

COUNTY OF SAN LUIS OBISPO  
APPLICATION FOR APPOINTMENT  
TO A BOARD, COMMISSION, OR COMMITTEE

Date: 1/3/13

Applying For: Homeless Services Oversight Council (HSOC)

Name: Kennedy Marianne D.  
Last First Middle Initial

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Place an "X" next to the HSOC membership category below which you wish to represent:

- County Government Service Providers (Behavioral Health, Planning, Social Services, Veterans Services, or Probation)
- Non-profit Service Providers
- Which area(s) of the county does this organization serve? \_\_\_\_\_
- Affordable Housing Developers
- Local K-12 Academic Institution
- Local Businesses/Business Organizations
- Law Enforcement
- Local Health Provider
- Local Faith Community
- Interested Community (preferentially with homelessness experience)
- Currently or Formerly Homeless Person
- Veterans Services Representative
- Local University or School of Higher Education
- Local Hospital
- Victims' Services Representative

**Please cite your affiliation, as staff member, board member or volunteer, with any community services agency or organization:**

For the past 26 years I have been the Executive Director of the Women's Shelter Program of San Luis Obispo County (WSP), which provides emergency shelter and 10 units of transitional housing for homeless victims of domestic violence and their children.

I serve as a Board member of the San Luis Obispo Legal Alternatives Corporation (SLOLAC), which works to increase access to affordable legal services – senior legal services, TROs for domestic violence victims, etc.

I also serve as a Board member of the San Luis Obispo County Housing Trust Fund, whose goal is to increase the amount of affordable housing in the County.

I am a founding, and continuing, member of the San Luis Obispo County Supportive Housing Consortium, which works to increase available, affordable housing for special needs clients (many of whom would be homeless without assistance).

Application for Membership on the Homeless Services Oversight Council  
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**Please describe how you qualify for the HSOC category which you have selected above:**

The WSP serves victims of domestic violence; therefore my primary efforts are geared toward the provision of services for that population who are homeless as the result of their abuse.

**While not necessarily required, knowledge of issues relating to homelessness and/or previous involvement in addressing homelessness are desirable for HSOC members and will be considered by the selection committee prior to making its recommendations to the Board of Supervisors. Please summarize your experience with the issue of homelessness or with homeless clients:**

In 1986 I was the Executive Director of Turning Point, the homeless shelter in Santa Monica. When I came to San Luis Obispo County, I was involved in the early discussion and planning stage for the local homeless shelter.

The issue of homelessness has continued to be a priority of mine.

**Please explain why you would like to serve on the HSOC (attach a separate sheet if necessary):**

Homelessness can be not only a life or death issue for those in that situation, but it is also an issue that is of primary importance to the community as a whole. It is imperative that, as a caring community, we find answers to the local problem.

I would be honored to be involved in that process.

**Please note:** It is possible that the selection committee may contact you to ask for additional information if necessary to prepare its recommendations for HSOC membership to the Board of Supervisors.

If appointed, are you willing to participate in the majority of meetings each year and, if necessary, in numerous related meetings of subcommittees?  Yes  No

Should you be appointed, are you willing, if necessary for that particular body, to file a statement of disclosure as a public official under the standards set forth by the Fair Political Practice Commission?  Yes  No

Signed Marianne Conway Date 1/3/13

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Date called/interviewed \_\_\_\_\_ Recommended for appointment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Appointee prefers not to have address or phone numbers(s) published? \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Comments: