



Public Safety Standing Committee

Boards & Commissions
Quarterly Vacancy Report

Tuesday, July 23, 2019

| Board Name | Criteria for Appointment | Applicant Name |
|---|--|--|
| Advisory Board for the Assessment of Towing Fees and the Storage of Vehicles (7 members) (page 2) | Towing and Recovery Operator * (2 vacancies) | <i>No applications</i> |
| | Citizen Representative (1 vacancy) | <i>No applications</i> |
| | Police Department Representative (2 vacancies) | Lt. Harold Giles (page 3) |
| Capital Area Alcohol Safety Action Program Policy Advisory Board (4 members appointed by Council) (page 5) | * (2 vacancies) | Ashley Lockhart (page 6) |
| Citizen Advisory Commission on Alternatives to Incarceration (15 members) (page 8) | At-large Resident of the City (6 vacancies nominated by the mayor and appointed by Council) | <i>No mayoral nominees</i> |
| Community Criminal Justice Board (15 members) (page 9) | At-large Resident of the City (1 vacancy) | Carolyn Naoroz (reappointment, page 10) |
| | Commonwealth Attorney (1 vacancy) | <i>No applications</i> |
| | Public Defender (1 vacancy) | Tracy Paner (reappointment, page 11) |
| | Community Services Board Administrator (1 vacancy) | John Lindstrom (reappointment, page 12) |
| | Judge of the Circuit Court (1 vacancy) | W. Reilly Marchant (reappointment, page 13) |
| Richmond Ambulance Authority (11 members) (page 14) | * (5 vacancies) | Richard Bennett (reappointment, page 15) Matt Conrad (reappointment, page 16) Michael Kelly (reappointment, page 17) Sheldon Barr (page 18) |

* Applicants must either reside or work in the city.

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 | 03/11/2019 | 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 | 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 |

Contact:

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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www.richmondgov.com/cityclerk



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:

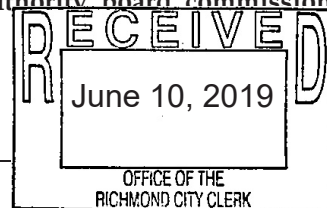
OPTIONAL

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)

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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

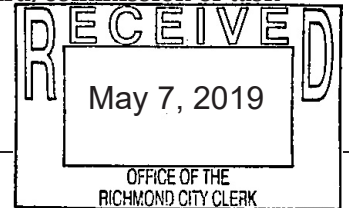
Please list additional information you would like considered, or you may attach your resume or other information.

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)

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Citizen Advisory Commission on Alternatives to Incarceration

Vacancy Chart

*As of
November 11, 2019*

The commission shall be composed of 15 members appointed by City Council. Eight (8) members shall be nominated by council and seven (7) members nominated by the mayor.

The members of the commission, at least eight of whom shall be residents of the city, shall be representatives from any combination of the following categories, provided that no member shall be an employee of any correctional facility:

1. Resident of a community within the city where correctional resident-based services, establishments providing alternatives to incarceration or correctional facilities are located
2. At-large resident of the city
3. Richmond Public Schools
4. Workforce development agency
5. Small minority business development organization
6. Technical educational institution
7. Higher educational institution
8. Law enforcement
9. State or local department of social services
10. Administrator of a community-based corrections program
11. Faith-based community organization
12. Business community
13. Council member representing the district in which the Justice Center is located

Non-voting Members:

Chief Administrative Officer or his designee.

The commission may elect from its membership a chairman and other officers it deems necessary in accordance with its rules of procedure or bylaws.

(Assigned to the Public Safety Standing Committee)

| Member | Patron | Expiration Date | Eligible for Reappoint. | Interested in Reappoint. | Qualification |
|------------------|--------|-----------------|-------------------------|--------------------------|-------------------|
| Brandon Cox | Mayor | 11/14/2018 | No | - | At-Large Resident |
| Amy Wentz | Mayor | 10/08/2019 | Yes | Resigned | At-Large Member |
| DeVon Simmons | Mayor | 10/08/2019 | Yes | Mayor's Office Notified | At-Large Resident |
| John Irvin | Mayor | 10/08/2019 | Yes | Mayor's Office Notified | At-Large Resident |
| Nathaniel Harris | Mayor | 10/08/2019 | Yes | Mayor's Office Notified | At-Large Resident |
| Miles Gordon | Mayor | 10/08/2019 | Yes | Mayor's Office Notified | At-Large Resident |

Contact:

Kiya Stokes
 Council Liaison for the 6th District
 804-646-7964 or kiya.stokes@richmondgov.com

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 | Yes | Judge of the Circuit Court |
| John Lindstrom | All Members of Council | 06/12/2019 | Yes | Yes | Community Services Board Administrator |
| Carolyn Naoroz | All Members of Council | 09/11/2019 | Yes | Yes | Citizen-At-Large Representative |
| Tracy Paner | All Members of Council | 09/14/2019 | Yes | Yes | 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.

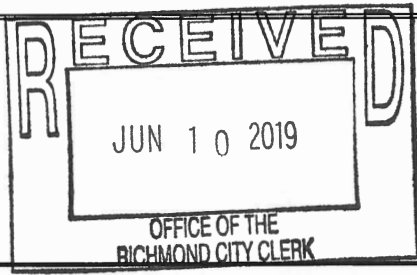
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City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(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.) | |



NOTE: This application is a public document.

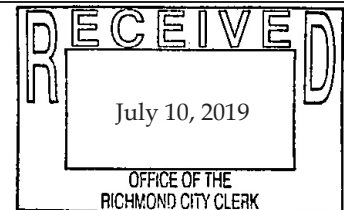
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City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(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 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.) | |



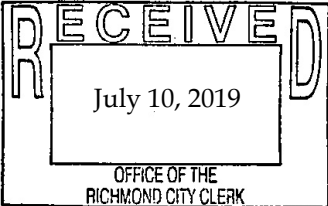
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City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(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 | Yes | 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 | Yes | Reside or work in the city |
| Matthew Conrad | All members of Council | 10/25/2019 | Yes | Yes | Reside or work in the city |

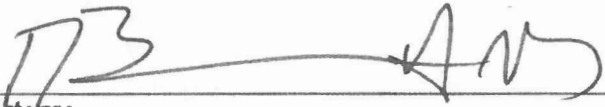
Contact:

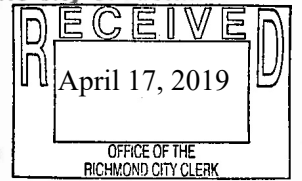
Richard "Chip" Decker,
CEO, Richmond Ambulance Authority
804-254-1180



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: <input type="checkbox"/> | |
| 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> | |



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.richmondgov.com/cityclerk



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> | |

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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: _____ | |
| 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: 5px 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> | |

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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

If Yes, Which County?

Are You A City

No

If Yes, Which City Council District?

Number of Years?

Resident?

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

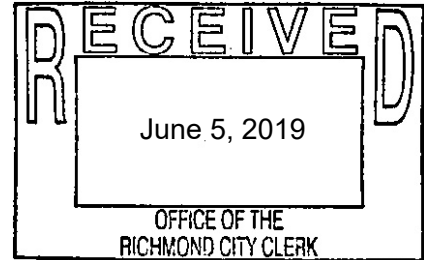


City of Richmond, Virginia
City Council

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.