



COUNTY OF FRESNO
BOARDS, COMMISSIONS, COMMITTEES APPLICATION FORM

Please be advised that you may be required to file a Form 700 - Statement of Economic Interest

Name of Applicant: Mary Cortez
Home Address:
Current Employer: Mary Cortez Inc
Business Address:
Home Phone:
Work Phone:
E-mail Address:

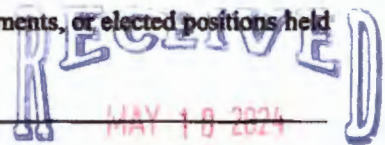
NOTE: Please check [ ] above the address and telephone number you would like listed on the roster if you are appointed. The roster information maybe released as a public record.

COMPLETE NAME of Board/Committee/Commission(s) you are interested in serving on as well as the position for which you are qualified (if necessary). If you are applying for the Behavioral Health Board, Fresno Child Care & Development Local Planning Council, In-Home Supportive Services Advisory Committee, or Children and Families Commission, please also complete the supplemental application. If you are applying for the Workforce Development Board, please note a different application form is required.

Silver Creek drainage district

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

X



What experience or special knowledge can you bring to your area(s) of interest?

land owner in district

CLERK. BOARD OF SUPERVISORS

List community organizations to which you belong:

X

Convictions and Penalties - Have you ever been convicted of a felony? If yes, give dates(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying).

NO

List any affiliation you or your spouse has with public service agencies:

None

I HAVE READ THE "FRESNO COUNTY BOARD OF SUPERVISORS' ADMINISTRATIVE POLICY NO. 35" REGARDING CONFLICT OF INTEREST FOR BOARD APPOINTEES AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES AT ALL TIMES WHILE AN APPOINTED MEMBER OF THE INTERESTED NAMED COMMITTEE. AT PRESENT, TO THE BEST OF MY KNOWLEDGE, NO CONFLICT OF INTEREST EXISTS IN MY SERVING ON THIS COMMITTEE

(Signature)

(Date)

5-9-24

PLEASE RETURN COMPLETED FORM TO:

Clerk, Board of Supervisors
Hall of Records, Room 301
2281 Tulare Street, Fresno, CA 93721
Telephone: (559) 600-3529, Option 4
Fax: (559) 600-1608

APPLICATIONS WILL BE KEPT ON FILE FOR ONE YEAR.
Please re-file after that time if you are still interested in serving on a Board, Commission or Committee

**FRESNO COUNTY BOARD OF SUPERVISORS  
ADMINISTRATIVE POLICY  
NO. 35**

**SUBJECT: CONFLICT OF INTEREST - BOARD APPOINTEES**

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**POLICY STATEMENT**

In addition to any Federal or State conflict of interest requirements which may apply, no member of any board, commission or committee shall make, participate in making or in any way attempt to use their position to influence a decision in which he or she knows or has reason to know that he or she or their spouse has a financial interest. In all such cases, the affected member shall disclose their interests in the records of the board, commission or committee and shall refrain from participating in all discussions and votes concerning the matter in which they or their spouse has a financial interest.

The purpose of this policy is not only to avoid actual improprieties, but also the appearance of possible improprieties. Therefore, it is the policy of the Board of Supervisors that any doubts as to whether a member shall refrain from participating in a particular matter should be resolved in favor of non-participation.

While recognizing that state law and regulations may specify categories of memberships on certain board, commission and committees, to the extent possible, no one shall be appointed to a board, commission or committee which recommends funding allocations to community based organizations, who is or whose spouse is a director or officer of an agency or organization which competes in the funding process before that board, commission or committee.

**MANAGEMENT RESPONSIBILITY**

The County Administrative Officer shall provide all nominees to County boards, commission and committees with copies of the Board's Conflict of Interest policy. Additionally, the County's staff to each board, commission, and committee shall be provided with a copy of the application of each appointee so as to be able to assist in monitoring compliance with the conflict of interest policy. Monitoring shall include annual review of appointee circumstances as they may change during each appointee's term of office.

**APPLICANT/NOMINEE RESPONSIBILITY**

All applicants shall state on their application for appointment what affiliation, if any, they or their spouse has with public service agencies. Additionally, all applicants shall certify prior to their participation as a voting representative of the Board of Supervisors that they have read this policy and can serve free of any conflict of interest. The certification will be made by an applicant/nominee by signing the application for their appointment. Further, should any conflict of interest arise during the appointee's term of office, the appointee shall so declare and abstain from participation on the proceeding and business as it relates to the area of conflict.

For those boards, commissions and committees which recommend funding allocations to the Board of Supervisors, no member shall participate in any discussions or decisions related to an agency of which the member or the member's spouse is a director or officer. Additionally, unless state law or regulation require otherwise, any such member shall also refrain from participation in discussions or decisions related to proposals which are in direct competition with a proposal submitted by the agency of which the member or member's spouse is a director or officer.



**SUPPLEMENTAL APPLICATION FOR LANDOWNER AND ELECTED SPECIAL DISTRICTS**

Complete Name of Landowner or Elected Special District: Mark Coit

List the name of the person who previously held the seat you are interested in: \_\_\_\_\_

I meet the statutory requirements to be a board member per the following requirement(s) (Check all applicable requirements):

TYPE OF DISTRICT	QUALIFICATIONS
Community Services District (Water) Conservation District Fire Protection District Health Care District Hospital District Public Utility District Recreation and Park District (County) Water District	<input type="checkbox"/> I am a voter in the District  and (if applicable) <input type="checkbox"/> I am a voter in the _____ Division of the District. or <input type="checkbox"/> I am a voter in the _____ Zone of the District.
Drainage District	<input checked="" type="checkbox"/> I am: <input checked="" type="checkbox"/> A holder of title to land within the District, or <input type="checkbox"/> The legal representative of a holder of title to land within the District; or <input type="checkbox"/> A designated representative of a holder of title to land within the District, if the holder of title to land is not a natural person and the holder has filed with the district written evidence of the designation.  or <input type="checkbox"/> I am: <input type="checkbox"/> A holder of title to land within the _____ division of the District, or <input type="checkbox"/> The legal representative of a holder of title to land within the _____ division of the District; or <input type="checkbox"/> A designated representative of a holder of title to land within the _____ division of the District, if the holder of title to land is not a natural person and the holder has filed with the district written evidence of the designation.
Irrigation District	<input checked="" type="checkbox"/> I am a landowner in the District and/or <input type="checkbox"/> I am a voter in the District
Memorial District	<input type="checkbox"/> I am a voter in the District and (if applicable) <input type="checkbox"/> I have been honorably discharged from the armed forces of the United States.
Police Protection District	<input type="checkbox"/> I am a resident of the District.
Reclamation District	<input type="checkbox"/> I am a landowner or the legal representative of a landowner in the District.
Resource Conservation District	<input type="checkbox"/> I am a voter in _____ County, California, and: <input type="checkbox"/> I reside within the District and: <input type="checkbox"/> I own real property in the District, or <input type="checkbox"/> I have served, pursuant to the District's rules, for two years or more as an associate director providing advisory or other assistance to the board of directors;  or: <input type="checkbox"/> I am a designated agent of a resident landowner within the District.
(California) Water District (Landowner)	<input type="checkbox"/> I am: <input type="checkbox"/> A holder of title to land within the District; or <input type="checkbox"/> The legal representative of a holder of title to land within the District; or <input type="checkbox"/> A representative designated by a holder of title to land within the District, if the holder has filed with the District written evidence of that designation.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 4-24-24

Signature: \_\_\_\_\_

Name: MARK COIT