



Board of County Commissioners Agenda Request

2T
Agenda Item #

Requested Meeting Date: March 24, 2026

Title of Item: Approval of New Health & Human Services Advisory Committee Appointment

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA	Action Requested: <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <input type="checkbox"/> Hold Public Hearing <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Information Only
Submitted by: Paula Arimborgo		Department: H&HS Administration
Presenter (Name and Title):		Estimated Time Needed:
Summary of Issue: Seeking approval for new Health & Human Services Advisory Committee Appointment (Committee Established pursuant Minn. Stat. § 402.03) as follows: Sue Finney - representing District 4, 2-year term (2026-2027) Note: After filling this position, the current openings are as follows: District 1 - 2 openings District 2 - 1 opening		
Alternatives, Options, Effects on Others/Comments:		
Recommended Action/Motion: Recommend approval of new appointment to H&HS Advisory Committee		
Financial Impact: <i>Is there a cost associated with this request?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>What is the total cost, with tax and shipping? \$</i> <i>Is this budgeted?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i>		



HEALTH & HUMAN SERVICES

Aitkin County
204 1st Street NW
Aitkin, MN 56431

Phone: 218-927-7200
Toll Free: 800-328-3744
Fax: 218-927-7210

Advisory Committee Application Form

NAME: Sue _____ L _____ Finney _____
 (First) (MI) (Last)

Address: 22153 512th Lane _____ Home Phone: 651-253-8390
 McGregor, MN 55760 _____ Business Phone: _____
 _____ Cell Phone: 651-253-8390 _____

Employer: Retired _____ Occupation: Retired _____
 Email Address: sfinney2016@gmail.com _____

1. Please state your reason for applying:

I would like to get more involved with and understand better the County that I now live in. Community involvement is very important to me. I believe "you can't complain if you don't participate", and when I participate I do it with the attitude of "working to solve the problem"

2. What has been your past involvement with Public Health Services, Social Services, Financial Services, and other civic and community activities?

Community work has always been a part of who I am. I worked in the Biomedical Services field for 30 years (Healthcare Technology and Asset Management.) 15 of those years developing my company in Biomedical Services. After selling the company I became a licensed Realtor helping others navigate difficult home buying scenarios

3. Are you able to attend meetings during the day? Yes No
 Currently meetings are held at 3:00pm on the first Thursday of each month.
4. Are you able to attend at least 10 meetings per year? Yes No
5. Would you be willing to serve a one-year or a two-year term? 1yr 2yr

Signature of Applicant: Sue L Finney Digitally signed by Sue L Finney
Date: 2026.03.12 15:29:38 -0500 Date: 03122026

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

Aitkin County Health & Human Services Attention:
Paula Arimborgo
204 1st Street NW
Aitkin, MN 56431

Or email to paula.arimborgo@aitkincountymn.gov
Questions? Call: 218-927-7203 or 1-800-328-3744

This institution is an equal opportunity provider.

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin County Health & Human Services Advisory Committee

NAME OF APPLICANT: Sue L Finney

STREET ADDRESS OF APPLICANT:

22153 512th Lane

PHONE NUMBERS:

DAYS (651) 253-8390

EVENINGS (651) 253-8390

AITKIN COUNTY COMMISSIONER DISTRICT 4

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)

Community work has always been a part of who I am, the following is a brief example.
I worked in the Biomedical Services field for 30 years (Healthcare Technology and Asset Management.)
15 of those years developing my company in Biomedical Services. After selling the company I became a licensed Realtor helping others navigate difficult home buying scenarios.
I have many years of volunteering, mostly as treasurer for non-profits.
My degrees are, BS in Business Management and MBA in Business Administration and Entrepreneurship and Business Organizational Development.
In around 2015 I volunteered for SBA and coached others on new business startups and how to setup a business startup to get an SBA loan.
In 2020 I also worked for a while with Hennepin Health Services documenting the Covid vaccines in their database.

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

Sue L Finney

Digitally signed by Sue L Finney
Date: 2026.03.12 15:43:19 -05'00'

03/12/2026

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

Is this application submitted at the suggestion of appointing authority?

Yes

No

**Please return application to the Aitkin County Health & Human Services office, located at
204 - 1st Street NW, Aitkin, MN 56431**

For Office Use Only

Date Appointed: _____

Date of Term Expiration: _____

Term #: _____