

2

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: 4/27/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Sun school funding

NAME (PRINT & INCLUDE PRONUNCIATION): Akilah (Akeel-lah) Johnson

ADDRESS: 236 N. Killingsworth St. C302

CITY/STATE/ZIP: Portland, OR 97217

PHONE: DAYS (503) 913-1140 EVES: same

EMAIL: akilah.johnson83@gmail.com FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
2. Commenters are called to testify in the order forms are received. The Presiding Officer may re-arrange the order that testimony is given or ask Invited Guests or Elected Officials to speak first.
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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Counseling Supports (Mental Health)

NAME (PRINT & INCLUDE PRONUNCIATION): Zalika Gardner

ADDRESS: # 3635 N Williams

CITY/STATE/ZIP: Portland OR 97227

PHONE: DAYS: 503 567-9820

EVES:

EMAIL: Zalika@kairospdx.org

FAX:

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

NAME (PRINT & INCLUDE PRONUNCIATION):

Lakeshia Robinson

ADDRESS:

4817 NE Church St

CITY/STATE/ZIP:

Portland, OR 97218

PHONE:

DAYS: 503-381-8059

EVENING:

EMAIL:

Therapaf@gmail.com

FAX:

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MEETING DATE: 4/27/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): SUN Youth Advocacy

NAME (PRINT & INCLUDE PRONUNCIATION): Clay River – Youth Advocate

ADDRESS: 5135 NE Columbia Blvd

CITY/STATE/ZIP: Portland, OR 97218

PHONE: DAYS: 503.288.8177

EVES: _____

EMAIL: clayr@nayapdx.org

FAX: 503-288-1260

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SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): SUN Youth Advocacy

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Lanie Grimm – NAYA Youth

ADDRESS: 5135 NE Columbia Blvd

CITY/STATE/ZIP: Portland, OR 97218

PHONE: DAYS 503-288-8177 EVES: _____

EMAIL: _____ FAX: 503-288-1260

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): SUN Youth Advocacy

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Talise Green – NAYA Youth

ADDRESS: 5135 NE Columbia Blvd

CITY/STATE/ZIP: Portland, OR 97218

PHONE: DAYS 503-288-8177 EVES: _____

EMAIL: _____ FAX: 503-288-1260

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MEETING DATE: 04.27.16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Homeless Youth Continuum (HYC) Recovery Oriented Services of Engagement (ROSE)

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Martin Estrada (Marteen) – A& D Specialist

ADDRESS: 5135 NE Columbia Blvd

CITY/STATE/ZIP: Portland, OR 97218

PHONE: DAYS: 503.288.8177 EVES:

EMAIL: martine@nayapdx.org FAX: 503-288-1260

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MEETING DATE: 7-27-16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): NAYA/Rose

ABD Harm Reduction Hrs

NAME (PRINT & INCLUDE PRONUNCIATION): Willie Thomas

ADDRESS: NAYA

CITY/STATE/ZIP: Portland OR 97115

PHONE: DAYS: (503) 235-7226 EVES: _____

EMAIL: _____ FAX: _____

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MEETING DATE: 4/27/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

On behalf of Milagro's request for budget item for Arts Education, Outreach and Artistic Training

NAME (PRINT & INCLUDE PRONUNCIATION): Jose Gonzalez,

ADDRESS: Milagro, 425 SE 6th Avenue

CITY/STATE/ZIP: Portland, OR 97214

PHONE: _____ DAYS: 503-236-7253 EVES: _____

EMAIL: jefe@milagro.org FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

On behalf of Milagro's request for budget item for Arts Education, Outreach and Artistic Training

NAME (PRINT & INCLUDE PRONUNCIATION): Danel Malan

ADDRESS: Milagro, 425 SE 6th Avenue

CITY/STATE/ZIP: Portland, OR 97214

PHONE: _____ DAYS: 503-236-7253 EVES: _____

EMAIL: malan@milagro.org FAX: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

On behalf of Milagro's request for budget item for Arts Education, Outreach and Artistic Training

NAME (PRINT & INCLUDE PRONUNCIATION): Lina Garcia-Seabold (on behalf of Milagro)

ADDRESS: Milagro, 425 SE 6th Avenue

CITY/STATE/ZIP: Portland, OR 97214

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: lgarsea@earthlink.net FAX: _____

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SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Housing

NAME (PRINT & INCLUDE PRONUNCIATION): Thao Tu ("T-ow" Too")

ADDRESS: Asian Family Center : 8040 NE Sandy Blvd.

CITY/STATE/ZIP: Portland OR, 97213

PHONE: DAYS: 503-235-9396 **EVES:** _____

EMAIL: _____ **FAX:** _____

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MEETING DATE: April 27th, 2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Proposal to make an amendment in budget to include YouthPass funding

NAME (PRINT & INCLUDE PRONUNCIATION): Claire Kline

ADDRESS: 2407 SE 49th Ave

CITY/STATE/ZIP: Portland/OR/97206

PHONE: DAYS: 314-448-9390 EVES: _____

EMAIL: n/a FAX: n/a

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SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Proposal to make an amendment in budget to include YouthPass funding

NAME (PRINT & INCLUDE PRONUNCIATION): Jeff Deng

ADDRESS: 6432 SE 129th PI

CITY/STATE/ZIP: Portland/OR/97266

PHONE: DAYS: 503-954-7699

EVES: _____

EMAIL: n/a

FAX: n/a

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IF YOU WISH TO SUBMIT WRITTEN INSTEAD OF ORAL COMMENTS TO THE BOARD:

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: April 27th, 2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Proposal to make an amendment in budget to include YouthPass funding

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Tommy Larracas

ADDRESS: 3014 SE 89th Ave

CITY/STATE/ZIP: Portland/OR

PHONE: DAYS: 971-325-2395

EVES: _____

EMAIL: n/a

FAX: n/a

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
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16

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

**Please complete this form and return to the Board Clerk
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MEETING DATE: April 27th, 2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Proposal to make an amendment in budget to include YouthPass funding

NAME (PRINT & INCLUDE PRONUNCIATION): Barbara James

ADDRESS: 15702 SE Martins St.

CITY/STATE/ZIP: Portland/OR/97236

PHONE: _____ **DAYS:** _____ **EVES:** _____

EMAIL: bjames1014@comcast.net **FAX:** n/a

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

*****This form is a public record*****

MEETING DATE: April 27, 2016

SUBJECT: **Multnomah County Fiscal Year 2017 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Support for day laborers

NAME (PRINT & INCLUDE PRONUNCIATION): Pepe Aguilar (Peh-pay Ah-gee-LAR)

ADDRESS: 1131 SE Oak St

CITY/STATE/ZIP: Portland, OR 97214

PHONE: **DAYS:** 503 233 6787

EVES: 503 233 6787

EMAIL: jouez@yahoo.com

FAX: n/a

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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18

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

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*****This form is a public record*****

MEETING DATE: April 27, 2016

SUBJECT: **Multnomah County Fiscal Year 2017 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Support for day laborers

NAME (PRINT & INCLUDE PRONUNCIATION): Andrew Wirth (Andrew Worth)

ADDRESS: 1131 SE Oak St

CITY/STATE/ZIP: Portland, OR 97214

PHONE: **DAYS:** 503 233 6787

EVES: 503 233 6787

EMAIL: development@portlandvoz.org

FAX: n/a

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19

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk

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MEETING DATE: 4/27/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): CHIP - Mult. Co.

Health Department appreciation

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Kristina Narayan (Nuh-rye-an)

ADDRESS: 7827 N. Exeter

CITY/STATE/ZIP: Portland / OR / 97207

PHONE: DAYS: (971) 269-5808 EVES: /

EMAIL: Kristina@upano.org FAX: /

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: April 27, 2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Community Health Worker

NAME (PRINT & INCLUDE PRONUNCIATION): Suliasi Laulaupeaalu (Lau-Lau-PAY-ah-AH-lu)

ADDRESS: 8040 NE Sandy Blvd

CITY/STATE/ZIP: Portland, Oregon 97213

PHONE: DAYS: 971-271-6593 EVES: 971-271-6593

EMAIL: <laulaupeaalufamily2013@gmail.com>

FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: April 27, 2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Culturally Specific CHW

NAME (PRINT & INCLUDE PRONUNCIATION): Mariam Njoroge

ADDRESS: 8040 NE Sandy Blvd.

CITY/STATE/ZIP: Portland, Oregon 97213

PHONE: DAYS: 971.27.6528 EVES: 971.27.6528

EMAIL: _____ FAX: _____

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
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MEETING DATE: April 27, 2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Community Health Worker

NAME (PRINT & INCLUDE PRONUNCIATION): Chi Bui [Chee- Bu-EE]

ADDRESS: 8040 NE Sandy Blvd

CITY/STATE/ZIP: Portland, Oregon 97213

PHONE: DAYS: 971-271-6593 **EVES:** 971-271-6593

EMAIL: chiB@irco.org

FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: April 27, 2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Community Health Worker

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Phung Thai [FU-TIE]

ADDRESS: 8040 NE Sandy Blvd

CITY/STATE/ZIP: Portland, Oregon 97213

PHONE: DAYS: 971-271-6593 EVES: 971-271-6593

EMAIL: chiB@irco.org

FAX: _____

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X

25

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

*****This form is a public record*****

MEETING DATE: 4/27/2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): SUN Services System

& Promise Neighborhoods

NAME (PRINT & INCLUDE PRONUNCIATION): LEE PO CHA

ADDRESS: 10301 NE Glisan St

CITY/STATE/ZIP: Portland, OR 97220

PHONE: DAYS: 971-271-6400

EVES: _____

EMAIL: leec@irco.org

FAX: _____

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: APRIL 24 2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): AFRICAN IMMIGRANT
PARENT CHILDREN SERVICE - AIPEDS / AFRICA HOUSE

NAME (PRINT & INCLUDE PRONUNCIATION): MATANDA LUCY MASAKADI

ADDRESS: 631 NE 102nd Avenue

CITY/STATE/ZIP: PORTLAND

PHONE: DAYS: 971-271-6512 EVES: 971-271-6712

EMAIL: matandamg@aico.org FAX: 971-271-6712

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
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MEETING DATE: April 27, 2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):
Leadership Development Program

NAME (PRINT & INCLUDE PRONUNCIATION): Ace Epenrosa [Ace Eh-PEN-Rosa]

ADDRESS: 8040 NE Sandy Blvd.

CITY/STATE/ZIP: Portland, Oregon 97213

PHONE: DAYS: 503 568-0937 EVES: 503 568-0937

EMAIL: kolini

FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: 4/27/2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Anti-Poverty Program

-AFRICAN
IMMIGRANT

NAME (PRINT & INCLUDE PRONUNCIATION): AMEE IKOMBI

ADDRESS: 635 SE 182nd Ave

CITY/STATE/ZIP: PORTLAND

PHONE: 971-263-9724

DAYS: SAME

EVES: _____

EMAIL: N/A

FAX: _____

N/A

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
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MEETING DATE: 4/27/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____
Leadership Development

NAME (PRINT & INCLUDE PRONUNCIATION): Candi Brings Plenty

ADDRESS: 5135 NE Columbia Blvd (NAYA)

CITY/STATE/ZIP: Portland, OR 97218

PHONE: DAYS: 503-288-8177 **EVES:** _____

EMAIL: _____ **FAX:** _____

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IF YOU WISH TO SUBMIT WRITTEN INSTEAD OF ORAL COMMENTS TO THE BOARD:

1. Please complete this form along with your written testimony and return to the Board Clerk at the meeting, or submit by e-mail at: lynda.grow@multco.us
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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: 04/27/2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): African leadership Development

NAME (PRINT & INCLUDE PRONUNCIATION): Thomas Aquinas Debpuur

ADDRESS: 1955 SW 5th Ave Apt 622A

CITY/STATE/ZIP: Portland, Oregon 97201

PHONE: DAYS: 5037299571

EVES: _____

EMAIL: tommydeb1@yahoo.com

FAX: _____

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: 03/27/2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): African Leadership Program

NAME (PRINT & INCLUDE PRONUNCIATION): Eugene Sadiki (U-GIN) (SA-DI-KEY)

ADDRESS: 4509 N. Newark St

CITY/STATE/ZIP: Portland, OR 97203

PHONE: DAYS: 503 960 1424 EVES:

EMAIL: eugenefaye63@yahoo.com FAX:

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
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MEETING DATE: April 27, 2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):
Leadership Development Program

NAME (PRINT & INCLUDE PRONUNCIATION): Misipa Fononga (Miss-PAH Foh-NO-Ngah)

ADDRESS: 8040 NE Sandy Blvd.

CITY/STATE/ZIP: Portland, Oregon 97213

PHONE: _____ DAYS: 503 568-0937 EVES: 503 568-0937

EMAIL: _____ FAX: _____

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: April 27, 2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Community Healing Initiative

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Angélica Delgado

ADDRESS: 900 NW MarwCrest Dr. #106

CITY/STATE/ZIP: Gresham, OR 97030

PHONE: _____ DAYS: (503)975-3016 EVES: _____

EMAIL: _____ FAX: N/A

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: April 27, 2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Community Healing Initiative

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Patricia Calderón

ADDRESS: 301 NW Eastman Pkwy

CITY/STATE/ZIP: Gresham, OR 97030

PHONE: _____ DAYS: (503) 492 -9774 EVES: _____

EMAIL: _____ FAX: N/A

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: April 27, 2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Community Healing Initiative

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Yolanda Gonzalez

ADDRESS: 1923 NE 73rd, #4

CITY/STATE/ZIP: Portland, OR 97213

PHONE: DAYS: 971-227-8425 EVES: _____

EMAIL: Yolanda@latnet.org FAX: N/A

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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X

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: April 27, 2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Community Healing Initiative

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Alfredo Nino (Freddy)

ADDRESS: 150 SE 188th Ave, #34

CITY/STATE/ZIP: Portland, OR 97226

PHONE: DAYS: 971-227-8425

EVES: _____

EMAIL: alfredonino.017@gmail.com

FAX: N/A

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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This form is a public record

MEETING DATE: April 27, 2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

NAME (PRINT & INCLUDE PRONUNCIATION): Alan Hipólito ee poh lee toh

ADDRESS: 6899 NE Columbia Blvd Suite A

CITY/STATE/ZIP: Portland / OR / 97218

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: alan@verdenw.org FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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**JUNTA DE COMISIONADOS DEL CONDADO DE MULTNOMAH
REGISTRO PARA TESTIMONIO PÚBLICO**

Por favor, complete este formulario y someta lo a la Secretaria de Junta

***** Este formulario es un documento público *****

FECHA DE REUNION: 04-28-16

ASUNTO: Presupuesto del Año Fiscal 2017 del Condado de Multnomah

TEMA PRESUPUESTARIA (Departamento o Programa):

Colly Park

NOMBRE (Por favor escriba su nombre como le gustaria ser presentado/a):

Juana Hernandez Lopez

DIRECCIÓN: 6415 NE Killingsworth st unidad G18

CIUDAD / ESTADO / CODIGO POSTAL: Portland Or. 97218

TELÉFONO: DÍAS: 971 7034364 VISPERAS: _____

CORREO ELECTRONICO: _____ FAX: _____

SI USTED DESEA PRESENTAR A LA JUNTA DE COMISIONADOS EN PERSONA:

1. Por favor, llenar este formulario y sometalo a la Secretaria de Junta.
2. Se le aprecia que somete este formulario 15 minutos antes en el comienzo de la reunión.
3. Las personas que hacen comentarios públicos serán llamados en el orden en que se reciben estos formularios. El Presidente (Chair) podrá pedir que invitados o funcionarios electos presenten primero.
4. Cuando su nombre se llama, tome asiento en la mesa de Presentadores.
5. Cuando sea su turno, empieza su presentación diciendo su nombre para el registro. Asegúrese de hablar con claridad en los micrófonos. Todas las reuniones son grabadas.
6. Los comentarios del público se limitan a 3 minutos por persona, pero el Presidente (Chair) tiene la autoridad para acortar el tiempo, basado en el número de personas que testifican.
7. Si usted desea presentar documentación por escrito con sus comentarios orales, por favor traiga 7 copias y presente las al Secretario de la Junta, que las distribuirá a los miembros de la Comisión. Su testimonio se mantendrá permanente.
8. Todas las reuniones se graban en audio y video y se pueden ver en el sitio web: multco.us.
9. El Presidente tendrá el derecho de mantener el orden y podrá imponer restricciones razonables son necesarias para la realización eficiente y ordenado de la reunión. Cualquier persona que no cumpla con el código de conducta, o que interfiera, se le puede pedir que salga, y si no quiere hacerlo, se convierte en un problema y se tomarán las medidas necesarias. Las copias de las reglas de conducta están disponibles junto al formulario de inscripción.

**SI DESEA SOMETER COMENTARIOS ESCRITOS EN LUGAR DE COMENTARIOS ORALES
A LA JUNTA DE COMISIONADOS:**

1. Por favor, llenar este formulario junto con su testimonio escrito y somete la, en la reunión con la Secretaría de Junta, o mande los através de e-mail a: lynda.grow@multco.us
2. El testimonio escrito será inscrito en el registro oficial.

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**JUNTA DE COMISIONADOS DEL CONDADO DE MULTNOMAH
REGISTRO PARA TESTIMONIO PÚBLICO**

Por favor, complete este formulario y someta lo a la Secretaria de Junta

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FECHA DE REUNION: 4-27-16

ASUNTO: Presupuesto del Año Fiscal 2017 del Condado de Multnomah

TEMA PRESUPUESTARIA (Departamento o Programa):

Sully Park

NOMBRE (Por favor escriba su nombre como le gustaria ser presentado/a):

ZOEMY TUZ

DIRECCIÓN: 5530 NE 60th #201

CIUDAD / ESTADO / CODIGO POSTAL: Portland OR 97218

TELÉFONO: DÍAS: 503-819-1850

VISPERAS: _____

CORREO ELECTRONICO: _____

FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: 04/27/2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Voters' Education

NAME (PRINT & INCLUDE PRONUNCIATION): Som Nath Subedi

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: 4/27/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): ADVSD

Senior Hunger Initiative + Public Guardian

NAME (PRINT & INCLUDE PRONUNCIATION): Tamara Maher ("MARR")

ADDRESS: 2525 N Killingsworth St. #204

CITY/STATE/ZIP: Portland, OR 97217

PHONE: DAYS: 503 490-5352

EVES: same

EMAIL: tamara@tamaramaherlaw.com

FAX: 503 285-7057

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ELDERS IN ACTION

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: 4/27/2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): IRCW/AFRICAHOUSE
COMMUNITY HEALTH WORKER PROGRAM

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): KOFFI DESSOU

ADDRESS: 6816 SE Division St

CITY/STATE/ZIP: PORTLAND OR 97206

PHONE: DAYS: 503 863 9539 EVES: same

EMAIL: Koffi.dessou@gmail.com FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
2. Commenters are called to testify in the order forms are received. The Presiding Officer may re-arrange the order that testimony is given or ask Invited Guests or Elected Officials to speak first.
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IF YOU WISH TO SUBMIT WRITTEN INSTEAD OF ORAL COMMENTS TO THE BOARD:

1. Please complete this form along with your written testimony and return to the Board Clerk at the meeting, or submit by e-mail at: lynda.grow@multco.us
2. Written testimony will be entered into the official record.

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ND

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: _____

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Restorative

Justice is schools

NAME (PRINT & INCLUDE PRONUNCIATION): Laticia Huchin

ADDRESS: 12800 NE sandy bvd Apt #19

CITY/STATE/ZIP: portland, OR, 97230

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: huchinlaticia@gmail.com FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: _____

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Restorative Justice
in Schools

NAME (PRINT & INCLUDE PRONUNCIATION): Christina Aibo

ADDRESS: 1705 NE Rosa Parks Way

CITY/STATE/ZIP: Portland OR

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: christina@resolutionsnwest.org FAX: _____

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NLS

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE:

4/27/2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Youth Pass

NAME (PRINT & INCLUDE PRONUNCIATION):

Barbara James

ADDRESS:

15702 SE Martins St

CITY/STATE/ZIP:

Portland, Or 97236

PHONE:

DAYS: 503-760-0546

EVES:

same

EMAIL:

bjames104@comcast.net

FAX:

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 4/27/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Lifeworks Northwest
strengthening Families program

NAME (PRINT & INCLUDE PRONUNCIATION): Amy Shea Peeles

ADDRESS: 8425 N. Lombard Street

CITY/STATE/ZIP: Portland OR 97203

PHONE: DAYS: 503-334-1153 EVES: 503-283-4776

EMAIL: _____ FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

*****This form is a public record*****

MEETING DATE: 4/27/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Life Works Northwest
Strengthening Families Program

NAME (PRINT & INCLUDE PRONUNCIATION): Stephanie Fisch

ADDRESS: 5036 N. Esperanza Ct

CITY/STATE/ZIP: Port OR 97203

PHONE (cell) DAYS: 503-804-3219 **EVEs:** Serve

EMAIL: StephanieFisch1995@gmail.com **FAX:** —

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: _____

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

SUN INNOVATION
FUND - College Possible

NAME (PRINT & INCLUDE PRONUNCIATION):

Paige Hill

ADDRESS: _____

CITY/STATE/ZIP: Portland, OR

PHONE: _____

DAYS: _____

EVES: _____

EMAIL: _____

FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 04-27-2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Non Deptl.

Program # 10016-17 office of Govt. Rels.

NAME (PRINT & INCLUDE PRONUNCIATION): Matthew Charles Cardinale

ADDRESS: 555 NW Park Ave #314

CITY/STATE/ZIP: Portland / OR 97209

PHONE: DAYS: (404) 983 6049 EVES: _____

EMAIL: Matthew Charles Cardinale@gmail.com FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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NLS

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING PUBLIC COMMENT SIGN-UP SHEET

Please complete this form and return to the Board Clerk

*****This form is a public record*****

MEETING DATE: 4/27

AGENDA # _____ OR NON-AGENDA SUBJECT: Elimination of Growing Gardens
contract from budget

FOR: _____ AGAINST: X

NAME: Anna Garwood

CONTACT INFORMATION (optional):

ADDRESS: 2203 NE Oregon St.

CITY/STATE/ZIP: Portland OR

PHONE: (503) 284-8420 x109 EMAIL: anna@growing-gardens.org

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Fill out this form and submit to the Board Clerk.
2. Non-Agenda items will be called immediately after the vote on the Consent Agenda.
3. Agenda items will be called during that item's presentation, before the vote is taken.
4. Presenters are called to testify in the order forms are received. The Presiding Officer may rearrange the order testimony is given or ask Invited Guests or Elected Officials to speak first.
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IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD IN LIEU OF GIVING ORAL COMMENTS:

1. Complete this form and submit it along with your written testimony to the Board Clerk at the meeting, or by e-mail at: lynda.grow@multco.us
2. Written testimony will be entered into and remain a part of the official record.

MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING PUBLIC COMMENT SIGN-UP SHEET

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 4/27/2016

AGENDA # ____ OR NON-AGENDA SUBJECT: Keeping Growing Gardens in the county budget.

FOR: x AGAINST: ____

NAME: Sarah Canterbury

CONTACT INFORMATION (optional):

ADDRESS: 4255 NE Alberta St.

CITY/STATE/ZIP: Portland OR 97218

PHONE: 503 381 5003

EMAIL: Sarahc@growing-gardens.org

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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X

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 4/27/2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): youth empowerment

NAME (PRINT & INCLUDE PRONUNCIATION): Siyat Hefou

ADDRESS: 6430 SE 128th ave Portland OR

CITY/STATE/ZIP: 97236

PHONE: _____ DAYS: _____

EVES: _____

EMAIL: Siyat619@live.com

FAX: _____

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: 4/27/2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): ANTI-POVERTY – AFRICAN IMMIGRANT

NAME (PRINT & INCLUDE PRONUNCIATION): SYLVIA KOSH

ADDRESS: 2718 NE 205th AVE.

CITY/STATE/ZIP: FAIRVIEW, OR 97024

PHONE: 503-810-1374 DAYS: SAME EVES: SAME

EMAIL: N/A FAX: N/A

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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This form is a public record

MEETING DATE: 1-27-16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Public Health Division
Advisory Board - STD - Needle Exchange

NAME (PRINT & INCLUDE PRONUNCIATION):

Aprek Johnson

ADDRESS: 11012 SE Stark Unit M

CITY/STATE/ZIP: POX OR 97216

PHONE:

DAYS: 503-890-0440

EVES: _____

EMAIL:

johnson.ar63@gmail.com

FAX: _____

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X

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
РЕГИСТРАЦИЯ НА ПУБЛИЧНОЕ ВЫСТУПЛЕНИЕ

Пожалуйста, заполните эту форму и верните ее секретарю
*** Эта форма будет публичной записью***

ДАТА ЗАСЕДАНИЯ: _____

ТЕМА: Multnomah County Финансовый Бюджет на 2017 год.

Конкретная тема финансового бюджета (департаментов или программ): _____

Имя (Пожалуйста, напишите свое имя и фамилию печатными буквами): Senior issue
Vladimir Palvanov

Адрес: 150 SE 189 TH AVE #32

Город / штат / ZIP: _____

Телефон (503) 6675480

е-мейл: _____ Факс: _____

ЕСЛИ ВЫ ХОТИТЕ ВЫСТУПИТЬ ЛИЧНО:

1. Заполните эту форму и представьте ее секретарю 15 минут до начала заседания.
2. Выступающие будут вызваны в порядке получения формы. Председатель может приглашать гостей или выборных должностных лиц в первую очередь.
3. Когда ваше имя будет объявлено, садитесь за стол выступающего.
4. Когда придет Ваша очередь, убедитесь, что говорите в микрофон. Объявите Ваше имя.
5. Общественные комментарии ограничены до 3 минут на человека, но председатель имеет право сократить время, исходя из количества людей.
6. Если Вы хотите представлять письменные документы, пожалуйста, принесите 7 копий и представьте секретарю. Ваши комментарии будут храниться постоянно.
7. Все заседания записываются на аудио и видео и могут быть просмотрены на сайте: multco.us.
8. Председатель имеет право поддерживать порядок и может налагать разумные ограничения необходимы для эффективного и упорядоченного проведения собрания. Любому человеку, который не соответствует Правилам поведения, или кто создает помехи, может быть предложено выйти, а не желающие сделать это, становятся нарушителями и к ним будут приняты соответствующие меры. Копии правил поведения доступны рядом с бланком Регистрации.

ЕСЛИ ВЫ ХОТИТЕ ПРЕДСТАВИТЬ СВОИ ОБЪЯСНЕНИЯ В ПИСЬМЕННОМ ВИДЕ:

1. Заполните эту форму вместе с вашим письменным объяснениями и верните к секретарю на заседании, или отправить по е-мейл: lynda.grow@multco.us
2. Письменные объяснения будут внесены в запись.

NIS

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: _____

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Community Health Worker

NAME (PRINT & INCLUDE PRONUNCIATION): UShiradi Mami

ADDRESS: 4916 NE 10th Aven

CITY/STATE/ZIP: Portland, OR 97211

PHONE: DAYS: 971-269-5613 EVES: Same

EMAIL: _____ FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
2. Commenters are called to testify in the order forms are received. The Presiding Officer may re-arrange the order that testimony is given or ask Invited Guests or Elected Officials to speak first.
3. When your name is called, come forward and be seated at the presenter's table; state your name for the record and speak clearly into the microphone.
4. Public comment is limited to **3 minutes or less** per person unless otherwise directed by the Chair, who is the Presiding Officer.
5. A buzzer will signify the end of your allotted time.
6. If submitting handouts to be given to the Board, seven (7) copies are required. If only one (1) copy is provided, it will be received for the file and electronically shared with the Board and County Attorney after the meeting.
7. All meetings are audio and video recorded and can be viewed at: multco.us.
8. The Chair has authority to keep order and may impose reasonable restrictions necessary for the efficient and orderly conduct of a meeting. Any person who fails to comply with the Rules of Conduct, or who creates a disturbance, may be asked or required to leave and upon failure to do so, becomes a trespasser and will be treated accordingly. Copies of the Rules of Conduct are available next to the sign up sheets.

IF YOU WISH TO SUBMIT WRITTEN INSTEAD OF ORAL COMMENTS TO THE BOARD:

1. Please complete this form along with your written testimony and return to the Board Clerk at the meeting, or submit by e-mail at: lynda.grow@multco.us
2. Written testimony will be entered into the official record.

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING PUBLIC COMMENT SIGN-UP SHEET

Please complete this form and return to the Board Clerk
*****This form is a public record*****

MEETING DATE: 4/27/2016

AGENDA # _____ OR NON-AGENDA SUBJECT: _____

FOR: x AGAINST: _____

NAME: Azucena Chavez

CONTACT INFORMATION (*optional*):

ADDRESS: 19002 NE Gilsan St.

CITY/STATE/ZIP: Portland OR 97230

PHONE: 971-400-4056 EMAIL: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Fill out this form and submit to the Board Clerk.
2. Non-Agenda items will be called immediately after the vote on the Consent Agenda.
3. Agenda items will be called during that item's presentation, before the vote is taken.
4. Presenters are called to testify in the order forms are received. The Presiding Officer may rearrange the order testimony is given or ask Invited Guests or Elected Officials to speak first.
5. Public testimony is limited to **3 minutes or less** per person unless otherwise directed by the Chair, who is the Presiding Officer.
6. If submitting handouts to be given to the Board, 7 copies are required. If one copy is provided, it will be received for the file and electronically shared with the Board after the meeting.
7. All meetings are audio and video recorded and can be viewed at: multco.us. Click on Government/Board Meetings, and select meeting of your choice.
8. When your name is called, come forward and be seated at the presenter's table; state your name for the record and speak clearly into the microphone.
9. A buzzer will signify the end of your allotted time.
10. The Chair has authority to keep order and may impose reasonable restrictions necessary for the efficient and orderly conduct of a meeting. Any person who fails to comply with reasonable rules of conduct or who creates a disturbance may be asked or required to leave and upon failure to do so, becomes a trespasser and will be treated accordingly.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD IN LIEU OF GIVING ORAL COMMENTS:

1. Complete this form and submit it along with your written testimony to the Board Clerk at the meeting, or by e-mail at: lynda.grow@multco.us
2. Written testimony will be entered into and remain a part of the official record.

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: 4/27/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): SUN Youth Advocacy

NAME (PRINT & INCLUDE PRONUNCIATION): Lee-Ann Foster – Youth Advocate

ADDRESS: 5135 NE Columbia Blvd

CITY/STATE/ZIP: Portland, OR 97218

PHONE: DAYS: 503.288.8177 EVES: _____

EMAIL: lee-annf@nayapdx.org FAX: 503-288-1260

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
2. Commenters are called to testify in the order forms are received. The Presiding Officer may re-arrange the order that testimony is given or ask Invited Guests or Elected Officials to speak first.
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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 1/27/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): ROSE Program

NAME (PRINT & INCLUDE PRONUNCIATION): Heather Penzel

ADDRESS: 314 SW 9th Ave

CITY/STATE/ZIP: Portland, OR 97205

PHONE: DAYS: 503-902-8137 EVES: _____

EMAIL: hpenzel@Newavenues.org FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
2. Commenters are called to testify in the order forms are received. The Presiding Officer may re-arrange the order that testimony is given or ask Invited Guests or Elected Officials to speak first.
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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
*****This form is a public record*****

MEETING DATE: 4/27/2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Domestic, Services from IRCO

NAME (PRINT & INCLUDE PRONUNCIATION): CHIH-YUNG LIN

ADDRESS: 5646 SE 85th Ave.

CITY/STATE/ZIP: Portland, OR 97266

PHONE: DAYS: 503-313-5850 EVES: _____

EMAIL: chihyunglin717@gmail.com FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
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