



Board of County Commissioners Agenda Request

2X
Agenda Item #

Requested Meeting Date: February 14, 2023

Title of Item: HRA Committee Appointment

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	Action Requested: <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
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Submitted by: Brittany Searle	Department: Administration
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Presenter (Name and Title):	Estimated Time Needed:
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Summary of Issue:
Attached is an application submitted by Susan Tange for an appointment to the HRA Board.

Alternatives, Options, Effects on Others/Comments:

Recommended Action/Motion:
Approve appointment of Susan Tange to the Aitkin County HRA Board.

Financial Impact:
 Is there a cost associated with this request? Yes No
 What is the total cost, with tax and shipping? \$
 Is this budgeted? Yes No *Please Explain:*

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Housing and Redevelopment Authority of Aitkin County

AITKIN COUNTY COMMISSIONER DISTRICT n/a

Minnesota Statutes 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)

I am retired from an almost thirty-year career as a social worker at Aitkin County Health & Human Services. During my work at ACHHS, I had many occasions to interact with HRA whether that be assisting families with finding housing or with visiting families who were already living in HRA housing.

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

Susan W. Tange
Signature of Applicant

2/6/23
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? 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: Susan Tange

STREET ADDRESS OF APPLICANT:
29753 436th P1
Aitkin, MN 56431

PHONE NUMBERS:
DAYS (cell) 218-791-1069
EVENINGS no landline

For Office Use Only

Date Appointed: _____

Date of Term Expiration: _____

Term #: _____