



Education and Human Services Standing Committee

Boards & Commissions
Vacancy Report

Thursday, March 7, 2019

| <u>Board Name</u> | <u>Criteria for Appointment</u> | <u>Applicant Name</u> |
|---|--|--|
| Advisory Board of Recreation and Parks (13 members) (page 2) | 9 th District resident (1 vacancy) | Eddie Archer (reappointment, page 3) |
| | 5 st District resident (1 vacancy) | Ruth Morrison (reappointment, page 4) |
| | 7 th District resident (1 vacancy) | <i>No applications</i> |
| Aging and Disabilities Advisory Board (9 members) (page 5) | City employee (1 vacancy) | E. Yvette Jones (reappointment, page 6) |
| | Resident who is a senior citizen (1 vacancy) | Charles Barker (reappointment, page 7) |
| | Caregiver of at least one senior citizen* (1 vacancy) | Kimberly Adams (reappointment, page 8) |
| | Person with a disability (1 vacancy) | <i>No applications</i> |
| Social Services Advisory Board (9 members) (page 9) | Citizen of the city (1 vacancy) | Erin Delp (reappointment, page 10) |

*Applicant must work or reside in the City

Advisory Board of Recreation and Parks

Vacancy Chart

*as of
February 10, 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 |
|---------------------------|------------------------|-----------------|-------------------------|----------------------------|-----------------------------------|
| Eddie Archer | All members of Council | 3/11/2019 | Yes | Email Forwarded (1/2/2019) | 9 th District resident |
| Ruth Morrison | All members of Council | 3/11/2019 | Yes | Interested | 5 th District resident |
| Adam Clevenger (Resigned) | All members of Council | 3/11/2019 | Resigned (04/23/2018) | Resigned | 7 th District resident |

Contact:

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



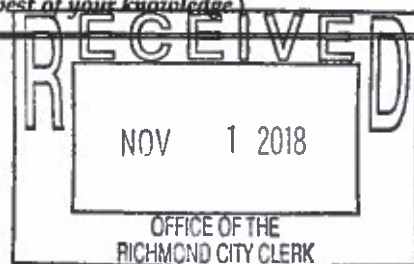
City of Richmond, Virginia
City Council

Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

| | |
|---|-------------------------------------|
| Name of Authority, Board, Commission or Task Force: ADVISORY BOARD OF PARKS and RECREATION | |
| Title: Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/> | |
| Last Name: ARCHER | First Name: EDDIE T |
| Home Street Address: 1963 POWELL RD | Home Telephone: 804 232 8803 |
| Home City, Zip Code: RICHMOND, VA 23224-2853 | Home Fax: |
| Personal E-Mail Address: etarcher1@yahoo.com | |
| Employer: RETIRED (UNITED STATES POSTAL SERVICE) | |
| Job Title: — | How Long? — |
| Business Street Address: — | Business Telephone: — |
| Business City, Zip Code: — | Business Fax: — |
| Business E-Mail Address: — | |
| 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 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? 9TH Number of years? 50 | |
| 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: Eddie T. Archer Date: 10-29, 2018 | |
| (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: Advisory Board Rec + Parks | |
| 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: Morrison | First Name: Ruth |
| Home Street Address: 2112 Lakeview Ave | Home Telephone: |
| Home City, Zip Code: Richmond VA 23220 | Home Fax: |
| Personal E-Mail Address: ruthsemail@gmail.com | |
| Employer: Virginia Dept of Health | |
| Job Title: Policy Director | How Long? 1 year |
| Business Street Address: 400 E Cary ST | Business Telephone: |
| Business City, Zip Code: Richmond VA 23219 | Business Fax: |
| Business E-Mail Address: | |
| 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? 5 Number of years? 7 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 type="checkbox"/> | |
| If yes, please provide information on the nature of the contract. The Virginia Dept of Health's Richmond office is cooperatively funded by state, local, and philanthropic dollars, including city of richmond budgeted money. | |
| Signature: RM | Date: 11/8/18 |
| <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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Aging and Disabilities Advisory Board

Vacancy Chart

*as of
February 10, 2019*

The Board shall be composed of nine (9) members nominated and appointed by the Council.

Of the nine members:

- A. One member shall be a representative of the business community with primary residence or principal place of business located within the city of Richmond,
- B. Two members shall be residents of the city who are persons with disabilities,
- C. Two members shall be residents of the city who are senior citizens,
- D. One member shall be either a member of the Council or a City employee,
- E. One member shall be a resident of the city who is a caregiver of at least one person with a disability,
- F. One member shall be a caregiver of at least one senior citizen and
- G. One member shall be either an attorney or paralegal (i) whose firm or office routinely represents or handles cases for senior citizens or persons with disabilities, (ii) who has experience addressing issues related to the American with Disabilities Act and (iii) who shall not be required to be a resident of or have a principal place of business in the city.

(Assigned to Education and Human Services Standing Committee)

| Member | Patron | Expiration Date | Eligible for Reappoint. | Interested in Reappoint. | Qualification |
|-------------------|------------------------|-----------------|-------------------------|--------------------------|-------------------------------|
| Charles Barker | All members of Council | 2/8/2019 | Yes | Application Included | Senior Citizen |
| Maureen Eberhardt | All members of Council | 2/8/2019 | Yes | Not Interested | Resident with a disability |
| E. Yvette Jones | All members of Council | 2/8/2019 | Yes | Application Included | City employee |
| Kimberly Adams | All members of Council | 1/27/2019 | Yes | Application Included | Caregiver of a senior citizen |

Contact:

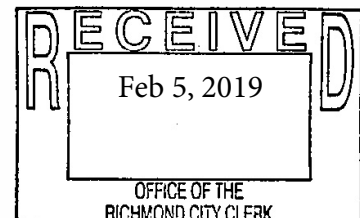
Pearl Langhorne
Administrative Program Support Assistant
Human Services
900 East Broad Street
Richmond, Va. 23219
Pearl.langhorne@richmondgov.com
804-646-5823 (o)



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: | |
| 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: Jones | First Name: E. Yvette |
| Home Street Address: 3238 Kenmore Road | Home Telephone: 804.244.1965 |
| Home City, Zip Code: Richmond, VA 23225 | Home Fax: _____ |
| Personal E-Mail Address: jonesey123@comcast.net | |
| Employer: City of Richmond, Office of the DCAO for Human Services | |
| Job Title: Program Manager | How Long? 30 years |
| Business Street Address: 900 East Broad Street, Suite 501 | Business Telephone: 804.646.3054 |
| Business City, Zip Code: Richmond, VA 23219 | Business Fax: 804.646.6035 |
| Business E-Mail Address: e.jones@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? _____ 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>E. Yvette Jones</u> Date: <u>2/5/19</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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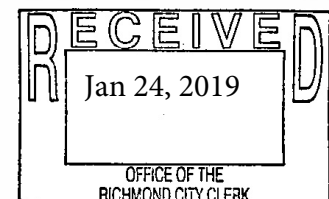


City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

| | |
|---|--------------------------------|
| Name of Authority, Board, Commission or Task Force: Aging & Disabilities Advisory Board (ADAB) | |
| Title: Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/> | |
| Last Name: Barker | First Name: Charles |
| Home Street Address: 3302 3 rd Avenue | Home Telephone: (804) 908-8437 |
| Home City, Zip Code: Richmond, VA 23222 | Home Fax: N/A |
| Personal E-Mail Address: barchek1@gmail.com | |
| Employer: N/A | |
| Job Title: N/A | How Long? N/A |
| Business Street Address: N/A | Business Telephone: N/A |
| Business City, Zip Code: N/A | Business Fax: N/A |
| Business E-Mail Address: N/A | |
| Is your place of employment located in the city of Richmond? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county? N/A | |
| Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? Number of years? 58 | |
| 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. N/A | |
| Signature: <u>Charles Barker</u> Date: <u>1/24/19</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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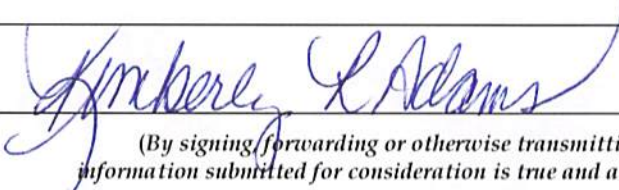
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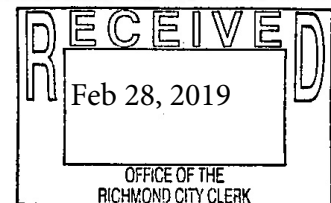


City of Richmond, Virginia
City Council

Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

| | |
|---|----------------------------------|
| Name of Authority, Board, Commission or Task Force: Aging & Disabilities Advisory Board | |
| Title: Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/> | |
| Last Name: ADAMS | First Name: KIMBERLY |
| Home Street Address: 4012 BRYANWOOD RD | Home Telephone: 804-275-5074 |
| Home City, Zip Code: NORTH CHESTERFIELD VA | Home Fax: <input type="text"/> |
| Personal E-Mail Address: KIM.ADAMS80@GMAIL.COM | |
| Employer: THE WILLIAM BYRD SENIOR APARTMENTS LLC | |
| Job Title: PROPERTY MANAGER | How Long: 23 YEARS |
| Business Street Address: 2501 W. BROAD STREET | Business Telephone: 804-359-5200 |
| Business City, Zip Code: RICHMOND VA 23220 | Business Fax: 804-359-4206 |
| Business E-Mail Address: WMBYRD@EPOCHINC.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? <input type="text"/> | |
| Are you a city resident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which City Council district? <input type="text"/> Number of years? <input type="text"/> | |
| 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: 2/28/2019 |
| (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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Social Services Advisory Board

Vacancy Chart

*As of
February 10, 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 |
|-----------|------------------------|-----------------|-------------------------|--------------------------|---------------|
| Erin Delp | All members of Council | 01/22/2018 | 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: <u>Dept. of Social Services</u> | |
| 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: <u>Delp</u> | First Name: <u>Erin</u> |
| Home Street Address: <u>2720 Woodrow Ave</u> | Home Telephone: <u>804 262 683</u> |
| Home City, Zip Code: <u>Richmond VA 23227</u> | Home Fax: <input type="checkbox"/> |
| Personal E-Mail Address: <u>erin.delp@gmail.com</u> | |
| Employer: <u>UMFS</u> | |
| Job Title: <u>Therapist</u> | How Long? <input type="checkbox"/> |
| Business Street Address: <u>3900 West Broad St</u> | Business Telephone: <u>804-353 4461</u> |
| Business City, Zip Code: <u>Richmond VA 23230</u> | Business Fax: <input type="checkbox"/> |
| Business E-Mail Address: <u>edelp@umfs.org</u> | |
| 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? <u>3</u> Number of years? <u>9</u> | |
| 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>[Signature]</u> Date: <u>1/8/19</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.) | |

JAN - 8 2019

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