F. Tenderloin neighborhood provides subsidized housing and other services to homeless adults who have been cycling in and out of emergency services. The target population for the DAH program (funded by HSH) is low-income individuals with an extensive history of homelessness and who are frequent users of the public health system.

San Francisco Clean City; Fiscal Administrator - 2 years
* Non-Profit in S.F. Tenderloin neighborhood offering job placement skills and opportunities through referrals from the Department of Human Services, drug and alcohol treatment programs, social service agencies, shelter case managers, and the criminal justice system.

Civic Activities:

* Team Parent for my daughter's baseball team (SF Jr. Giants Summer Program)
* Room Parent for my daughter's school (SFUSD Rooftop Elementary)
* Bilingual (Spanish) Parent Advocate for my daughter's preschool (SFUSD Las Americas)
* HIV/AIDS Peer Educator (Real Alternatives Program)

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: 10/17/2018 Applicant's Signature: (required) Gabriela Avalos

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

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: _____



LSS
of Northern California

BOARD OF DIRECTORS

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Patricia Leslie
Chris Nicolette
Sandra Hamilton Slane
Mary Wolkenhauer
Cristle Wong
Jon Yeh

October 17, 2018

To Whom It May Concern,

Gabriela Avalos has been a Case Worker for our Money Management programs in San Francisco for 2 years. The work she does with our clients who are part of the DAH housing program is an essential part of successful housing retention for our clients who are all formerly homeless and at risk of returning to homelessness.

She has demonstrated uncommon understanding and compassion for the needs of others and is keenly aware of the challenges faced by those whose lives have been impacted by homelessness. During her time with LSS Gabriela has developed a substantial breadth of understanding of the causes and challenges of homelessness. She is committed to serving this community in San Francisco.

I am convinced that Gabriela would be an invaluable addition to any endeavour she is a part of. We fully support her participation in the work of the Shelter Monitoring Committee.

PRESIDENT/CEO
Carol Roberts

MAIN OFFICE

1465 Civic Court
Building D, Suite 810
Concord, CA 94520
925.825.1060
925.825.1061

SERVICE OFFICES

191 Golden Gate Avenue
San Francisco, CA 94102
415.581.0891
415.581.0899

4390 47th Avenue
Sacramento, CA 95824
916.453.2900
916.453.2904

4550 North Pershing Drive
Stockton, CA 95207
209.323.5131
209.954.1715

www.lssnorcal.org

Sincerely,

Nancy Nielsen,
Deputy Director

Save Form

Print Form



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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Shelter Monitoring Committee

Seat # or Category (If applicable): 3 District:

Name: Eunice Feathers

Home Address: Zip: 94590

Home Phone: Occupation: Manager

Work Phone: 4154002661 Employer: Glide Foundation

Business Address: 330 Ellis st. San Francisco, CA Zip: 94102

Business E-Mail: efeathers@glide.org Home E-Mail:

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: Solano County

Resident of San Francisco Yes No If No, place of residence: Vallejo

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 who grew up in Oakland and have experienced poverty and the by-products of that poverty. As such, I have nearly experienced homelessness on several occasions. I am a former Public Housing recipient who worked hard and now own my own home. I am particularly drawn to providing services to women, the formerly incarcerated, seniors, and those experiencing addiction and/or mental illnesses regardless of their sexual orientation. I have worked with the above mentioned populations for over 15 years at various Bay Area non-profits. In my current position as Manager of Glide Foundation's Walk-In Center, I engage with the homeless and marginalized from the entire city. Additionally, among my related work experiences, I have worked in California's prison system providing drug treatment, as a housing counselor and representative payee for the severely mentally ill in Berkeley, managed an employment/training program in Oakland for the formerly incarcerated, as a counselor in prenatal drug treatment program in Marin, as a counselor in a work furlough program for women in Richmond, and as a counselor at Baker Places. I believe I am qualified to understand the plight of homeless San Franciscans and the complexities, nuances, and benefits of the City's homeless services system, as I am responsible for managing one of the City's two Shelter Reservation Centers. On a daily basis I engage with shelter seekers, each presenting with their own unique life stressors, who often have relevant feedback and opinions about their stays at the City's shelters. I feel I have an empathic understanding of their struggles based on my experiences and daily engagement with the City's homeless residents.

Business and/or professional experience:

I have worked with the above mentioned populations for over 15 years at various Bay Area non-profits. In my current position as Manager of Glide Foundation Walk-In-Center, I engage with the homeless and marginalized from the entire city. Additionally, among my related work experiences, I have worked in California's prison system providing drug treatment at Center Point, Inc.), as a housing counselor and representative payee for the severely mentally ill in Berkeley (BOSS), managed an employment/training program in Oakland for the formerly incarcerated (BOSS), as a counselor in perinatal drug treatment program in Marin (Center Point, Inc.), as a counselor in a work furlough program for women in Richmond (Neighborhood House), and as a counselor at Baker Places here in San Francisco.

Civic Activities:

I am not currently involved in any civic activities outside of work.

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: 10/18/2018 Applicant's Signature: (required) Eunice Feathers

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

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: _____

Shelter Monitoring Committee
City and County of San Francisco
Howard Chen
Email: howard.c.chen@sfdph.org

Please share this application with homeless and formerly homeless San Francisco residents

Application for Appointment to the San Francisco Shelter Monitoring Committee

Please note that there are multiple documents required for appointment. Please submit all documents together in one mail or email.

Seat #1: Member shall have experience providing direct service to the homeless through a community setting

Seat #1 Required Documents:

- Application form
- Letter verifying experience providing direct service to the homeless through a community setting
- Brief statement explaining why you are a qualified applicant for membership on the Shelter Monitoring Committee and list the skills and experience that make you qualified for the position.

Seat #2: Member shall have experience providing direct service to the homeless through a community setting and be formerly homeless

Seat #2 Required Documents:

- Application form
- Letter verifying current or former homelessness
- Letter verifying experience providing direct service to the homeless through a community setting
- Brief statement explaining why you are a qualified applicant for membership on the Shelter Monitoring Committee and list the skills and experience that make you qualified for the position.

Seat #3: Member shall be selected from a list of candidates that are nominated by community agencies that provide behavioral health, housing placement, or other services to homeless individuals.

Seat #3 Required Documents:

- Application form
- Nomination letter from a community agency that provides health, housing placement or other services to homeless people
- Brief statement explaining why you are a qualified applicant for membership on the Shelter Monitoring Committee and list the skills and experience that make you qualified for the position.

Seat #4: Member shall be homeless or formerly homeless and selected from a list of candidates that are nominated by community agencies that provide behavioral health, housing placement, or other services to homeless individuals.

Seat #4 Required Documents:

- Application form
- Letter verifying current or former homelessness
- Nomination letter from a community agency that provides health, housing placement or other services to homeless people
- Brief statement explaining why you are a qualified applicant for membership on the Shelter Monitoring Committee and list the skills and experience that make you qualified for the position.

Incomplete applications will not be considered.

Please apply for all seats that you are interested in. If you wish to apply for multiple seats, please include all of the documents on the checklist for each seat.

Shelter Monitoring Committee
City and County of San Francisco
Howard Chen
Email: howard.c.chen@sfdph.org

Please share this application with homeless and formerly homeless San Francisco residents

Application Form

Print Name: Lonice Feathers
Address: [REDACTED] ea 94590
Phone: [REDACTED] Occupation: walk-in center manager
Work Phone: 415 400 2101 Employer: Glide Foundation
Email Address: lfeathers@glide.org
Education: High School / General education

Professional Experience:

Glide walk-in center manager, Building opportunities for Self-Sufficiency
manager for employment training program, Neighborhood house AOD counselor
Baker places, Counselor, Center Point at Solano prison AOD counselor

*****Please attach a brief statement explaining why you are a qualified applicant for membership on the Shelter Monitoring Committee. Please list the skills and experience that make you qualified for the position.**

Please list two personal references (such as current or former employer, volunteer supervisor, or friend)

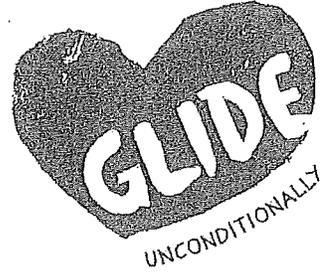
(1) Name Dennis McCray Phone # 510 6729111
(2) Name Kyrnell Noon Phone # 415 674 6056

Eunice Feathers

I am an African American woman who grew up in Oakland and have experienced poverty and the by-products of that poverty. As such, I have nearly experienced homelessness on several occasions. I am a former Public Housing recipient who worked hard and now own my own home. I am particularly drawn to providing services to women, the formerly incarcerated, seniors, and those experiencing addiction and/or mental illnesses regardless of their sexual orientation. I have worked with the above-mentioned populations for over 15 years at various Bay Area non-profits. In my current position as Manager of Glide Foundation's Walk-In Center, I engage with the homeless and marginalized from the entire city.

Among my related work experiences, I have worked in California's prison system providing drug treatment, as a housing counselor and representative payee for the severely mentally ill in Berkeley, managed an employment/training program in Oakland for the formerly incarcerated, as a counselor in prenatal drug treatment program in Marin, as a counselor in a work furlough program for women in Richmond, and as a counselor at Baker Places. I believe I am qualified to understand the plight of homeless San Franciscans and the complexities, nuances, and benefits of the City's homeless services system, as I am responsible for managed one of the City's two Shelter Reservation Centers. On a daily basis I engage with shelter seekers, each presenting with their own unique life stressors, who often have relevant feedback and opinions about their stays at the City's shelters. I feel I have an empathic understanding of their struggles based on my experiences and daily engagement with the City's homeless residents.





October 18, 2018

To whom it may concern,

This letter is to verify that Eunice Feathers currently works for the Board of Trustees of the Glide Foundation as the Walk-In Center Manager. The GLIDE Walk-In Center provides assistance in obtaining immediate needs like shelter, hygiene and emotional support in an atmosphere of respect and compassion for all those who come through our doors. Eunice has managed the program for GLIDE since November 16, 2016.

If you require any additional information regarding Eunice, please feel free to contact me at 415.674.6193 or aogwah@glide.org.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Ogwah", with a long horizontal line extending to the right.

Ariane Ogwah
HR Generalist



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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Shelter Monitoring Committee

Seat # or Category (If applicable): #3, #4 District:

Name: Diana Almanza

Home Address: [Redacted] Zip: 94109

[Redacted] Occupation: Program Director

Work Phone: 415-974-6784 X-12 Employer: Steppingstone Mission Creek

Business Address: 930 Fourth Street, SF Zip: 94158

Business E-Mail: dianaalmanza@steppingstonehealth.org Home E-Mail: [Redacted]

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 [x] If No, where registered: Fresno County

Resident of San Francisco [x] 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 a well seasoned Latina Woman who is fluent is the English and Spanish languages.

Business and/or professional experience:

I have over 25 years of upper management experience which has included providing direct services to the homeless population. Additionally, I have a proven track record of overseeing projects that provide services to survivors of Intimate Partner Violence, Sexual Assault, and the LGBTQ Community. I have also had numerous appointments to City, County, and State Commissions i.e. member of First Five Commission, Advisory Board Appointments.

Civic Activities:

Former member of Soroptimist International, Board Member and former Board Chair of Domestic Violence and Sexual Assault Coalitions in the State of California.

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

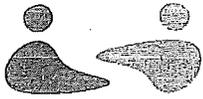
For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (*Applications must be received 10 days before the scheduled hearing.*)

Date: November 16, 2018 **Applicant's Signature: (required)** Diana Almanza

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

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: _____



Stepping Stone

Your Path to Health and Independence

Licensed as North and South of Market Adult Day Health, Corporation

Letter of Support

Re: Diana Almanza

To Whom It May Concern,

Please accept this letter of support for Diana Almanza in consideration for an appointment to the Shelter Monitoring Committee.

Ms. Almanza is the Program Director of our Mission Creek Day Health Center which provides adult day health care to adults and elders with chronic and disabling health conditions. With her experience working with the homeless community, we have begun to directly serve the homeless population.

Ms. Almanza has the following experience and appointments:

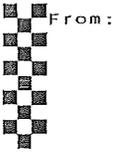
- First Five Commission Merced County – Appointment by Board of Supervisor
- Measure C Committee – Appointment by Mayor
- Numerous Appointments State of California Office of Emergency Services formerly OCJP
- Managed the 2nd largest shelter for homeless individuals in the City of San Francisco
- Over 25 years of experience in Administration and oversight of Domestic Violence and Sexual Assault program

I feel that Ms. Almanza would bring a wealth of experience and knowledge to the Shelter Monitoring Committee.

Thank you.

Sincerely,

John Tinloy, MSW LCSW
Director of Services and Outreach



Save Form

Print Form



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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Shelter Monitoring Committee

Seat # or Category (If applicable): #5 District: _____

Name: Viken/VONNE

Home Address: [Redacted] SAN Francisco, CA Zip: 94109

Home Phone: [Redacted] Occupation: N/A

Work Phone: _____ Employer: _____

Business Address: [Redacted]

Business E-Mail: _____ Home E-Mail: [Redacted]

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 [X] No [] If No, where registered: _____

Resident of San Francisco [X] 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:

(see attached)

Business and/or professional experience:

(see attached)

Civic Activities:

(see attached)

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: 1/18/18 Applicant's Signature: (required) [Handwritten Signature]

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

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: _____

Qualifications

I am homeless and in the shelter system. Being in a shelter give me first hand, although unfortunately not to uncommon, experience with the day to day reality of homelessness in San Francisco. I come from a diverse cultural and religious family and have loved ones with disabilities. I think I can be of service to the people in the shelter system.

Business and professional experience

Even though i have a Poilitical Science degree i have been in sales or the hospitality industry most of my adult life. In these positions I have had to learn excellent communications skills. The most important communication skill I have is listening.

Civic Activities

I was in student government in college even attending a mock U.N. in New York. I was on the debate team. In Austin, TX I volunteered ay my sons school and was active in the P.T.A. In San Francisco I volunteer at Project Open Hand and am active with St. Mary Phillipa clinic at St. Mary hospital.



Sr. Mary Philippa Health Center
St. Mary's Medical Center
2235 Hayes Street, 5th Floor
San Francisco, CA 94117-1012
direct 415.750.5500
stmarysmedicalcenter.org

City and County of San Francisco
Shelter Monitoring Committee
1380 Howard Street, First Floor
San Francisco, CA 94103

To Whom It May Concern:

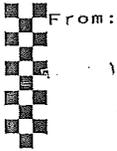
I am writing this letter to wholeheartedly endorse Vixen Yvonne for consideration as member of the Shelter Monitoring Committee. I have known Ms. Yvonne since September of 2017, and have had the opportunity to witness and applaud her tenacity and good humor in dealing with her own challenges with homelessness, as well as her compassion and concern for others struggling to find stable housing and a fulfilling life. She has been an active volunteer in the community and a job seeker, and is able to appreciate the good things in life, even when facing obstacles and difficulties.

Ms. Yvonne is quick to point out how useful her college degree in political science has been as she navigates perplexing city systems and advocates for herself and for others. She would be a strong and enthusiastic member of the Committee and she would find it a joy to be able to contribute to the city in this way. Please call me if you need any other information about this remarkable woman.

Sincerely,



Kelsey Menehan, LCSW
415-750-5529



Save Form

Print Form



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

BOARD OF SUPERVISORS
SAN FRANCISCO

2010 JUN 25 PM 3:16

BY AK

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Shelter Monitoring Committee

Seat # or Category (If applicable): 2, 5 District: _____

Name: Ron Summers

[Redacted] 3F, CA Zip: 94103

[Redacted] Occupation: Advocate

Work Phone: n/a Employer: n/a

Business Address: n/a Zip: _____

Business E-Mail: n/a Home E-Mail: [Redacted]

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 identify as a recovering drug using gay man who is interested in bettering his community

Business and/or professional experience:

Peer Counseling Intern	9/17 - Present	- RAMS
Office Mgmt	01/07 - 7/07	- Pfau Architecture

Civic Activities:

Shelter Advocate
RAMS - Peer Counseling
Arriba Juntos - CNA training
Registered Nurse Administrator

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: 6/24/18 Applicant's Signature: (required)



(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

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: _____

RON SUMMERS

Objective

To obtain a challenging position that may allow me to enhance my skills, expand my knowledge, and attain personal growth.

Clinical Skills

- Registered Narcan Administrator
- Group Lead Harm Reduction Meeting- Over the Influence
- Type 50+ WPM
- Mac OS/PC OS

Personal Skills

- Effective Time Management Skills
- Effective Communication between client and fellow staff members
- Responsible and organized

Work History

Peer Counselor Intern, 09/2017 to present
Richmond Area Media Services (RAMS)

San Francisco, CA

Shipping/Receiving Clerk, 6/2015 to 2/2016
California Living

Danville, CA

- Temp position
- Received and assembled high-end furniture pieces
- Window display

Barista, 8/2014 to 02/2016
Castro Country Club

San Francisco, CA

- Prepared coffee set to Philz' coffee standards

Office Management/Office Administration, 01/2007 to 07/2007

Pfau Architecture

San Francisco, CA

- Arranged weekly meetings
- Distributed mail
- Made weekly bank deposits
- Provided maintenance to office equipment

Sales Administration, 08/2006 to 01/2007

Doubletree Hotel

San Francisco, CA

- Assisted client meetings with Sales reps.
- Clerical duties as assigned
- Data entry
- Shipping and receiving tasks

Education & Training

2018 Arriba Juntos

San Francisco, CA

CNA certification

2017 Narcan Overdose Training

San Francisco, CA

Clinical training

2012 Heald College

San Francisco, CA

Medical billing/coding



Date: June 21, 2018

To Whom It May Concern:

My name is Kelly Lloyd, I am a Behavioral Health Specialist for SF-START (Shelter Treatment Access & Resource Team) at Episcopal Community Services. Our program provides counseling and case management to homeless and marginally housed individuals in San Francisco.

I am writing in support of Ron Summers joining the board of the Shelter Monitoring Committee. Over the past few months I have gotten to know Ron and can attest that he would be a wonderful fit for the position. Ron is a fierce and outspoken advocate for shelter residents and the homeless community. Ron is very passionate about his involvement in the community and is never afraid to stand up for something he believes to be unjust. I have also observed Ron to be warm and welcoming to his fellow shelter residents. Ron is committed to serving the community and has expressed that he is very excited about this opportunity. I believe that Ron would be a great addition to the organization and many would benefit from his involvement.

Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kelly Lloyd".

Kelly Lloyd, AMFT #91955
Behavioral Health Specialist, SF-START
Episcopal Community Services
T: 415.487-3300 ext.4936



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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: _____

Seat # or Category (If applicable): 6 District: 10

Name: Traci Watson

Home Address: _____ Zip: 94133

Occupation: health worker

Work Phone: 415 846-8639 Employer: City and County

Business Address: 1360 Mission Zip: 94103

Business E-Mail: traci.watson@sfgov.org Home E-Mail: _____

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 have always been a supporter of SF communities. I have worked with the Homeless Communities for the past 10 years. I started working in the SF shelters in the beginning of my career. I have been with Homeward Bound for 6 years as well

Business and/or professional experience:

United Council MOTHER BROWNS
PROVIDENCE FAMILY SHELTER
A WOMAN'S PLACE DROP-IN AND SHELTER
HOMEWARD BOUND

Civic Activities:

VOLUNTEER FEEDING HOMELESS
NONPROFIT WORK
WOMEN STUDIES
SEAT 6 ON SMC PRESENTLY

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: 9/28/18 Applicant's Signature: (required) TRACI WATSON

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are
hereby consenting to use of electronic signature.)

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 Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

VACANCY NOTICE

SHELTER MONITORING COMMITTEE

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following seat information and term expirations (**in bold**), appointed by the Board of Supervisors:

Vacant Seat 1, new appointment, must be held by a person who is homeless or formerly homeless, and who is living or has lived with the person's homeless child under the age of 18, for a two-year term ending January 1, 2021.

Vacant Seat 2, new appointment, must be held by a person who is homeless or has been homeless within the three years prior to being appointed to the Committee, and who has a disability, for a one-year term ending January 1, 2020.

Vacant Seat 3, new appointment, must be held by a person with experience providing direct services to homeless people through a community setting, for a two-year term ending January 1, 2021.

Vacant Seat 4, new appointment, must be held by a person nominated by one or more community agencies that provide behavioral health, housing placement, or other services to homeless people, for a one-year term ending January 1, 2020.

Vacant Seat 5, new appointment, must be held by a person who is homeless or formerly homeless, and who has been nominated by one or more nonprofit agencies that provide advocacy or organizing services for homeless people, for a two-year term ending January 1, 2021.

Vacant Seat 6, new appointment, must be held by a person nominated by one or more nonprofit agencies that provide advocacy or organizing services for homeless people, for a one-year term ending January 1, 2020.

Reports: The Committee shall prepare and submit quarterly reports that shall include, but not be limited to, information on the following: safety in the shelter, cleanliness in the shelter, disability access to and within the shelter, family life in the shelter, a review of policies and procedures in place at the shelter, and any information received regarding the treatment and personal experiences of shelter residents. The reports shall also

include recommended action steps for the shelter and for the City department that contracts for services at the shelter. The reports shall not identify shelter residents or disclose any confidential information concerning shelter residents consistent with State and Federal law. The Committee may issue emergency reports at any time it deems necessary. The reports shall be provided to: 1) the Mayor, 2) the Board of Supervisors, 3) the Local Homeless Coordinating Board, 4) the appropriate City department responsible to take action, 5) the City department that contracts for services at the shelter, 6) the shelter under review, and 7) the public. These reports shall be public documents. Any City department identified in the reports as responsible to take action shall, within 30 days of issuance of the reports, provide to the Board of Supervisors a departmental report setting forth how the department intends to respond to the Committee's recommendations.

Sunset Date: December 31, 2020

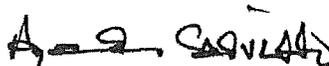
Additional information relating to the Shelter Monitoring Committee may be obtained by reviewing Administrative Code, Sections 20.300 et seq., at <http://www.sfbos.org/sfmunicodes> or visiting the Committee's website at <http://www.sfgov.org/sheltermonitoring>.

Interested persons may obtain an application from the Board of Supervisors website at http://www.sfbos.org/vacancy_application or from the Rules Committee Clerk, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. Completed applications should be submitted to the Clerk of the Board. All applicants must be residents of San Francisco, unless otherwise stated.

Next Steps: Applicants who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment(s) at the meeting, and applicants may be asked to state their qualifications. The appointment(s) of the individual(s) who are recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

Please Note: Depending upon the posting date, a vacancy may have already been filled. To determine if a vacancy for this Committee is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-5184.

Further Note: Additional seats on this body may be available through other appointing authorities, including the Local Homeless Coordinating Board and the Mayor's Office.


(Angela Calvillo
Clerk of the Board

San Francisco
BOARD OF SUPERVISORS

Date Printed: March 24, 2017

Date Established: November 23, 2004

Active

SHELTER MONITORING COMMITTEE

Contact and Address:

Jeff Simbe
Shelter Monitoring Committee
1380 Howard Street, 2nd Floor
San Francisco, CA 94103

Phone: (415) 255-3647

Fax: (415) 252-3629

Email: jeff.simbe@sfdph.org

Authority:

Administrative Code, Section 20.300 et seq. (Ordinance Nos. 283-04, 123-07, 150-07, 51-08, 131-10, and 116-16.)

Board Qualifications:

The purpose of the Committee is to provide the Mayor, the Board of Supervisors, the Local Homeless Coordinating Board, the public, and any other appropriate agency with accurate, comprehensive information about the conditions in and operations of shelters, as well as City policies in place that affect operations of shelters or their impact on shelter clients. The Department of Public Health shall provide administrative support for the Committee.

The Committee shall consist of 13 members, one (1) of whom shall be a homeless person (or homeless within the three (3) years prior to appointment) with a disability, and one (1) of whom shall be a homeless person (or homeless within the three (3) years prior to appointment) living with their homeless child who is under the age of 18.

(Administrative changes to seats 1 and 2 made for clarification to meet mandated positions in Ordinance Nos. 283-04 and 150-07.)

The 13 members of the Committee shall be appointed as follows:

- >Three (3) members shall be appointed by the Mayor, including: one (1) member from the Department of Human Services, one (1) member from the Department of Homelessness and Supportive Housing, and one (1) member who is homeless or formerly homeless and who has experience providing direct services to the homeless through a community setting;
- >Six (6) members shall be appointed by the Board of Supervisors including: two (2) homeless

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or formerly homeless (within the three (3) years prior to appointment) individuals, one (1) with a disability, and one (1) living with their homeless child under age 18; one (1) member who has experience providing direct services to the homeless through a community setting; one (1) member selected from a list of candidates that are nominated by community agencies that provide behavioral health, housing placement, or other services to the homeless; and two (2) members selected from a list of candidates that are nominated by non-profit agencies that provide advocacy or organizing services to homeless people, one (1) of which is homeless or formerly homeless.

>Four (4) members shall be appointed by the Local Homeless Coordinating Board, including: one (1) member selected from a list of candidates that are nominated by non-profit agencies that provide advocacy or organizing services to homeless people; two (2) members who have experience providing direct services to the homeless through a community setting, one (1) of which is formerly homeless; and one (1) member shall be homeless or formerly homeless and selected from a list of candidates that are nominated by community agencies that provide behavioral health, housing placement, or other services to homeless individuals.

In making their appointments to the Committee, the appointing authorities are encouraged to select people who are bilingual.

The term of office of each Committee member shall be two years. In the event that a vacancy occurs during the term of office of any Committee member, a successor shall be appointed to complete the expired term of office. The interim appointment shall be made in the same or similar manner that governed the initial appointment of the departing member.

The Committee shall meet a minimum of once per quarter, at such times and places as the Committee shall designate. The location of the meetings shall be accessible to the public and the meetings shall comply with applicable public meeting requirements under state and local law. The Committee shall monitor the attendance of Committee members. In the event that any Committee member misses three regularly scheduled meetings in a six-month period, without prior notice to the Committee, the Committee shall certify in writing that the member missed three meetings in a six-month period of time. On the date of such certification, the member shall be deemed to have resigned from the Committee. The Committee shall notify the appointing authority accordingly and request the appointment of a new member.

Reports: The Committee shall prepare and submit quarterly reports that shall include, but not be limited to, information on the following: safety in the shelter, cleanliness in the shelter, disability access to and within the shelter, family life in the shelter, a review of policies and procedures in place at the shelter and any information received regarding the treatment and personal experiences of shelter residents. In order to enable the Committee to prepare reports required under this subsection, City departments that contract for services at a shelter that is under review must respond within 15 days to any reasonable request for information submitted

San Francisco
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by the Committee relative to the shelter or to City policies that affect operations of shelters or their impact on shelter clients. The reports shall also include recommended action steps for the shelter and for the City department that contracts for services at the shelter. City departments and the reports referenced in this subsection shall not identify shelter residents or disclose any confidential information concerning shelter residents consistent with State and Federal law. The Committee may issue emergency reports at any time it deems necessary. The reports shall be provided to: 1) the Mayor, 2) the Board of Supervisors, 3) the Local Homeless Coordinating Board, 4) the appropriate city department responsible to take action, 5) the city department that contracts for services at the shelter, 6) the shelter under review, and 7) the public. These reports shall be public documents. Any city department identified in the reports as responsible to take action recommended in the reports shall, within 30 days of issuance of the reports, provide to the Board of Supervisors a departmental report setting forth how the department intends to respond to the Committee's recommendations.

Sunset Date: None specified.

