



CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE CONTROLLER

Ben Rosenfield
Controller

Todd Rydstrom
Deputy Controller

May 16, 2016

San Francisco Local Homeless Coordinating Board
Board of Supervisors
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA. 94102 - 3220

To Whom It May Concern:

Pursuant to the Administrative Code of the City and County of San Francisco, Appendix 1, I have appointed James Loyce, as my delegate for the San Francisco Local Homeless Coordinating Board.

Please feel free to contact me at 415-554-7500.

Sincerely,



Ben Rosenfield
Controller



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: Local Homeless Coordinating Comm

Seat # or Category (If applicable): James E Loyce District: 9

Name: James E Loyce

Home Address: Benton Ave San Francisco CA Zip: 94112

Home Phone: Occupation: retired DPH/Organizational Deveopme

Work Phone: 415 5778682 Employer: Department of Public Health

Business Address: PO Box 882943 San Francisco CA Zip: 94188

Business E-Mail: jamesloyce1 @gmail.com Home E-Mail: N/A

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

Resident of San Francisco [checked] 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 40 year resident of San Francisco. I own a home in the Mission District. I am a retiree from the CCSF, Department of Public Health I am 67 years old and am heterosexual and married. I am African American.

Business and/or professional experience:

I am a retiree of the San Francisco Department of Public Health where I held a variety of positions in Substance Abuse, Mental Health, Homelessness, AIDS and Executive Administration. In addition to my work for the City I began my work in the community at a number of non profits specializing in substance abuse. I also served as the CEO of two AIDS organizations before formally retiring. I am also a licensed clinician and maintained a private practice for many years.

After the 1989 Earthquake I was appointed by the Mayor to oversee the Interdepartmental approach (DPH, Human Services, DPW and Law Enforcement) to homelessness that was

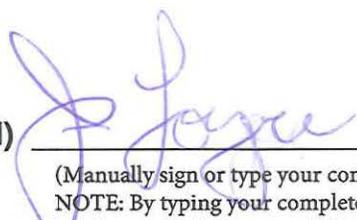
Civic Activities:

I have consistently served on non profit Boards throughout my career. I currently serve as the President of the Board for Hunters Point Family, the vice chair of the Metta Fund and a member of the Transgender Law Center Board. In the past I have served on the Boards of CATS, Hospitality House, Henry Ohloff House, SF AIDS Foundation, Flowers Heritage Foundation, Statewide CASA. I was the President of the Juvenile Probation Commission and a member of the Juvenile Justice Commission. I am a founding member of the African American Healing Alliance, Congress of African American Organizations, Black Coalition on AIDS and Black Men of Action.

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: May 19 2016 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: _____