



Richmond City Council
 Boards & Commissions
 Appointments & Reappointments
 Formal Meeting of Richmond City Council
 Monday, September 9, 2019 – 6:00 p.m.

Public Safety Standing Committee recommends appointment of the following applicants:

<u>Board Name</u>	<u>Criteria for Appointment</u>	<u>Applicant Name</u>	<u>Terms</u>
Advisory Board for the Assessment of Towing Fees and the Storage of Vehicles (7 members) (page 3)	Police Department Representative	Lt. Harold Giles (page 4)	09/09/2019 – 09/09/2022 <i>(succeeding Lt. Scott Jones)</i>
Capital Area Alcohol Safety Action Program Policy Advisory Board (4 members appointed by Council) (page 6)	*	Ashley Lockhart (page 7)	09/09/2019 – 01/10/2020 <i>(succeeding Kelly Miles)</i>
Community Criminal Justice Board (15 members) (page 9)	At-large Resident of the City	Carolyn Naoroz (reappointment, page 10)	09/11/2019 – 09/11/2021
	Public Defender	Tracy Paner (reappointment, page 11)	09/14/2019 – 09/14/2021
	Community Services Board Administrator	John Lindstrom (reappointment, page 12)	06/12/2019 – 06/12/2021
	Judge of the Circuit Court	W. Reilly Marchant (reappointment, page 13)	06/12/2019 – 06/12/2021
Richmond Ambulance Authority (11 members) (page 14)	*	Richard Bennett (reappointment, page 15)	06/10/2019 – 06/10/2021
		Matt Conrad (reappointment, page 16)	10/24/2019 – 10/24/2021
		Michael Kelly (reappointment, page 17)	10/24/2019 – 10/24/2021
		Sheldon Barr (page 18)	10/24/2019 – 10/24/2021 <i>(succeeding Jeffrey Odell)</i>

Education and Human Services Standing Committee recommends appointment of the following applicants:

<u>Board Name</u>	<u>Criteria for Appointment</u>	<u>Applicant Name</u>	<u>Terms</u>
Advisory Board of Recreation and Parks (13 members) (page 21)	2 nd District Resident*	Leighton Powell (reappointment, page 22)	06/10/2019 – 06/10/2022
Capital Area Partnership Uplifting People, Inc. (3 members) (page 23)	Resident	Delegate Delores McQuinn (reappointment, page 24)	06/10/2019 – 06/10/2022

Education and Human Services Standing Committee recommends appointment of the following applicants:

<u>Board Name</u>	<u>Criteria for Appointment</u>	<u>Applicant Name</u>	<u>Terms</u>
Community Policy and Management Team (9 members) (page 25)	Parent representative who receives or has received services for the representative's child or foster child through one or more of the agencies participating in the Community Policy and Management Team	Janet Kelly (page 26)	09/09/2019 – 09/09/2022 <i>(succeeding Harley Tomey)</i>
Richmond Behavioral Health Authority (15 members) (page 28)	*	Denise Dickerson (reappointment, page 29) Cheryl Green (reappointment, page 30) Karah Gunther (reappointment, page 31)	07/01/2019 – 06/30/2022 06/30/2019 – 06/29/2022 07/01/2019 – 06/30/2022
Social Services Advisory Board (9 members) (page 32)	Resident of the City	Cassandra Shaw (reappointment, page 33)	10/22/2019 – 10/21/2023

Advisory Board for the Assessment of Towing Fees and the Storage of Vehicles

Vacancy Chart

as of

November 11, 2019

The Advisory Board for the Assessment of Towing Fees and the Storage of Vehicles shall have three (3) representatives of the Police Department, three (3) towing and recovery operators, and one (1) member of the general public, who shall be a citizen of the City of Richmond, to be appointed by Council.

Four members of the board shall constitute a quorum.

(Assigned to the Public Safety Standing Committee)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
Victoria Pearson	All members of Council	03/22/2019	No	-	Police Department Representative
Scott Jones	All members of Council	03/22/2019	No	-	Police Department Representative
Charlie Woodson	All members of Council	05/24/2019	Yes	Yes - Awaiting Application	Towing and recovery operator
Joshua Mathews-Ailsworth	All members of Council	05/24/2019	No	-	Citizen Representative
Melvin Lawson	All members of Council	06/10/2019	No	-	Towing and recovery operator

Lynne Lancaster
 City of Richmond- DPW/ Parking
 Division 900 E. Broad Street, Room 707
 Richmond, VA 23219
 804-646-6006
Lynne.Lancaster@Richmondgov.com



City of Richmond, Virginia
City Council

Authorities, Boards, Commissions and Task Forces Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Advisory Board for the Assessment of Towing Fees and Storage of Vehicles	
Title: Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	
Last Name: Giles	First Name: Harold
Home Street Address: 7230 Cherokee Road	Home Telephone: 804-363-5606
Home City, Zip Code: Richmond, Va, 23225	Home Fax:
Personal E-Mail Address:	
Employer: Richmond Police Department	
Job Title: Police Lieutenant	How Long? 26 years
Business Street Address: 2219 Chamberlayne Ave	Business Telephone: 804-646-1040
Business City, Zip Code: 23222	Business Fax:
Business E-Mail Address: harold.giles@richmondgov.com	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county?	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 4 Number of years? 15	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
Please list your educational background and/or other expertise or qualifications you will bring to this authority, board, commission or task force: 5 years as a Military Police Officer BA Criminal Justice 26 years as a Police Officer in the City Of Richmond	

NOTE: This application is a public document. Completed applications will remain on file for consideration for six (6) months at which time it must be updated.

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City of Richmond, Virginia
City Council

Authorities, Boards, Commissions and Task Forces Application

List other city of Richmond authorities, boards, commissions or task forces you currently or have previously served on. Please give date(s) and office(s) held, if applicable.

Entity: N/A
Date(s) Served: _____ Office(s) Held: _____
Entity: _____
Date(s) Served: _____ Office(s) Held: _____
Entity: _____
Date(s) Served: _____ Office(s) Held: _____

Other community involvement:

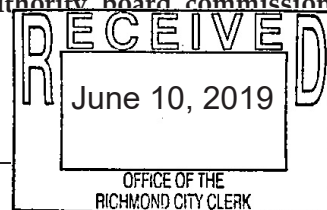
OPTIONAL

Please list additional information you would like considered, or you may attach your resume or other information.

Check this box if your resume is attached.

How did you hear about or who referred you to apply for appointment to this authority, board, commission or task force?

Police Department



Signature: Harold L. Giles

Digitally signed by Harold L. Giles
Date: 2019.06.10 11:27:36 -04'00'

Date: 6-10-2019

(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge)

NOTE: This application is a public document. Completed applications will remain on file for consideration for six (6) months at which time it must be updated.

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Capital Area Alcohol Safety Action Program (ASAP) Policy Advisory Board

Vacancy Chart

as of
November 11, 2019

The Advisory Board shall consist of sixteen (16) members. City of Richmond - Council appoints four (4) members to the Board. Hanover County Board of Supervisors appoints (2) members. These six (6) board members select an additional ten (10) members.

(Assigned to the Public Safety Standing Committee)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
Carlton Edwards	All Members of Council	03/26/2018	Yes	Unable to Contact	Reside and/or work
Kelly Miles	All Members of Council	01/10/2020	No	Resigned	Reside and/or work

Contact:

James Johnson, Executive Director,
Capital Area Alcohol Safety Action Program (ASAP) Policy Advisory Board
(804) 367 – 6090
caasap@aol.com



City of Richmond, Virginia
City Council

Authorities, Boards, Commissions and Task Forces Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Capital Area Alcohol Safety Action (ASAP) Policy Advisory Board	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Last Name: Lockhart	First Name: Ashley
Home Street Address: 2121 Hanover Ave.	Home Telephone: 434-249-1386
Home City, Zip Code: Richmond, VA 23220	Home Fax: _____
Personal E-Mail Address: AshleyPLockhart@gmail.com	
Employer: State Council of Higher Education for Virginia	
Job Title: Coordinator for Academic Initiatives	How Long? Approx. 4 years
Business Street Address: 101 N. 14th Street, 10th Floor	Business Telephone: 804-225-2627
Business City, Zip Code: Richmond, VA 23219	Business Fax: _____
Business E-Mail Address: AshleyLockhart@schev.edu	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county? _____	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 2 Number of years? ~ 3	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
Please list your educational background and/or other expertise or qualifications you will bring to this authority, board, commission or task force: Through my position at the State Council of Higher Education for Virginia, the coordinating body for the Commonwealth's colleges and universities, I serve on the Virginia Alcoholic Beverage Control Authority's (VAABC) Virginia Higher Education Substance Use Advisory Committee (VHESUAC). The mission of VHESUAC is to collaborate at the state-level to reduce college substance misuse and advocate for policies and practices that are science-based. Additionally, I coordinate the Sexual Violence Advisory Committee, which identifies programs, policies, training, and educational opportunities to prevent and respond to sexual violence within the Commonwealth's institutions of higher education, many of which are directly related to substance use.	

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City of Richmond, Virginia
City Council

Authorities, Boards, Commissions and Task Forces Application

List other city of Richmond authorities, boards, commissions or task forces you currently or have previously served on. Please give date(s) and office(s) held, if applicable.

Entity: _____
Date(s) Served: _____ Office(s) Held: _____

Entity: _____
Date(s) Served: _____ Office(s) Held: _____

Entity: _____
Date(s) Served: _____ Office(s) Held: _____

Other community involvement:

Virginia Commonwealth University Honors College - Member of the Dean's Council
Virginia Commonwealth University Center on Transition Innovations - Member of the Advisory Council
Richmond Ballet - Member of the Richmond Advisory Council
Bike Walk RVA Academy - Graduate (2018)

OPTIONAL

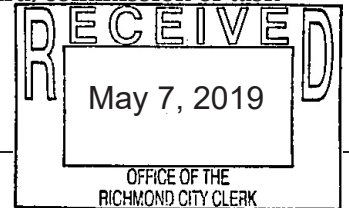
Please list additional information you would like considered, or you may attach your resume or other information.

Richmond is a city with several institutions of higher education in and around its city limits, with a young population that is at a higher risk for substance use and abuse than the general population. My work at the Commonwealth's colleges and universities on substance puts me in a unique position for approaching the drinking and driving problem in the city of Richmond.

Check this box if your resume is attached.

How did you hear about or who referred you to apply for appointment to this authority, board, commission or task force?

The Fan District Newsletter



Signature: Ashley Lockhart

Digitally signed by Ashley Lockhart
Date: 2019.05.07 09:16:02 -04'00'

Date: 05/07/2019

(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge)

NOTE: This application is a public document. Completed applications will remain on file for consideration for six (6) months at which time it must be updated.

Community Criminal Justice Board

Vacancy Chart *as of* November 11, 2019

Fifteen (15) members appointed by the City Council, to include the following:

- A Judge of the Circuit Court;
- A Judge of the General District Court;
- A Judge of the Juvenile and Domestic Relations Court;
- The Chief Magistrate;
- The Chief of Police;
- An Attorney for the Commonwealth;
- The Public Defender or an attorney who is experienced in the defense of criminal matters;
- The Sheriff;
- A local educator;
- An administrator of a community services board;
- A City Council member; and
- Four (4) citizen members (at-large members may be selected from nominees presented to the City Council by the board)

(Assigned to the Public Safety Standing Committee)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
Reilly Marchant	All Members of Council	06/12/2019	Yes	Application Included	Judge of the Circuit Court
John Lindstrom	All Members of Council	06/12/2019	Yes	Application Included	Community Services Board Administrator
Carolyn Naoroz	All Members of Council	09/11/2019	Yes	Application Included	Citizen-At-Large Representative
Tracy Paner	All Members of Council	09/14/2019	Yes	Application Included	Public Defender
Michael Herring	All Members of Council	11/11/2019	No	-	Attorney for the Commonwealth

Contact:

Rhonda Gilmer
 Adult Services Manager
 Department of Justice Services
 804-646-5410 (0)
Rhonda.gilmer@richmondgov.com



City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Community Criminal Justice Board	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input checked="" type="checkbox"/> Other: _____	
Last Name: Naoroz	First Name: Carolyn
Home Street Address: 8114 Duncaster Rd	Home Telephone: 310-848-0800
Home City, Zip Code: 23235	Home Fax: _____
Personal E-Mail Address: cjnaoroz@gmail.com	
Employer: Richmond Police Department	
Job Title: Body-Worn Camera Management Analyst	How Long? 1.5 years
Business Street Address: 200 W Grace Street	Business Telephone: 804-432-9543
Business City, Zip Code: 23220	Business Fax: _____
Business E-Mail Address: Carolyn.Naoroz@richmondgov.com	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county? _____	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 4th Number of years? 3	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract. <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">RECEIVED June 7, 2019 OFFICE OF THE RICHMOND CITY CLERK</div>	
Signature: <u>Carolyn Naoroz</u>	Date: <u>6/7/2019</u>
<i>(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)</i>	

NOTE: This application is a public document.

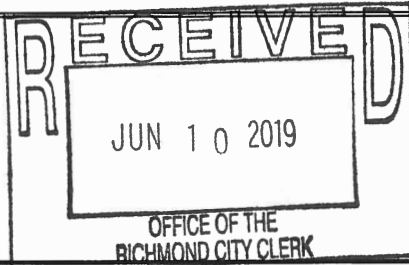
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City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Community Criminal Justice Board	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Last Name: Paner	First Name: Tracy
Home Street Address: 11410 Hilbingdon Rd.	Home Telephone: 8044671221
Home City, Zip Code: Richmond, VA 23238	Home Fax: _____
Personal E-Mail Address: tpaner@ric.idc.virginia.gov	
Employer: Office of the Public Defender/ Virginia Indigent Defense Commission	
Job Title: Public Defender	How Long? 20 + years
Business Street Address: 701 E. Franklin St. Suite 600	Business Telephone: 804-225-4330
Business City, Zip Code: Richmond, 23219	Business Fax: 804-3714908
Business E-Mail Address: tpaner@ric.idc.virginia.gov	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county? _____	
Are you a city resident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which City Council district? _____ Number of years? _____	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract. 	
Signature: <u><i>Tracy Paner</i></u>	Date: <u>June 6, 2019</u>
(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)	



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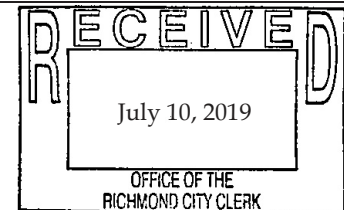
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City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Community Criminal Justice Board	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input checked="" type="checkbox"/> Other: _____	
Last Name: Lindstrom	First Name: John
Home Street Address: 3612 S. Woodland Circle	Home Telephone: 804-690-4661
Home City, Zip Code: Quinton, VA 23141	Home Fax: _____
Personal E-Mail Address: jlinds1953@aol.com	
Employer: Richmond Behavioral Health Authority	
Job Title: Chief Executive Officer	How Long? 5 years
Business Street Address: 107 S. Fifth Street	Business Telephone: 804-819-4195
Business City, Zip Code: Richmond, VA 23219	Business Fax: _____
Business E-Mail Address: lindstromj@rbha.org	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county? _____	
Are you a city resident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which City Council district? _____ Number of years? _____	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide information on the nature of the contract. RBHA has MOU's with several city agencies including RPD for psychological services support, drug court, juvenile detention (clinical services), justice services (mental health docket and alternative sentencing). These agreements have been longstanding and predate by current position with RBHA.	
Signature: <u><i>John P. Lindstrom</i></u>	Date: <u>07/10/2019</u>
(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)	



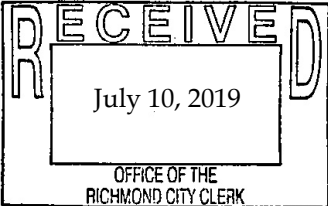
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City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Community Criminal Justice Board	
Title: Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Last Name: Marchant	First Name: W. Reilly
Home Street Address: 1203 Loch Lomond Court	Home Telephone: 804-837-1257
Home City, Zip Code: Richmond VA 23221	Home Fax:
Personal E-Mail Address: ry@mthblaw.com	
Employer: Commonwealth of Virginia	
Job Title: Circuit Court Judge	How Long? 4 1/2 years
Business Street Address: 400 N. 9 th street	Business Telephone: 804-646-6516
Business City, Zip Code: 23219	Business Fax: 804-646-0316
Business E-Mail Address: W.Marchant@richmondgov.com	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county?	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 1st Number of years? 30 years	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please provide information on the nature of the contract.	
	
Signature: W. Reilly Marchant	Date: 7-10-19
<i>(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)</i>	

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Richmond Ambulance Authority

Vacancy Chart *as of* November 11, 2019

The Authority shall have (11) eleven members, two of whom shall be the Chief Administrative Officer and the Director of Finance, and one City Council member. Eight (8) members shall be appointed by the City Council for a term of two (2) years. The Chief Administrative Officer and the Director of Finance shall serve during the time that they hold such offices.

(Assigned to the Public Safety Standing Committee)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
Richard Bennett	All members of Council	06/10/2019	Yes	Application Included	Reside or work in the city
Jeffrey Odell	All members of Council	10/24/2019	No	-	Reside or work in the city
Elizabeth Matish	All members of Council	10/24/2019	No	-	Reside or work in the city
Michael Kelly	All members of Council	10/24/2019	Yes	Application Included	Reside or work in the city
Matthew Conrad	All members of Council	10/24/2019	Yes	Application Included	Reside or work in the city

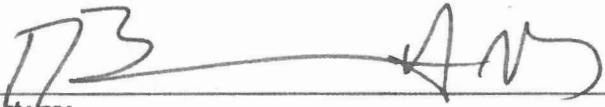
Contact:

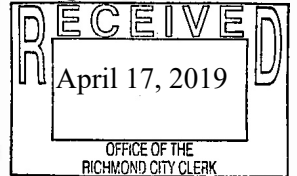
Richard “Chip” Decker,
CEO, Richmond Ambulance Authority
804-254-1180



City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Richmond Ambulance Authority	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input checked="" type="checkbox"/> Other: _____	
Last Name: Bennett	First Name: Richard
Home Street Address: 309 Hillwood Rd	Home Telephone: 804-647-7633
Home City, Zip Code: Rich Va 23206	Home Fax: 804-649-0758
Personal E-Mail Address: rbennett403@gmail.com	
Employer: Willie R. Bennett, MD. LTD	
Job Title: pediatrician	How Long? 17
Business Street Address: 1510 N. 28th St. Ste. 207	Business Telephone: (804) 649 0044
Business City, Zip Code: Richmond, VA 23223	Business Fax: (804) 649 0758
Business E-Mail Address: RLBennett403@gmail.com	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county? _____	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? _____ Number of years? 17	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
Signature: 	Date: 4/17/19
<p><i>(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)</i></p>	



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City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Richmond Ambulance Authority	
Title: Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Last Name: Conrad	First Name: Matthew
Home Street Address: 2002 Princess Anne Avenue	Home Telephone: 804.938.7654
Home City, Zip Code: Richmond, VA 23223	Home Fax: _____
Personal E-Mail Address: matthewconrad@gmail.com	
Employer: VCU Office of the President	
Job Title: Exec. Dir. of Gov't and Board Relations	How Long? 5.5 Years
Business Street Address: 910 West. Franklin St.	Business Telephone: _____
Business City, Zip Code: Richmond, VA 23220	Business Fax: _____
Business E-Mail Address: maconrad@vcu.edu	
Is your place of employment located in the city of Richmond? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which county? _____	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? _____ Number of years? 15	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract. <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">RECEIVED May 9, 2019 OFFICE OF THE RICHMOND CITY CLERK</div>	
Signature:	Date: 5/9/19
<i>(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)</i>	

NOTE: This application is a public document.

Office of the City Clerk, 900 East Broad Street, Suite 200, Richmond, Virginia U.S.A. 23219
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City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Richmond Ambulance Authority	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input checked="" type="checkbox"/> Other: <input type="checkbox"/>	
Last Name: KELLY	First Name: MICHAEL
Home Street Address: 1607 LADY SARAH CT.	Home Telephone: 804-972-3632
Home City, Zip Code: NORTH CHESTERFIELD 23236	Home Fax: NONE
Personal E-Mail Address: MKELLYMDFA@AOL.COM	
Employer: BON SECOURS VIRGINIA-MEDICAL GROUP	
Job Title: CARDIOLOGIST	How Long? 10 YEARS
Business Street Address: 150 N. 28 ST. SUITE 110	Business Telephone: 804-545-2304
Business City, Zip Code: RICHMOND 23223	Business Fax: 804-545-2306
Business E-Mail Address: MICHAEL_KELLY@BSHST.ORG	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county?	
Are you a city resident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which City Council district? Number of years?	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">MAY 15 2019</p> <p style="font-size: 0.8em; margin: 0;">OFFICE OF THE RICHMOND CITY CLERK</p> </div>	
Signature: <u>Michael E Kelly MD</u>	Date: <u>5/15/2019</u>
<p><i>(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)</i></p>	

NOTE: This application is a public document.

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City of Richmond, Virginia
City Council

Authorities, Boards, Commissions and Task Forces Application

(Name of Authority, Board, Commission or Task Force)

RICHMOND AMBULANCE AUTHORITY

Title: *Mrs*

Name: *Sheldon L Barr*

Home Address: *003860 REEDS LANDING CIRCLE MIDLOTHIAN VA 23113*

Home Telephone: *804-839-5240* Home Fax: _____

Personal E-Mail Address: *shelbell664@gmail.com*

Employer: *HCA Chippenham Hospital*

Job Title: *Chief Operating Officer* How Long? _____

Business Address: *007101 JAHNKE RD RICHMOND VA 23225*

Business Telephone: *8042392347* Ext: _____ Business Fax: _____

Business E-Mail Address *sheldon.barr@hcahealthcare.com*

Is Your Place of Employment Located in the city of Richmond Yes

Is your Place of Employment Located in the County? No Yes If Yes, Which County? _____

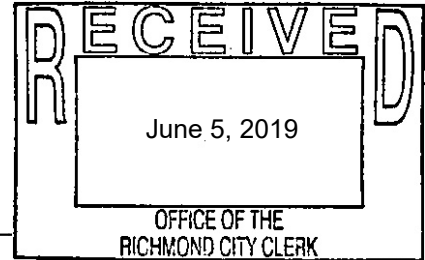
Are You A City Resident? No Yes If Yes, Which City Council District? _____ Number of Years? _____

Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? No

If yes, please provide information on the nature of the contract.

Please List Your Educational Background and/or Other Expertise or Qualifications You Will Bring to This Authority, Board, Commission or Task Force:

*25 year healthcare professional
Masters in Nursing
Masters in Business*



List other city of Richmond Authorities, Boards, Commissions or Task Forces you currently or have previously served on. Please give date(s) and office(s) held, if applicable.

none

Other Community Involvement:

active participant through HCA and Chippenham Hospital in various community service programs

(OPTIONAL) Please List Additional Information You Would Like Considered, or You May Copy and Paste Your Short



Authorities, Boards, Commissions and Task Forces Application

Resume.

3860 Reeds Landing Circle, Midlothian, VA 23113•804-239-2347•Sheldon.Barr@hcahealthcare.com

Sheldon L. Barr

Objective

To continue to enhance my abilities to lead and grow a healthcare organization competing in the modern complexities of our industry as a Chief Operating Officer. I will do this by leveraging the empathy of a clinician while executing the sound fiscal judgement of a business leader.

Experience

8/2018 - present Chippenham Hospital Richmond, VA

Chief Operating Officer

COO at Chippenham Hospital, a campus of CJW Medical Center- which is a 466 bed acute care level II trauma center located in Richmond, VA

1/2016-8/2018 Portsmouth Regional Hospital Portsmouth, NH

Chief Operating Officer

COO and Co-ECO at Portsmouth Regional Hospital- which is a 209 bed acute care level II trauma center located in Portsmouth, NH

? Access Strategy- Achievement of unprecedented growth exceeding 10,000 admissions in 2017 through opening of first Free Standing Emergency Department in New Hampshire and Transfer Center Outreach with non-HCA facilities.

? Service Line Development & Oversight –Provide operational oversight for service line growth. Key highlights include successful deployment of TAVR program 2/2017; Launch of vascular services with recruitment, onboarding and integration of two fellowship trained endovascular surgeons; comprehensive Electrophysiology program development with Dysrhythmia clinic 6/2018.

? Patient Experience – HCA Capital Division award recipient 3/2018 for Outpatient Test & Treatment Press Gainey scores; HCA Capital Division award recipient 3/2018 for ER Press Gainey scores; Inpatient Behavioral Health Unit currently above Press Gainey 75th% from bottom quartile performer for Q1 and Q2 2018.

? Quality – ACS level II trauma program verification received 8/2017 with no deficiencies; GWTG Stroke Gold Plus Achievement received 5/2018; successful Compliance Process Review 5/2018 with no RI's.

? Construction Projects – Cath lab 1 and lab 2 renovation and replacement completed Q4 2017 and Q1 2018; Seabrook FSED completed 6/1/2017; Philips Bi-plane anticipated completion 11/2018; Dover FSED anticipated completion Q1 2019.

7/2008 – 12/2016 HCA Capital Division Richmond, VA

VP Emergency & Cardiovascular Services

HCA Capital Division oversees and guides the performance at 14 Hospitals with 3 freestanding Emergency Departments. Responsible for the Emergency and Cardiovascular Service Lines and One Step Access Center.

? Transfer Center – Developed and lead the capital project to open state of the art transfer center to service all division facilities. Lead consolidation strategy to decrease operating expense to Capital Division hospitals. Net savings of \$1.2 million of operating costs.

? Care Assure – Created a comprehensive echocardiographic information systems strategy to integrate hospitals with the Care Assure nurse navigator program which will improve the plan of care for the cardiac patient. Secured capital funding for migration and standardization to one platform in the Richmond Market.

? ECG/MUSE Strategy – Developed and implemented information technology and operational division strategy over 14 acute care facilities and 3 FSED's. Enhanced the ability of facilities to immediately access ECG's in wireless environment. Secured 1.2 million dollars in funding.

? ED Point of Care Enhancement – Secured funding for equipment modernization (IStat) to reduce patient wait time and provide critical care information to



City of Richmond, Virginia
City Council

Authorities, Boards, Commissions and Task Forces Application

How Did You Hear About or Who Referred You to Apply for Appointment to This Authority, Board, Commission or Task Force?

Beth Matish & Wayne Harbour

NOTE: This application is a public document. Completed applications will remain on file for consideration for six (6) months at which time it must be updated.

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Advisory Board of Recreation and Parks

Vacancy Chart

*as of
November 11, 2019*

The Advisory Board of Recreation and Parks shall consist of 13 members. All members are appointed by motion of City Council. One member shall be nominated by the Board of Directors of the Monroe Park Conservancy to represent the conservancy, one member shall be nominated by the Board of Directors of the Maymont Foundation to represent the foundation, and one member shall be nominated by the Board of Directors of the EnRichmond Foundation to represent the foundation. One member shall be selected from the staff of the city's Department of Parks, Recreation and Community Facilities. One member shall be selected from each of the nine Councilmanic Districts of the City, with each such member to be a resident of the Councilmanic District nominated by the Council member representing such Councilmanic District; provided, however, that should the Council member representing such Councilmanic District fail to nominate a resident of the Councilmanic District within 90 days of a vacancy, whether created by the expiration of a term or otherwise, in the seat assigned to that Councilmanic District, any Council member may nominate a resident of any Councilmanic District to fill such vacancy.

(Assigned to the Education and Human Services Standing Committee)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
Adam Clevenger	All members of Council	3/11/2019	Resigned	Resigned	7 th District resident
Leighton Powell	All members of Council	6/10/2019	Yes	Application Included	2 nd District resident

Contact:

Wanda Marable, Executive Assistant
Parks, Recreation and Community Facilities
804-646-1128 (o)
Wanda.marable@richmondgov.com

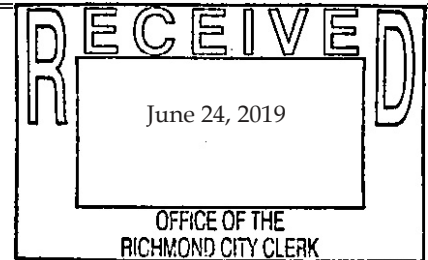


City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Richmond Parks & Recreation Advisory Board	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Last Name: Powell	First Name: Leighton
Home Street Address: 617 Saint James Street	Home Telephone: (804) 363-9453
Home City, Zip Code: Richmond, Virginia 23220-3235	Home Fax: _____
Personal E-Mail Address: LLPowell@gmail.com	
Employer: Scenic Virginia	
Job Title: Executive Director	How Long? 19 years
Business Street Address: 4 East Main Street, Suite 2A	Business Telephone: (804) 643-8439
Business City, Zip Code: Richmond, Virginia 23219	Business Fax: (866) 499-9439
Business E-Mail Address: leighton.powell@scenicvirginia.org	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which county? _____	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 2 Number of years? 16.5	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract. 	
Signature: <u>Leighton Powell</u>	Date: <u>24 June 2019</u>
<i>(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)</i>	

NOTE: This application is a public document.



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Capital Area Partnership Uplifting People, Inc.

Vacancy Chart

As of
November 11, 2019

The Board of Directors shall be composed of at least fifteen (15) members, and no more than thirty (30) members (by-laws). The board shall consist of three categories of membership, as follows:

Local Government Representatives – Representatives of local governments will make up one-third of the board’s members. Each participating jurisdiction’s governing body will be requested to appoint a certain number of representatives, who reside in a jurisdiction, to serve on the Board of Directors. The number of directors requested to serve on behalf of a jurisdiction will be determined by the percentage of low income residents of that jurisdiction compared to the total number of low income residents of all participating jurisdictions.

Representatives of the Poor – One third of the board’s members shall be members of CAPUP’s Neighborhood Advisory Councils.

Representatives of Community Organizations – One third of the members of the board shall be officials or designated representatives of business, industry, labor, religious, educational welfare, law enforcement or other major groups in the region, and persons added to the board as a result of the petition provision of the Bylaws.

(Assigned to the Education and Human Services Standing Committee)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
Roberts Birdsey	All members of Council	3/24/2019	Yes	Resigned	Resident
Delores McQuinn	All members of Council	6/10/2019	Yes	Application Included	Resident
Jonathan Zur	All members of Council	6/10/2019	Yes	Resigned	Resident

Contact:

Hester Brown, President & CEO

hbrown@capup.org

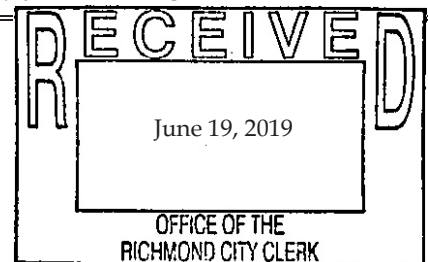
(804) 788-0050



City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: CAPUP	
Title: Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Last Name: McQuinn	First Name: Delores L.
Home Street Address: 900 N. 35th Street	Home Telephone: 804-687-3293
Home City, Zip Code: 23223	Home Fax: _____
Personal E-Mail Address: deloresmcquinn23@comcast.net	
Employer: Virginia House of Delegates	
Job Title: State Delegate	How Long? 10 years
Business Street Address: 900 East Main Street	Business Telephone: 804-698-1270
Business City, Zip Code: 23219	Business Fax: 804-698-6770
Business E-Mail Address: deldmcquinn@house.virginia.gov	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county? _____	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 7th Number of years? 30+	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract. 	
Signature: <u>Delores L. McQuinn</u>	Date: <u>June 19, 2019</u>
(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)	



NOTE: This application is a public document.

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Community Policy and Management Team

Vacancy Chart

*As of
November 11, 2019*

The Commission shall consist of the following members as set forth in section 2.2-5205 of the Code of Virginia, (1950), as amended:

- a. Director of Social Services.
- b. Chief Executive Officer of the Richmond Behavioral Health Authority.
- c. Director of Thirteenth District Court Services Unit.
- d. Director of the Richmond City Health District.
- e. Director of Justice Services.
- f. Superintendent of Public Schools.
- g. A parent representative who receives or has received services for the representative's child or foster child through one or more of the agencies participating in the Community Policy and Management Team.
- h. A representative of a private organization located within the City that (i) serves children and families in the City, (ii) has a provider contract with the City's Comprehensive Services Act office, (iii) is in compliance with its provider contract and (iv) is properly licensed by the Commonwealth as a provider of services to children and families. If this representative's organization fails to remain in good standing pursuant to its contract with the City's Comprehensive Services Act office, then the representative's seat on the team will become vacant immediately upon the occurrence of such failure, and the Council will appoint a new representative from a different eligible organization.
- i. An elected official or an appointed official or the designee thereof from the City Council.

(Assigned to the Education and Human Services Standing Committee)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
Harley Tomey	All members of Council	07/01/2018	No	-	(g)

Contact:

Patricia Wallace
CSA Program Administrative Support
804-646-3302 (o)
Patricia.wallace@richmondgov.com



City of Richmond, Virginia
City Council

Authorities, Boards, Commissions and Task Forces Application

(Name of Authority, Board, Commission or Task Force)

COMMUNITY POLICY AND MANAGEMENT TEAM

Title: _____
Name: *Janet Kelly*
Home Address: 004821 EAST SEMINARY AVE RICHMOND VA 23227
Home Telephone: 8042834814 Home Fax: _____
Personal E-Mail Address: janetvestalkelly@gmail.com
Employer: Virginia's Kids Belong
Job Title: President How Long? _____
Business Address: 000018 THOMPSON St RICHMOND VA 23221
Business Telephone: 8042834814 Ext: _____ Business Fax: _____
Business E-Mail Address janet@vakidsbelong.org
Is Your Place of Employment Located in the city of Richmond Yes
Is your Place of Employment Located in the County? No If Yes, Which County? _____
Are You A City Resident? Yes If Yes, Which City Council District? 3 Number of Years? 10

Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? No

If yes, please provide information on the nature of the contract.

Please List Your Educational Background and/or Other Expertise or Qualifications You Will Bring to This Authority, Board, Commission or Task Force:

*President, VA's Kids Belong
Adoptive Mom out of foster care
Advocate for kids, families and workers in foster care
Former Secretary of the Commonwealth
Past advisor to various public officials*

List other city of Richmond Authorities, Boards, Commissions or Task Forces you currently or have previously served on. Please give date(s) and office(s) held, if applicable.

*Bachelors in Political Science
6 credits short of Master of Public Policy
Civic-Minded*

Other Community Involvement:

NA



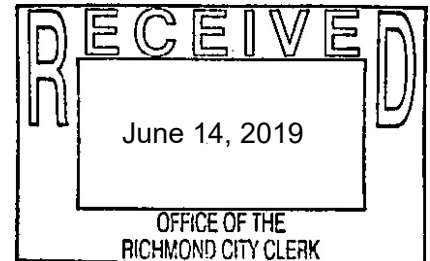
City of Richmond, Virginia
City Council

Authorities, Boards, Commissions and Task Forces Application

(OPTIONAL) Please List Additional Information You Would Like Considered, or You May Copy and Paste Your Short Resume.

How Did You Hear About or Who Referred You to Apply for Appointment to This Authority, Board, Commission or Task Force?

Director Shunda Giles, Richmond DSS



NOTE: This application is a public document. Completed applications will remain on file for consideration for six (6) months at which time it must be updated.

Richmond Behavioral Health Authority

Vacancy Chart

as of

November 11, 2019

The authority shall have a board of directors consisting of fifteen (15) members who shall be appointed by Council. Appointments to the Board of Directors shall be broadly representative of the community, to include consumers and family members of consumers when practical, and one (1) city employee who shall be nominated by the mayor.

Appointments to the board of directors shall be broadly representative of the community. One-third of the appointments to the board shall be individuals who are receiving or who have received services or family members of individuals who are receiving or who have received services, at least one of whom shall be an individual receiving services. One or more appointments may be nongovernmental services providers. Sheriffs or their designees also shall be appointed, when practical.

(Assigned to the Education and Human Services Standing Committee)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
William Sharkey	All members of Council	06/30/2019	No	-	Individual receiving services
Cheryl Green	All members of Council	06/30/2019	No	-	City Employee – Mayor Recommendation
Karah Gunther	All members of Council	07/01/2019	Yes	Application Included	Reside and/or work
Denise Dickerson	All members of Council	07/01/2019	Yes	Application Included	Reside and/or work
Claire Cottrell	All members of Council	07/01/2019	No	Application Included	Family member of an individual receiving services

Contact:

Meleese Evans, Executive Assistant to the Executive Director and Board of Directors
Richmond Behavioral Health Authority
107 South 5th Street, 3rd Floor
Richmond, Va. 23219
804-819-4002 (o)
evansm@rbha.org

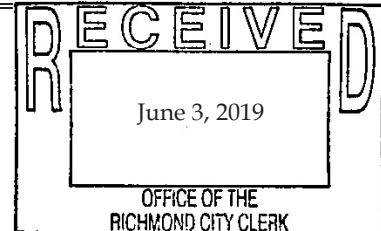


City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Richmond Behavioral Health Authority	
Title: Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Last Name: Dickerson	First Name: Denise P
Home Street Address: 2911 Kenbury Road	Home Telephone: 804-272-5082
Home City, Zip Code: 23235	Home Fax: _____
Personal E-Mail Address: d16d02@verizon.net	
Employer: Virginia Department of Social Services	
Job Title: Deputy Compact Administrator/Program Manager	How Long? 13+
Business Street Address: 801 East Main Street; 11th Floor	Business Telephone: 804-726-7581
Business City, Zip Code: 23219	Business Fax: 804-726-7498
Business E-Mail Address: denise.dickerson@dss.virginia.gov	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county? _____	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 4th Number of years? 37	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract. 	
Signature: <u>Denise P. Dickerson</u>	Date: <u>6/3/2019</u>
(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)	

NOTE: This application is a public document.



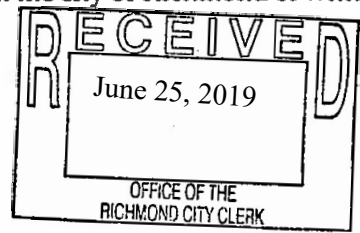
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City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force:		RBHA
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input checked="" type="checkbox"/>		
Last Name: Green		First Name: Cheryl Ivey
Home Street Address: 4730 Taylor Brookhane		Home Telephone: 804-271-8861
Home City, Zip Code: Richmond, VA 23231		Home Fax: Same
Personal E-Mail Address: Cgreen@prodigy.net		
Employer: First Baptist Church of South Richmond		
Job Title: Executive Minister		How Long? 20 years
Business Street Address: 1501 Decatur Street		Business Telephone: 804-733-7679
Business City, Zip Code: Richmond, VA 23221		Business Fax:
Business E-Mail Address: execministries@fbctoday.org		
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county?		
Are you a city resident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which City Council district? Number of years?		
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, please provide information on the nature of the contract.		
Signature:		Date: 6/25/19
(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)		



NOTE: This application is a public document.

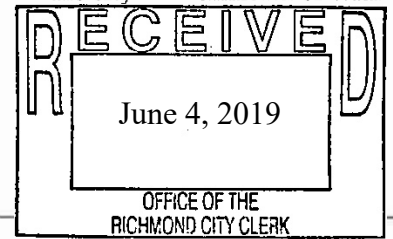
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City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: RBHA	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Last Name: Gunther	First Name: Karah
Home Street Address: 4214 Augusta Ave. (NEW)	Home Telephone: 804-332-
Home City, Zip Code: Richmond, VA 23230	Home Fax: 2350
Personal E-Mail Address: Karahgunthere@gmail.com	
Employer: VCU	
Job Title: Executive Director, Gov't Relations	How Long: 8 yrs.
Business Street Address: 910 W. Franklin St.	Business Telephone: 804-828-6879
Business City, Zip Code: Richmond 23284	Business Fax: _____
Business E-Mail Address: klgunther@vcu.edu	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county? _____	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? _____ Number of years? _____	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide information on the nature of the contract. Multiple (b/n City + VCU / VCUHS)	
Signature:	Date: 6/4/19



(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)

NOTE: This application is a public document.

Office of the City Clerk, 900 East Broad Street, Suite 200, Richmond, Virginia U.S.A. 23219
 Telephone: (804) 646-7955 • Fax: (804) 646-7736
www.richmond.gov/cityclerk

Social Services Advisory Board

Vacancy Chart

*As of
November 11, 2019*

The board shall consist of nine members, all of whom shall be citizens of the City. The Director of Social Services shall assign an employee to act as secretary of the board.

(Assigned to the Education and Human Services Standing Committee)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
Sayyeda Hall	All members of Council	09/26/2019	Yes	Contacted – No response	Resident
Chelsea Wise	All members of Council	09/26/2019	Yes	No	Resident
Cassandra Shaw	All members of Council	10/22/2019	Yes	Application Included	Resident

Contact:

Pamelia Watts, Management Analyst I

Department of Social Services

804-646-3112

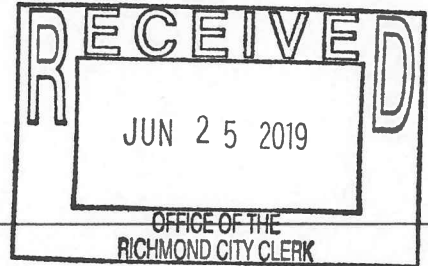
Pamelia.watts@richmondgov.com



City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Social Services Advisory Board	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/>	
Last Name: SHAW	First Name: Cassandra
Home Street Address: 2909 Matisse Lane	Home Telephone: (804) 357-7688
Home City, Zip Code: Richmond, Virginia 23224	Home Fax: <input type="checkbox"/>
Personal E-Mail Address: SHAWthesavvy1@AOL	
Employer: Home Instead Senior Care	
Job Title: PCA	How Long? 2 1/2 years
Business Street Address: HomeView DR	Business Telephone: (804) 527-1100
Business City, Zip Code: Richmond, Virginia	Business Fax: <input type="checkbox"/>
Business E-Mail Address: N/A	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which county? Henrico	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 9th Number of years? 65	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
Signature: Cassandra V. Shaw	Date: June 20, 2019



(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)

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