

Board of County Commissioners Agenda Request



Requested Meeting Date: January 5, 2021

Title of Item: Extension Committee Reappointments

	Action Requested:		Direction Requested		
	F		-		
CONSENT AGENDA	Approve/Deny Motion		Discussion Item		
	Adopt Resolution (attach draft) Hold Public Hearing* *provide copy of hearing notice that was published				
Submitted by:	•				
Angie Sahr Administration		ation			
Presenter (Name and Title):			Estimated Time Needed:		
Summary of Issue:					
The Extension Committee has three of applied for reappointment. Copies of					
Alternatives, Options, Effects or	n Others/Comments:				
Recommended Action/Motion: Recommend reappoint Becky Joerger, Dave Carlson, and Joy Janzen to the Extension Committee, terms ending December 31, 2023.					
Financial Impact: Is there a cost associated with this What is the total cost, with tax and Is this budgeted?		1.94	Vo		

Legally binding agreements must have County Attorney approval prior to submissional

UNIVERSITY OF MINNESOTA

University of Minnesota Extension

Aitkin County

Room 134 217 2nd Street N.W. Aitkin, MN 56431-1272 218-927-2538 Fax: 218-927-7374 www.extension.umn.edu mnext-aitkin@umn.edu

December 18, 2020

Dear Aitkin County Commissioners,

Aitkin County Extension has an advisory committee called the County Extension Committee. The role of the committee members is to be connectors within the county for U of M Extension programs, serve as advocates on behalf of Extension, and provide input when hiring Extension staff and budgets. Terms on the committee are 3-year terms. There are three vacancies on the committee at this time.

Commissioners Marcotte and Westerlund serve on the County Extension Committee and recommend appointing Becky Joerger and Dave Carlson, of Palisade; and Joy Janzen, of Aitkin, to a three year term from January 1, 2021 to December 31, 2023.

Thank you,

Susanne Hinrichs Regional Director, Northeast Region

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin Country Extension Committee

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)

was involved in 4-H & FFA growing up and grow dairy & beef firm was very involved in a at church and the county fair. I'm involved Commun 4-H with my son and school activities. I've enjoyed this committee the lost couple of years and 00 like to continue serving on

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

<u>iSecty</u> Joengen Signature of Applicanto

7-	13-2020	
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?

Please return application to the Aitkin County Administrator's office, located at 307 2nd Street NW – Room 310, Aitkin, MN 56431

NAME OF APPLICANT: Becky Juerger	
STREET ADDRESS OF APPLICANT:	PHONE NUMBERS:
36089 Grove Street	DAYS 218-821-5475
Palisade, MN 56469	EVENINGS 218-821-5475

For Office Use Only

Date Appointed: _____

Date of Term Expiration:

Term #: _____

Yes No

RECEIVED MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGEN CY 5 2020

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

CASION

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

Signature of Applicant

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

Date

Is this application submitted at the suggestion of appointing authority?

10-10-20

Yes _____ No _____

Term #:

Please return application to the Aitkin County Administrator's office, located at 307 2nd Street NW - Room 310, Aitkin, MN 56431

Date of Term Expiration: _____

CAR GON 10 NAME OF APPLICANT: STREET ADDRESS OF APPLICANT: PHONE NUMBERS: DAYS 3 EVENINGS A 56469 e Mn For Office Use Only Date Appointed:

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:			RECEIVED	
auckin	Co.	Extension	Committee	<u> 0CT - 5 20</u> 20

AITKIN COUNTY COMMISSIONER DISTRICT

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AA 16 ala. \mathcal{U} year 0 1, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the Ito position sought. <u>10-1-2020</u> Date Signature of Applicant If applicant is being nominated by another person or group, the above signature indicates consent to nomination. Yes _____ No _____ Is this application submitted by appointing authority? 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: anzen STREET ADDRESS OF APPLICANT: PHONE NUMBERS: DAYS 218-927-6119 Deer St. 36208 Kin EVENINGS Same MN. 56431 For Office Use Only Date Appointed: Term #: _____ Date of Term Expiration: