



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

June 13, 2024

RECEIVED

JUN 24 2024

NAPA COUNTY
EXECUTIVE OFFICE

Fran Rosenberg

Napa, CA 94558

Via email:

Re: **Napa/Solano Area Agency on Aging Advisory Council**

Dear Fran:

You have been a valued member of the **Napa/Solano Area Agency on Aging Advisory Council** representing **Napa County Alternate 1**. The term of your position expires on June 30, 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 County Mental Health Board for the term commencing immediately and expiring June 30, 2026.

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

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Some of the information on my last application is no longer current or is five (5) years old or older.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, June 28, 2024**.

Fran Rosenberg
SIGNATURE

6/17/2024
DATE

COUNTY EXECUTIVE OFFICE

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Received
2/14/19
Sme



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Application for Membership on Napa/Solano Area Agency on Aging Advisory Council (Feel free to attach a resume or curriculum vitae (CV))

Federal and State laws mandate the composition of the Area Agency on Aging (AAA) Advisory Council. The application questions are designed to ensure the legal composition of the Advisory Council.

Name: FRAN ROSENBERG

Date of Birth: [REDACTED]
Month Date Year

Please indicate which county you are applying to represent:

Napa County Solano County

Please indicate your membership preference:

Primary Representative Alternate Representative No Preference

Please indicate the category for which you are applying and your category affiliation (if applicable):

Representatives of older individuals
 Representative of health care provider organizations, including providers of veterans' health care

Health care organization affiliation: _____

Representatives of supportive services provider organizations.

Supportive Services organization affiliation: _____

Persons with leadership experience in the private and voluntary sectors.

Leadership experience (resume or CV may be attached): EXECUTIVE DIRECTOR
MOLLY'S ANGELS (RETIRED)

Local elected officials

Elected position: _____

Term of Office: _____
Term Start Date Term End Date

Family caregiver representative

The general public.

Please indicate your race and ethnicity:

White Hispanic Asian Black

Native Hawaiian/Pacific Islander American Indian Other: _____

Residence Address: [Redacted]

Business Address: _____

Phone Numbers: Home: [Redacted] Business: [Redacted]
Mobile: [Redacted]

Supervisorial District in which you reside: 1 2

The following links can be used as a reference for Supervisorial District information:

Solano County:

http://www.solanocounty.com/depts/rov/district_maps_and_lookup/districtlookup.asp

Napa County (select "My District" from the link below):

<https://www.countyofnapa.org/2116/Board-of-Supervisors>

It is anticipated that the Advisory Council will meet monthly. Dates and meetings locations will be determined by the Advisory Council and Advisory Council members may be asked to attend quarterly meetings of the AAA Oversight Board. Please indicate any obstacles you may have with regard to meeting attendance (example: "I am not able to meet on Mondays or Wednesdays");

Any day will be acceptable.

Memberships in other organizations or committees or other community participation (list name and address and nature of organization/committee or community participation):

N/A today
Previous - HAPI - Napa up Valley Senior Collaboration - St Helena
VITAL - Volunten Transportation Alliance - Lafayette, CA

Please provide a brief description of your employment and educational history (resume or CV may be attached):

Presentation High School, S.F. 12th grade / City College SF 1 year
Small business owner - 30 years
Molly's Angels non-profit organization - 20 years

References (list 3):

Name	Relationship	Phone Number
<i>Bill Lipschultz</i>	<i>Friend</i>	[Redacted]
<i>Jean Bennett</i>	<i>Friend</i>	[Redacted]
<i>Nicole Pfister</i>	<i>Friend</i>	[Redacted]

Why do you want to serve on the Advisory Council?: *Knowledge of Senior programs and problems of the older adults in Napa County.*

Napa Applicants: please list all court or other public administration actions impacting your credit rating within the past 10 years: *None*

Applicant signature: *Gian Rosenberg* Date: *Feb. 13, 2019*