



A Tradition of Stewardship
A Commitment to Service

County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4580

Neha Hoskins
Clerk of the Board

November 20, 2024

Mary G. Palmer

[Redacted]
Yountville, CA 94599
[Redacted]

Re: Napa/Solano Area Agency on Aging Oversight Board

Dear Mary:

You have been a valued member of the Napa/Solano Area Agency on Aging Oversight Board representing Senior Community. The term of your position expires on December 31, 2024. If you wish to request reappointment for a 2-year term, please check the following box:

Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the Napa/Solano Area Agency on Aging Oversight Board for the term commencing immediately and expiring December 31, 2026.

If you have chosen to request reappointment, please check one of the two boxes below regarding your last application:

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I confirm that all the information on my last application is current.

Some of the information on my last application is no longer current or is five (5) years old or older. I will submit a new or revised application.

(To complete a new application form either contact the Napa County Executive Office or go to the following link to complete your application online:

<http://ca-napacounty.civicplus.com/1420/Committees-Commissions>

After checking the appropriate boxes, sign and date on the lines below and return this letter to the County Executive Office by mail or email no later than Friday, December 13, 2024.

Mary G. Palmer
SIGNATURE

Nov. 3, 2024
DATE

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Application for Appointment to Board, Commission, Committee, Task Force or Position

Applicants appointed by the Board of Supervisors will be required to take an oath of office. All applications will be kept on file for one year from the date of application.

Public Records Act

Applications are public records that are subject to disclosure under the California Public Records Act. Information provided by the applicant is not regarded as confidential except for the addresses and phone numbers of references and the applicant's personal information including home and work addresses, phone numbers and email address.

Form 700 Conflict of Interest Code

[California Fair Political Practices Website](#)

Please note that appointees may be required by state law and county conflict of interest code to file financial disclosure statements.

Which Boards would you like to apply for?

Napa Solano Area Agency on Aging Oversight Board: Submitted

Category of Membership for Which You Are Applying

Senior Community Representative

Profile

Mary _____ G _____ Palmer _____
First Name Middle Initial Last Name

Email Address

Home Address Suite or Apt

Yountville _____ CA _____ 94599 _____
City State Postal Code

Which supervisorial district do you reside in? *

District 3

To find your supervisorial district go to <https://www.countyofnapa.org/2051/Find-my-supervisor-and-district> and enter your address.

Primary Phone

Mary G Palmer

n/a
Employer

n/a
Job Title

n/a
Occupation

Education/Experience

BA Dunbarton College of the Holy Cross, Wash., DC M ed Arizona State University, Tempe, AZ
Napa County Commission on Aging Member IHSS Advisory Board Current member of Napa Solano Area Agency on Aging Oversight Board

Name and occupation of spouse within the last 12 months, if married. (For conflict of Interest purposes)

Robert L. Palmer, Lawyer

Resume

[Palmer_let.docx](#)

Upload a Resume

[Palmer_let.docx](#)

Letter of Recommendation or Supplemental Attachments

Professional or occupational license, date of issue, and expiration including status

References: Provide names and phone numbers of 3 individuals who are familiar with your background.

N [redacted] eskin-Anderson [redacted] Marc Frankenstein [redacted] Celine Regalia [redacted]

Community Participation

Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute.

I am very involved with Napa County senior citizens issues. This Board needs representation from Napa County and I feel like I would be a good fit to represent Napa.

Nature of activity and community location

Other County Board/Commission/Committee on Which You Serve/Have Served

Napa County Commission on Aging, member IHSS Advisory Board, member

Public Actions that may impact Credit Rating (List all court or other public administration actions impacting your credit rating within the past ten (10) years)

n/a

Mary G Palmer

Electronic Signature Agreement

I meet the criteria required to serve in this position.

Yes No

I declare under penalty of perjury that the foregoing is true and correct.

Yes No

Please Agree with the Following Statement

By checking the "I agree" box below, you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.

I Agree

Electronic Signature (First M. Last)

Mary G Palmer

Date

12/3/2024

December 7, 2021

Napa/Solano Area Agency on Aging
Attn: Executive Director Elaine Clark

Dear Ms. Clark:

I am writing to recommend Mary Palmer as a member of the Oversight Board for your agency. I have worked with Mary since she served on the AAA Advisory Council and the Napa County Commission on Aging for a number of years.

The Board will be well served by Mary. She is dedicated, diligent and devoted to the issues facing our older adults and I can think of no one more qualified.

Heather Stanton