

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



**FROM:** Supervisor Kevin Jeffries

**SUBMITTAL DATE:**  
June 4, 2014

**SUBJECT:** Re-appointment to the Woodcrest Municipal Advisory Council (MAC)

**RECOMMENDED MOTION:** That the Board of Supervisors reappoint Allison Dale to the Woodcrest Municipal Advisory Council (MAC).

**Type of Nomination:** 1<sup>st</sup> District  
**Member:** Name: Allison Dale  
 Address: 15834 Gila Way  
 Riverside, CA 92508  
 Telephone: 951-689-4411  
 Email: [allison@a-zprinting.com](mailto:allison@a-zprinting.com)

**Date Posted or Expired:** June 30, 2014  
**Term of Appointment:** July 1, 2014 until June 30, 2016  
 Filling full two year term ending on 06/30/2016

**BACKGROUND:**

**Summary**

Supervisor Jeffries recommends the re-appointment of Allison Dale to the Woodcrest Municipal Advisory Council (MAC). Ms. Dale continues to be an asset to this MAC bringing valuable insight, experience and a strong desire to better the Woodcrest Community; therefore I wish to re-appoint her for another term.

KEVIN JEFFRIES  
1<sup>ST</sup> District Supervisor

| FINANCIAL DATA  | Current Fiscal Year: | Next Fiscal Year: | Total Cost: | Ongoing Cost: | POLICY/CONSENT<br>(per Exec. Office)  |
|-----------------|----------------------|-------------------|-------------|---------------|---|
| COST            | \$ N/A               | \$ N/A            | \$ N/A      | \$ N/A        | Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/> |
| NET COUNTY COST | \$ N/A               | \$ N/A            | \$ N/A      | \$ N/A        |   |

|                             |                               |
|-----------------------------|-------------------------------|
| <b>SOURCE OF FUNDS:</b> N/A | <b>Budget Adjustment:</b> N/A |
|                             | <b>For Fiscal Year:</b> N/A   |

**C.E.O. RECOMMENDATION:** N/A

**County Executive Office Signature**

**MINUTES OF THE BOARD OF SUPERVISORS**

- A-30
- Positions Added
- 4/5 Vote
- Change Order

**Prev. Agn. Ref.:** | **District:** All | **Agenda Number:**

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**FORM 11: Re-appointment to the Woodcrest Municipal Advisory Council**

**DATE: June 4, 2014**

**PAGE: Page 2 of 2**

**Impact on Citizens and Businesses**

N/A

**SUPPLEMENTAL:**

**Additional Fiscal Information**

N/A

**Contract History and Price Reasonableness**

N/A