

Board of County Commissioners Agenda Request



Requested Meeting Date: April 26, 2022

Title of Item: HRA Board Appointments

REGULAR AGENDA	Action Requested:	Direction Requested		
CONSENT AGENDA	Approve/Deny Motion	Discussion Item		
INFORMATION ONLY	Adopt Resolution (attach dr. *provide	aft) Hold Public Hearing* e copy of hearing notice that was published		
Submitted by: Brittany Searle		Department: Administration		
Presenter (Name and Title):		Estimated Time Needed:		
Summary of Issue:				
HRA changed bylaws that appointmer		re. Board Members must be a resident of		
Aitkin County. Member positions have increased from six to seven.				
Alternatives Outions Effects on	Oth and Commonter			
Alternatives, Options, Effects on Others/Comments: Approve appointment of Jack Gilbertson and Laurie Westerlund to Aitkin County HRA Board.				
Recommended Action/Motion:				
Action Motion.				
Financial Impact:				
Is there a cost associated with this	The state of the s	✓ No		
What is the total cost, with tax and Is this budgeted?	Snipping? \$ No Please Expl	lain:		
_	_			

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERV	E ON:
Aitkin County ARA Board	
AITKIN COUNTY COMMISSIONER DISTRICT	
Minnesota Statues 15.0597, state that the application shall include a qualifications and any other information the nominating person feels a community service experience, or education that would be pertinent to	be helpful to the appointing authority." (May include employment
Graduate of Mora High School -	19 48
Graduate of Angsburg College -	
Miscellaneous graduate Courses +	
Aitkin public schools employer	53
rotes - Teacher, Curriculum Cord,	
Member of Glory Baptist Chune	7/
various boards and Committees.	
Riles for Health Volunteer, Ripple Mille Laus Electric Trust Board, the undersigned, hereby state that I satisfy, to the best of my position, sought.	knowledge, all legally prescribed qualifications for the
tack GI	#/4/2022 Date
Signature of Applicant	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
ls this application submitted at the suggestion of appointing aut	hority? Yes No
Please return application to the Aitkin Co 307 2 nd Street NW – Room	unty Administrator's office, located at 310, Aitkin, MN 56431
NAME OF APPLICANT: Lack Gilbertson	
STREET ADDRESS OF APPLICANT:	PHONE NUMBERS:
31564 395 th place	DAYS218-838-0409
Aitkin, MN 50431	DAYS
For Office Use Only	
Date Appointed: Date of Term Expiration:	Torm #

To whom it may Concern:

I was recently informed that there is an opening on the HRA Board. I would like to express my interest in being a member of this board.

My name is Jack Colbertson and I have lived in the Aitkin area Since 1974. My Carner Was primarily in the Aitkin Public Schools as a high School teacher. I also Served as a Corriculum Coodinator for a Consortium of area Schools for a Few years followed by Serring as Activities Director in Atkin for Several Years. I am now retired.

My interest in the HRA Board Comes as a nesult of having a son with Down Syndrome who has lived in HRA housing for over 20 years . This has allowed him to maintain a level of independence that would otherwise be impossible.

Please Consider me as you make a decision on tilling this board position. Sincerely Jack Gilbertsm 31504 395 B Place Artkin, MN 56431

218-838-0409

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

AITKIN COUNTY COMMISSIONER DISTRICT	
Minnesota Statues 15 0597 state that the application shall include	eels be helpful to the appointing authority."(May include employme
I Laure Wester und	0 5 4 4
Pontinue on the HR.	
Citizen of Arthen Cour	ty. I previously have
	d since 2009 and
hope to keep sering	, as long as needed.
Thank you	
Laurie W	listelus
79	3
position sought. Signature of Applicant	of my knowledge, all legally prescribed qualifications for the $\frac{4-12-2033}{\text{Date}}$
If applicant is being nominated by another person or group	o, the above signature indicates consent to nomination.
Is this application submitted by appointing authority?	Yes No
Is this application submitted at the suggestion of appointin	g authority? Yes No
Please return application to the Aitki 307 2 nd Street NW – R	in County Administrator's office, located at Room 310, Aitkin, MN 56431
NAME OF APPLICANT: LAURIE West	eplund
STREET ADDRESS OF APPLICANT:	PHONE NUMBERS:
30517 270th lane	DAYS 218-838-7605
Lithin MN	EVENINGS
56431	
For Office Use Only	
Date Appointed: Date of Term Evnirati	ion Term #