



A Tradition of Stewardship
A Commitment to Service

County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.napcounty.gov

Main: (707) 253-4580

Neha Hoskins
Clerk of the Board

December 15, 2025

Greg Clark

Napa, CA 94558

Re: Napa County Behavioral Health Board

Dear Greg:

You have been a valued Member of the Napa County Behavioral Health Board representing **Consumer**. The term of your position expires on January 1, 2026. If you wish to request reappointment for another 3-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 Behavioral Health Board for the term commencing immediately and expiring January 1, 2029.

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Some of the information on my last application is no longer current or is five (5) years old or older.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:

[Boards, Committees & Commissions | Napa County, CA](#)

After checking the appropriate box, **sign and date on the lines below and return this letter to the County Executive Office by mail or email.**



SIGNATURE

____ January 14, 2026 _____
DATE

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 County Advisory Board on Alcohol and Drug Programs (ABAD): Submitted

Category of Membership for Which You Are Applying

Recovery Community or community member

Profile

Greg

First Name

Clark

Last Name

Middle Initial

Email Address

Home Address

Suite or Apt

Napa

City

CA

State

94558

Postal Code

Which supervisorial district do you reside in? *

District 2

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

Primary Phone

None

Employer

NA

Job Title

Retired

Occupation

Education/Experience

Masters degree Public Admin, BS Ag Science/viticulture; approx. 30 years county ag commissioner system, including 18.5 yrs w/County of Napa.

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

Lisa Clark, retired

Resume

Upload a Resume

Letter of Recommendation or Supplemental Attachments

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

Calif Depart Food & Ag Ag Commissioner/Sealer license, exp. 7/2023

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

William Chadwick

Bret Prebula

John Cornutt

Liz Alessio

Community Participation

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

I desire to assist County of Napa in developing and delivering ABADP activities, goals, objectives and resources to assist our community,. Given my extensive experience with County processes, community relations, and personal journey in addiction recovery, I know I can help ADAP in ways other candidates may not. I want to contribute and gratefully repay the community and County for the recovery lfe experiences from which I have personally grown. It is the least I can do.

Nature of activity and community location

Operation with Love From Home (Napa County area primarily) - assisted in the preparation, deployment and weekly collection of donated items for eventual distribution to US military personnel around the world. Occured during summer and winter collections (2021-2022). Volunteer in service role as a member of 12 step recovery program, secretarying meetings since at least 2017. Napa area.

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

ABAD 2001-2005 approx.

Greg Clark

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)

None

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)

Greg Clark

Date

12/26/2022