The second se	ard of County Commi Agenda Reques d Meeting Date: February 26, 201 m: Extension Committee Reappointme	9 2G Agenda Item
REGULAR AGENDA CONSENT AGENDA INFORMATION ONLY Submitted by: Sue Bingham	Action Requested: Approve/Deny Motion Adopt Resolution (attach draft <i>*provide c</i>	Direction Requested
Presenter (Name and Title): Summary of Issue: The Extension Committee has three of applied for reappointment. Copies of t	penings: District 1, District 3, and At Larg heir applications are attached. No other	Estimated Time Needed: ge. All three current members have rs applications were received.

Legally binding agreements must have County Attorney approval prior to submission.

NEWS RELEASE

AITKIN COUNTY HAS (3) OPENINGS ON THE FOLLOWING COMMITTEE:

Extension Committee - Terms are for three years, ending December 31, 2021

Commissioner District 1 (one opening) Commissioner District 3 (one opening) At Large (one opening)

Responsible for overseeing the County Extension Department. County Extension covers the areas of nutrition and youth leadership development, including the 4-H program. Meetings are held quarterly. Committee members receive a per diem and mileage reimbursement for each meeting. Terms runs from January 2019 through December 31, 2021.

Applications are being accepted until opening is filled.

To obtain an application please access our Aitkin County website and check for Committee Openings, pick up an application at the county courthouse, or request to have one mailed to you.

The Aitkin County Board of Commissioners will make the committee selections from submitted applications at a County Board meeting. All applicants will receive notification by mail whether or not they have been selected. For more information please contact Kirk Peysar, County Auditor, at 218-927-7354.

Please contact Sue Bingham for any questions concerning this news release that you will not bill to the County. Thank you.

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

ension

AITKIN COUNTY COMMISSIONER DISTRICT

Minnesota Statues 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)

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

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 _____

Please return application to the Aitkin County Administrator's office, located at 217 2nd Street NW – Room 130, Aitkin, MN 56431

No ____

NAME OF APPLICANT:

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Committee tension

AITKIN COUNTY COMMISSIONER DISTRICT

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committee the tension acthen County 4-MIL ued with volunt with eer mary groups in WIGH I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the

position sought.

14/18

No _____

Yes

No ____

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
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Is this application submitted at the suggestion of appointing authority?

Please return application to the Aitkin County Administrator's office, located at 217 2nd Street NW - Room 130, Aitkin, MN 56431

NAME OF APPLICANT: Roberta Elve Crog

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

2181

AITKIN COUNTY COMMISSIONER DISTRICT

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

Bonnie Michilson Signature of Applicant

Der	17	2018	
Date	10	, ac 10	

No ____

No_

Yes

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority?

Is this application submitted at the suggestion of appointing authority?

Please return application to the Aitkin County Administrator's office, located at 217 2nd Street NW – Room 130, Aitkin, MN 56431

Yes _____

NAME OF APPLICANT: Bonnie Mickelson