



Snohomish County Council

Legislation Text

File #: 2023-0264, Version: 1

Executive/Council Action Form (ECAF)

ITEM TITLE:

Motion 23-117, confirming the reappointment of Jennifer Delia Bereskin to the Community Services Advisory Council

DEPARTMENT: Human Services

ORIGINATOR: Nichole Bascue

EXECUTIVE RECOMMENDATION: Approved by Lacey Harper 3/13/23

PURPOSE: To recommend the appointment Jennifer Delia Bereskin of to the Community Services Advisory Council.

BACKGROUND: The Community Services Advisory Council was established by the County Council in 1986 with the purpose of ‘advising the county executive and the county council, through the Snohomish County Human Services Department, on all matters relating to the causes of poverty and to a reduction in the effects of poverty. The Advisory Council makes efforts to have each County Council legislative district represented through membership, with at least one-third of the members representative of low-income individuals and families, and the balance drawn from individuals in the private sector and public elected officials or their representatives. The sectors are termed Low-Income Representative, Community Representative, and Elected Official Representative. Members serve four-year terms and may not serve more than two consecutive terms. Appointments are recommended by the Executive and confirmed by the County Council.

Ms. Delia Bereskin resides in District 4

Ms. Delia Bereskin is currently a full time student

Ms. Delia Bereskin has extensive experience serving families and children who experience barriers while living on the reservation and having low income backgrounds

Ms. Delia Bereskin has a Bachelor’s in Native Studies

Ms. Delia Bereskin is recommended for a second four year term upon appointment

FISCAL IMPLICATIONS:

EXPEND: FUND, AGY, ORG, ACTY, OBJ, AU	CURRENT YR	2ND YR	1ST 6 YRS

TOTAL			
--------------	--	--	--

REVENUE: FUND, AGY, ORG, REV, SOURCE	CURRENT YR	2ND YR	1ST 6 YRS
TOTAL			

DEPARTMENT FISCAL IMPACT NOTES: Click or tap here to enter text.

CONTRACT INFORMATION:

ORIGINAL _____ CONTRACT# _____ AMOUNT _____
AMENDMENT _____ CONTRACT# _____ AMOUNT _____

Contract Period

ORIGINAL START _____ END _____
AMENDMENT START _____ END _____

OTHER DEPARTMENTAL REVIEW/COMMENTS: Approve by Finance - Nathan Kennedy 3/13/23