

Education and Human Services Standing Committee

Boards & Commissions Quarterly Vacancy Report

Thursday, February 4, 2021

| Board Name | Criteria for Appointment | Applicant Name |
|--|--|-----------------------------------|
| Advisory Board Recreation and | 7 th District Representative** | William M. Leighty |
| Parks | | 5 th District Resident |
| (13 members) | (1 vacancy) | (page 3) |
| (page 2) | Maymont Foundation Representative * | Parke Richeson |
| | | 5 th District Resident |
| | (1 vacancy) | (reappointment, page 5) |
| | Monroe Park Conservancy Representative * | No nominations |
| | | |
| | (1 vacancy) | |
| | 4 th District Representative | No applications |
| | | |
| | (1 vacancy) | |
| | EnRichmond Foundation Representative * | No nominations |
| | (1 | |
| Asing and Disabilities Advisors | (1 vacancy) Caregiver of a person with a disability * | Cora Dickerson |
| Aging and Disabilities Advisory Board | Caregiver of a person with a disability * | 5 th District Resident |
| (9 members) | (1 vacancy) | (reappointment, page 7) |
| (page 6) | (1 vacancy) | (reappointment, page 7) |
| J. Sargeant Reynolds Community | City Resident | Dr. Brian Maiden |
| College Board | City Resident | 7 th District Resident |
| (5 members) | | (page 9) |
| (page 8) | (1 vacancy) | (Leige >) |
| Lewis Ginter Botanical Garden, Inc. | Lewis Ginter Botanical Garden, Inc., member | Mary Elfner |
| (7 members) | * | 2 nd District Resident |
| (page 11) | (3 vacancies) | (reappointment, page 12) |
| Richmond Behavioral Health | * | Dr. Brian Maiden |
| Authority | | 7 th District Resident |
| (15 members) | (1 vacancy) | (page 14) |
| (page 13) | City Employee | No nominations |
| | | |
| | (Mayoral Nominee, 1 vacancy) | |
| Social Services Advisory Board | City Resident | Dr. Brian Maiden |
| (9 members) | | 7 th District Resident |
| (page 16) | | (page 17) |
| | | Gerry Rawlinson |
| | | 4 th District Resident |
| | | (page 19) |
| | | Anna Mickles Koehle |
| | /1 | 3 rd District Resident |
| | (1 vacancy) | (page 21) |
| | *Applicant must work or reside in the city | VE 6 =/ |

^{*}Applicant must work or reside in the city

^{**}Pursuant to City Code § 2-1056 - 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.

Advisory Board of Recreation and Parks

Vacancy Chart

as of May 9, 2021

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 Eligible for Date Reappoint. | | Interested in Reappoint. | Qualification | | |
|----------------|---------------------------|---|---------------|--------------------------|--|------------------------|------------------------------------|
| James Hill | All Members of Council | 4/22/2021 Yes | | 4/22/2021 Yes | | Contacted –no response | Monroe Park Conservancy Nominee |
| Parke Richeson | All Members of Council | 3/26/2021 | 3/26/2021 Yes | | Maymont Foundation Representative | | |
| Richard White | All Members of Council | 3/26/2021 | Yes | No | 4 th District Resident | | |
| John Sydnor | All members of Council | 10/24/2020 | No | | EnRichmond Foundation Representative | | |
| Adam Clevenger | All members of Council | 3/11/2019 | Resigned | Resigned | 7 th District Resident | | |

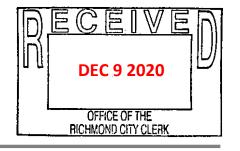
Contact:

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

02/01/2021



Authorities, Boards, Commissions and Task Forces Application



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

ADVISORY BOARD OF RECREATION AND PARKS

| Title: Mr | |
|--|----------------------------|
| Name: William M Leighty | |
| Home Address: 002819 SEMMES AVE RICHMOND VA 23225 | |
| Home Telephone: 3109636782 | Home Fax: |
| Personal E-Mail Address: matt@leightyassociates.com | |
| Employer: Leighty & Associates | |
| Job Title: President | How Long? |
| Business Address: 002819 SEMMES AVE RICHMOND VA 23225 | |
| Business Telephone: 8048016983 Ext: Business Fa | x: |
| Business E-Mail Address: matt@leightyassociates.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 Cou | ınty? |
| Are You A City Resident? Yes If Yes, Which City Council District? 5 | Number of Years? 4 |
| Do you or your employer have a contract, other than a contract of employment, either with the the entity to which you are seeking appointment? | e city of Richmond or with |
| 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:

Matt Leighty is the Founder and President of Leighty & Associates. At ease with both large federal applications and corporate and foundation funding sources, he has raised more than \$6 million for his clients since launching Leighty & Associates in 2014. But more than dollars, this translates to hundreds of homeless individuals seeing a doctor to have their basic healthcare needs met, additional academic resources for thousands of students, mentoring opportunities for thousands of at-risk youth, hundreds of veterans served, dozens of scholarships, and three new buildings.

Matt works with clients to identify programs and stories for funding, new opportunities to tell those stories, and works to build up a high-quality, reliable portfolio for his clients. With a particular expertise in large, technical writing projects and complex budgets, clients have benefited from years of writing and project management experience. He was the project director on a multi-state research study of the probation system in the United States, and he used to be a lobbyist for the Virginia Hospital & Healthcare Association.

He is a graduate of the University of Virginia (B.A. English) and Pepperdine University (Master of Public Policy).

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.

02/01/2021 3

Print Date & Time: 12/9/2020 2:50:21PM Report Name: crMemberDetail.rpt

CITY OF RICHMOND JULY 10 11 1782

City of Richmond, Virginia City Council

Authorities, Boards, Commissions and Task Forces Application

| n/a |
|---|
| Other Community Involvement: |
| (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? |
| Referred by Stephanie Lynch |

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.



(Please Print or Type)

| Name of Authority, Board, Commission or Task Force: | | | |
|---|---|--|--|
| Title: Mr. Mrs. Ms. Miss. Dr. O | ther: | | |
| Last Name: First Name: | | | |
| Home Street Address: | | Home Telephone: | |
| Home City, Zip Code: | | Home Fax: | |
| Personal E-Mail Address: | | | |
| Employer: | | | |
| 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 Rich | mond? Yes 🗌 📑 | No 🗌 | |
| Is your place of employment located in the county? Y | es No If yes, w | hich county? | |
| Are you a city resident? Yes No No If yes, w | hich City Council district | ? Number of years? | |
| Do you or your employer have a contract, other than a contract the entity to which you are seeking appointment? | ontract of employment, ei Yes ☐ No ☐ | ther with the city of Richmond or with | |
| If yes, please provide information on the nature of the | contract. | | |
| | | | |
| | | | |
| | | | |
| Signature: | | Date: | |
| (By signing, forwarding or otherw information submitted for consideration | 0 , | , , | |

Aging and Disabilities Advisory Board

Vacancy Chart

as of May 9, 2021

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 | Patron Expiration Eligible for Interested in Reappoint. | | Interested in Reappoint. | Qualification |
|----------------|---------------------------|---|--|--------------------------|---|
| Cora Dickerson | All members of Council | 1 | | Application included | Caregiver of a person with a disability |

Contact:

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



(Please Print or Type)

| Name of Authority, Board, Commission or Task Force: | | |
|--|--|---------------------------------------|
| Aging and Disa | abilities Advisory Board | |
| Title: Mr Mrs Ms. Miss Dr Ot | ther: | |
| Last Name: Dickerson | First Name: Cora | |
| Home Street Address: 1715 Blair Street | | Home Telephone: 804-502-5504 |
| Home City, Zip Code: Richmond , VA 23220 | | Home Fax: |
| Personal E-Mail Address: coradickerson33@gmail.com | | |
| Employer: Senior Connections | | |
| Job Title: Transportation Program Assistant | | How Long? |
| Business Street Address: 24 East Cary Street | | Business Telephone: 804-822-3564 |
| Business City, Zip Code: Richmond 23219 | | Business Fax: |
| Business E-Mail Address: cdickerson@youraaa.org | | |
| Is your place of employment located in the city of Richm | nond? Yes N | No 🗌 |
| Is your place of employment located in the county? Yes | es No If yes, w | hich county? |
| Are you a city resident? Yes No If yes, w | hich City Council district? | 5th Number of years? 65 |
| Do you or your employer have a contract, other than a cothe entity to which you are seeking appointment? | ontract of employment, eit Yes \(\sum \text{No } \subseteq | her with the city of Richmond or with |
| If yes, please provide information on the nature of the c | ontract. | |
| | | |
| | | |
| | | |
| Signature: Cora Dickerson | | Date: 11/23/2020 |
| (By signing, forwarding or otherwise information submitted for consideration | se transmitting this form, you | certify that all |

02/01/2021

J. Sargeant Reynolds Community College Board

Vacancy Chart

As of May 9, 2021

Five (5) board members are appointed by City Council based on population. Members of the College Board shall be residents of the region and shall include persons from various businesses, industries, and professions being served by the community college.

(Assigned to the Education and Human Services Standing Committee)

| Member | Patron | Expiration Date | Eligible for Reappoint. | Interested in Reappoint. | Qualification |
|-------------|---------------------------|--------------------|-------------------------|--------------------------|---------------|
| Brenda Drew | All members of Council | 07/01/2020 | No | - | City resident |

Contact:

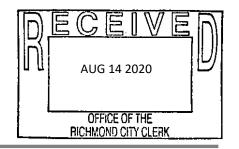
Ann Bushey, Executive Assistant to the President J. Sargeant Reynolds Community College abushey@reynolds.edu 804-523-5200



N/A

City of Richmond, Virginia City Council

Authorities, Boards, Commissions and Task Forces Application



| | (Name | of Authority, Board, | Commission of | or Task Force) | | |
|---|---------------------------------------|----------------------|-----------------|---------------------|----------------|--------|
| | J. SARGEAN | T REYNOLDS CO | OMMUNITY C | OLLEGE BOAR | D | |
| Fitle: Dr. B | | | | | | |
| Name: Brian S Maiden E | 3rian | | | | | |
| Home Address: 202 N. 20 | 2 N. 20TH ST. | 215 RICHMONE | VA 23223 | | | |
| Home Telephone: 5712780 | 0038 | | | Home F | ax: | |
| Personal E-Mail Address: | bmaiden06@gm | ail.com | | | | |
| Employer: Virginia State U | niversity | | | | | |
| Job Title: Assistant Profess | sor | | | | How Long? | 3 |
| Business Address: 000001 | HAYDEN DR | SOUTH CHEST | ERFIELD VA | 23803 | | |
| Business Telephone: | | Ext: | Bu | ısiness Fax: | | |
| Business E-Mail Address: | | | | | | |
| s Your Place of Employment L | ocated in the city | of Richmond | No | | | |
| s your Place of Employment L | ocated in the Cou | nty? No | If Yes, | Which County? | | |
| Are You A City Resident? | es If Yes. | Which City Council | District? | 7 Numb | er of Years? | 3 |
| Please List Your Educational E Board, Commission or Task Fo | - | r Other Expertise or | Qualifications | You Will Bring to T | his Authority, | |
| I am an Assistant Professor i Sociology with a focus on hu multicultural counseling. I an | in Counselor Edu man rights and ci | riminology. I have | taught numer | ous courses on di | versity and | ∍d in |
| List other city of Richmond Au Please give date(s) and office(| | | sk Forces you | currently or have p | reviously serv | ed on. |
| Assistant Professor in Couns justice | seling Education a | at Virginia State Un | iversity with a | focus on social ar | nd educational | 1 |
| Prince William County NAAC | • | | , , , . | | | |
| Undergraduate major in Soci | ology with a focu | s on numan rights | ana criminolog |)y | | |
| Other Community Involvement | t : | | | | | |

02/01/2021 Print Date & Time: 8/14/2020 3:33:30PM



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.

Pioneers Mentoring Project-Chesterfield

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

BRIAN MAIDEN, PH.D. Richmond, VA 22193 bmaiden06@gmail.com • 571.278.0038 Curriculum Vitae

EDU

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.

Lewis Ginter Botanical Garden, Incorporated

Vacancy Chart

as of May 9, 2021

The corporation shall have no fewer than twenty-five and no more than fifty directors. All directors of Lewis Ginter shall be required to be members of Lewis Ginter Botanical Garden, Inc. in good standing.

City Council may appoint seven (7) directors to the Board, based on the provision in the articles under which the Council appoints either 10 or 20% of the directors, whichever is fewer. The City Council acting by majority vote shall appoint directors for four year terms.

(Assigned to the Education and Human Services Standing Committee)

| Member | Patron | Expiration Date | Eligible for Reappoint. | Interested in Reappoint. | Qualification |
|----------------|---------------------------|--------------------|-------------------------|--------------------------|--|
| Mary Elfner | All Members of Council | 03/31/2021 | Yes | Application included | Lewis Ginter Botanical Garden, Inc., member |
| Clare Schapiro | All Members of Council | 03/31/2021 | No | | Lewis Ginter Botanical Garden, Inc., member |
| Mike Gray | All members of Council | 04/01/2020 | Yes | Not interested | Lewis Ginter Botanical Garden, Inc., member |

Contact:

Victoria Tiggas Board Liaison and Stewardship Manager Advancement Office 804-262-9877 ext. 334 (o) 804-929-8735 © victoriatiggas@lewisginter.org



City of Richmond, Birginia City Council Authorities, Boards, Commissions and Task Forces

Reappointment Application

(Please Print or Type) Name of Authority, Board, Commission or Task Force: BOTANICAL LEWIS GINTER Ms Miss. Dr. Other. Title: Mr 🔲 MAR First Name: Last Name: 4 Home-Telephone: (804) 335-9049 LABURNUM W Home Street Address: \6\3 Home Fax: Home City, Zip Code: melfner @ gmai Personal E-Mail Address FOUNDATION Employer ear How Long? Job Title: Business Telephone: (AVI) 1272 **Business Street Address**: Business Fax ARLOTTENILLE VA Business City, Zip Code: Business E-Mail Address 500 year forests @ gmail.com No 🗔 Is your place of employment located in the city of Richmond? Yes Is your place of employment located in the county? Yes No . If yes, which county? STATED IDE No If yes, which Gity Council district? 2 Number of years? 12 Are you a city resident? Yes X 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? If yes, please provide information on the nature of the contract Signature: (By signing, forwarding or otherwise transmitting this form, you certify that all

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.richmontigov.com/cityclerk

Page 1 of 1

information submitted for consideration is true and accurate to the best of your knowledge.)

Revised -04/01/14

Richmond Behavioral Health Authority

Vacancy Chart

as of May 9, 2021

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)

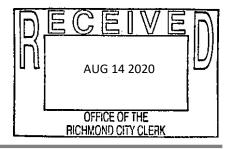
| Member | Patron | Expiration Date | Eligible for Reappoint. | Interested in Reappoint. | Qualification |
|-----------------------------------|---------------------------|--------------------|-------------------------|--------------------------|--------------------|
| Chelsea Wise | All members of Council | 12/31/2020 | No | | Reside and/or work |
| Mayoral Appointment Vacancy | All members of Council | | | | City Employee |

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



Authorities, Boards, Commissions and Task Forces Application



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

| | F | RICHMON | D BEHAVIOR | RAL HEAL | TH AUTHO | RITY | | |
|--|---|----------------------------|--------------------------------|---------------------------|---------------------------|------------------------|---------------------------------|---|
| Title: Dr. B | | | | | | | | |
| Name: Brian S Maiden | Brian | | | | | | | |
| Home Address: 202 N. | 202 N. 20T | H ST. 21 | 5 RICHMON | D VA 2322 | 23 | | | |
| Home Telephone: 57127 | 80038 | | | | | Home I | Fax: | |
| Personal E-Mail Address: | bmaiden(| 06@gmail. | com | | | | | |
| Employer: Virginia State | University | | | | | | | |
| Job Title: Assistant Profe | ssor | | | | | | How Long? | 3 |
| Business Address: 00000 | 1 HAYDE | N DR S | DUTH CHES | TERFIELD | VA 23803 | 3 | | |
| Business Telephone: | | | Ext: | | Business | Fax: | | |
| Business E-Mail Address: | | | | | | | | |
| Is Your Place of Employmen | t Located in | the city of F | Richmond | No | | | | |
| Is your Place of Employment | Located in | the County? | No No | If Y | es, Which C | ounty? | | |
| Are You A City Resident? | Yes | If Yes, Wh | ich City Counc | il District? | 7 | Numl | per of Years? | 3 |
| Please List Your Educationa Board, Commission or Task I am an Assistant Professo Sociology with a focus on I multicultural counseling. I | Force: or in Counse human right | lor Educati s and crimi | on. I have 18 nology. I hav | years expe e taught nu | rience as a merous cou | counseloi rses on d | r. I also major iversity and | |
| List other city of Richmond Please give date(s) and office Assistant Professor in Coujustice Prince William County NAA Undergraduate major in Sc | e(s) held, if a nseling Edu ACP crimina | applicable. cation at V | irginia State U bcommittee. | Iniversity wi | ith a focus o | | | |
| Other Community Involvement | | | | | | | | |

02/01/2021 14

Report Name: crMemberDetail.rpt

Print Date & Time: 8/14/2020 3:34:52PM

N/A



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.

Pioneers Mentoring Project-Chesterfield

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

BRIAN MAIDEN, PH.D. Richmond, VA 22193 bmaiden06@gmail.com • 571.278.0038 Curriculum Vitae

EDU

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.

Social Services Advisory Board

Vacancy Chart

As of May 9, 2021

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)

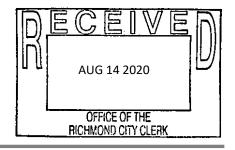
| Member | Patron | Expiration Date | Eligible for Reappoint. | Interested in Reappoint. | Qualification | |
|----------------|------------------------|--------------------|-------------------------|--------------------------|---------------|--|
| Rosalind Criss | All members of Council | 06/23/2020 | Yes | No | Resident | |

Contact:

Pamelia Watts, Management Analyst I Department of Social Services 804-646-3112 Pamelia.watts@richmondgov.com



Authorities, Boards, Commissions and Task Forces Application



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

| | 5 | SOCIAL SERVICE | S ADVISOR | RY BOARD | | | | |
|--|---|---|--------------------------------|---------------------------------|-----------------------|----------------------------|---|---|
| Title: Dr. B | | | | | | | | |
| Name: Brian S Maiden | Brian | | | | | | | |
| Home Address: 202 N. 2 | 202 N. 20TH ST | . 215 RICHMON | ID VA 2322 | 3 | | | | |
| Home Telephone: 5712780038 Home Fax: | | | | | | | | |
| Personal E-Mail Address: bmaiden06@gmail.com | | | | | | | | |
| Employer: Virginia State | University | | | | | | | |
| Job Title: Assistant Professor How Long? | | | | | | | 3 | } |
| Business Address: 00000 | 1 HAYDEN DF | R SOUTH CHES | STERFIELD | VA 23803 | | | | |
| Business Telephone: | | Ext: | | Business Fa | x: | | | |
| Business E-Mail Address: | | | | | | | | |
| Is Your Place of Employmen | t Located in the ci | ty of Richmond | No | | | | | |
| Is your Place of Employment | t Located in the C | ounty? No | If Y | es, Which Cou | nty? | | | |
| Are You A City Resident? | Yes If Ye | es, Which City Coun | cil District? | 7 | Numbe | er of Years? | 3 | |
| Please List Your Educationa Board, Commission or Task I am an Assistant Professo Sociology with a focus on I multicultural counseling. I | Force: or in Counselor Ed human rights and | ducation. I have 18 I criminology. I hav | 3 years exper ve taught nur | rience as a co merous course | unselor. es on div | I also major ersity and | | |
| List other city of Richmond Applease give date(s) and office Assistant Professor in Coujustice Prince William County NAA Undergraduate major in Sc | ce(s) held, if applic inseling Education ACP criminal justi | able. n at Virginia State U ice subcommittee. | Jniversity wit | th a focus on s | · | - | | |
| Other Community Involvement | ent: | | | | | | | |

02/01/2021 Report Name: crMemberDetail.rpt

Print Date & Time: 8/14/2020 3:33:14PM

N/A



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.

Pioneers Mentoring Project-Chesterfield

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

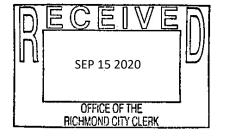
BRIAN MAIDEN, PH.D. Richmond, VA 22193 bmaiden06@gmail.com • 571.278.0038 Curriculum Vitae

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Authorities, Boards, Commissions and Task Forces Application



| (Name of Authority, Board, Commission or Task Force) | | | | | | | |
|--|--|--|--|--|--|--|--|
| SOCIAL SERVICES ADVISORY BOARD | | | | | | | |
| Title: MRS | | | | | | | |
| Name: Gerry Rawlinson Gerry | | | | | | | |
| Home Address: 1507 WESTOVER HILLS BLVD RICHMOND VA 23225 | | | | | | | |
| Home Telephone: 8049084635 Home Fax: 8042329211 | | | | | | | |
| Personal E-Mail Address: gerry8790@gmail.com | | | | | | | |
| Employer: CARING FOR YOU INC | | | | | | | |
| Job Title: RN How Long? | | | | | | | |
| Business Address: 5601 H 5601 HULL ST RD 5601 RICHMOND VA 23224 | | | | | | | |
| Business Telephone: 8042328545 Ext: Business Fax: 8042329211 | | | | | | | |
| Business E-Mail Address: adcv99@gmail.com | | | | | | | |
| s 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? 4T Number of Years? 1 | | | | | | | |
| 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:**

Business owner for 25 years, Business in Richmond City since 2001 (19 YEARS IN THE CITY OF RICHMOND). I have invested in the Richmond City community for 19 years. I am an employer and property owner. I had advocated for fairness and accountability for citizens and govenrmental agencies.

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.

BSN UNC - CHAPEL HILL NORTH CAROLINA MSN UNC GREENSBORO NORTH CAROLINA' BUSNESS MANAGEMENT FOR 25 YEARS

Parent and Citizen desiring to advocate for fairness and support for all parties so that growth can be realized by individuals and the City of Richmond

Other Community Involvement:

NONE

02/01/2021

Report Name: crMemberDetail.rpt

Print Date & Time: 9/15/2020 3:24:10PM

CITY OF RICHMOND ITAL

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.

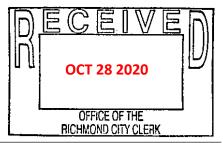
RICHMOND CRUSADE FOR VOTERS
NAACP RICHMOND CITY CHAPTER
SOUTHSIDE COMMUNITY ENGAGEMENT FOR GRASS CUTTING AND TRASH REMOVAL
MENTORING LOW INCOME SINGLE PARENT WOMEN

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

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.



Authorities, Boards, Commissions and Task Forces Application



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

| | | SOCIAL S | SERVICES A | ADVISOR | Y BOARD | | | | |
|---|-------------------|---------------------|----------------|----------|--------------|---------|--------------|---|--|
| Title: <i>Mrs</i> | | | | | | | | | |
| Name: <i>Anna Mick</i> i | loo Kooblo Ar | no | | | | | | | |
| | | | | | | | | | |
| Home Address: 12 | 31 L 1231 LOF | RRAINE AVENU | JE 1231 RI | ICHMON | D VA 23227 | | | | |
| Home Telephone: | 4349423281 | | | | | Home Fa | x: | | |
| Personal E-Mail Add | ress: annamic | ckleskoehle@gr | mail.com | | | | | | |
| Employer: ICF Inte | ernational | | | | | | | | |
| Job Title: State an | d Territory Liais | on | | | | | How Long? | | |
| Business Address: | 009300 LEE H | WY FAIRFAX | (VA 22031 | | | | | | |
| Business Telephone: | 8045212916 | E | Ext: | | Business Fax | c: | | | |
| Business E-Mail Add | ress: anna.ko | ehle@icf.com | | | | | | | |
| ls Your Place of Emp | oyment Located i | n the city of Richr | mond | No | | | | | |
| ls your Place of Empl | oyment Located in | n the County? | No | If Ye | s, Which Cou | nty? | | | |
| Are You A City Resid | ent? Yes | If Yes, Which C | City Council D | istrict? | 3 | Numbe | er of Years? | 4 | |
| 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 | | | | | | | | | |

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

I have over 15 years of experience in child welfare on the local, state and federal levels. I have served as a caseworker, field supervisor, child welfare quality assurance consultant and subject matter expert for federal child welfare technical assistance. I have successfully maneuvered the delicate balance of a background that blends hands-on involvement in human and social services and non-profit leadership and maintain a passion for supporting efforts to improve the lives of children and families. I am also passionate about Richmond. I have resided in the Greater Richmond area since 2007 and have remained committed to serving the community through various civic activities. I am interested in serving on the Social Services Advisory Board because I remain dedicated to supporting efforts around improving outcomes for children and families in Richmond, increasing Richmond DSS's state and federal compliance for child welfare outcomes and advocating for the first responding workforce at Richmond Social Services.

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.

DOCTOR OF PHILOSPHY (coursework) Clinical Social Work Walden University, Minneapolis, MN Attended: 2010 - 2015

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

02/01/2021

Report Name: crMemberDetail.rpt

Print Date & Time: 10/29/20211:53:56AM

OIS OF RICHMOND JULY 1978 1782

City of Richmond, Virginia City Council

Authorities, Boards, Commissions and Task Forces Application

MASTER OF ARTS

Human Services with concentration in Marriage and Family Liberty University, Lynchburg, VA Received: January 2008

BACHELOR OF SCIENCE Psychology Virginia Tech, Blacksburg, VA Received: May 2005

HUMAN SERVICES BOARD CERTIFIED PRACTITIONER (HS-BCP) Center for Credentialing and Education, Greensboro, NC

Exp. 2022

CERTIFIED CLINICAL TRAUMA PROFESSIONAL (CCTP) International Association of Trauma Professionals, Sarasota, FL Received: April 2017

Other Community Involvement:

None

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

Richmond Christian Leadership Initiative The Junior League of Richmond Associate Board, Children's Museum of Richmond Volunteer, Richmond Justice Initiative

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

ICF INTERNATIONAL (CAPACITY BUILDING CENTER FOR STATES), FAIRFAX, VA JANUARY 2020 – PRESENT STATE A

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