

Lyn. first three want to be called together. They're students & their mentors.

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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: 5/4/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): SUN School Innovation Fund

NAME (PRINT & INCLUDE PRONUNCIATION): Paige Hill

ADDRESS: 532 Se Grand Ave

CITY/STATE/ZIP: Portland, OR

PHONE: DAYS: 971-4107-2960 EVES: _____

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.
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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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MEETING DATE: 5/11/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): SUN School
Innovation Fund Reem Maadad-Haso

NAME (PRINT & INCLUDE PRONUNCIATION): ~~Heerco~~ ~~Haiteen~~

ADDRESS: 532 Se Grand Ave

CITY/STATE/ZIP: Portland, OR

PHONE: DAYS: 971-407-2960 EVES: _____

EMAIL: _____ FAX: _____

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SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): SWN School
Innovation Fund

NAME (PRINT & INCLUDE PRONUNCIATION): ~~Kvette Perez~~ Callic Forrest

ADDRESS: 532 Se Grand Ave

CITY/STATE/ZIP: Portland, OR

PHONE: DAYS: 971-407-2960 EVES: _____

EMAIL: _____ FAX: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Housing Asst. (rental) - Catholic Charities - El Proj. Espanol

NAME (PRINT & INCLUDE PRONUNCIATION): _____

ADDRESS: 114 NE 57th

CITY/STATE/ZIP: PORT OR 97213

PHONE: DAYS: 503-381-2163 EVES: _____

EMAIL: Cherylparknd3@aol.com FAX: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

Growing Gardens

NAME (PRINT & INCLUDE PRONUNCIATION): Pesha Wasserstrom

ADDRESS: 2703 NE 13th

CITY/STATE/ZIP: Portland, OR 97212

PHONE: DAYS: 503-913-5562 EVES: _____

EMAIL: pesha@growing-gardens.org FAX: _____

pay-sha

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5+6+7
want to go
together

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SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

Growing Gardens

NAME (PRINT & INCLUDE PRONUNCIATION): Anna Garwood

ADDRESS: 2203 NE Oregon St.

CITY/STATE/ZIP: Portland OR

PHONE: _____ DAYS: 503 284-8420 EVES: _____

EMAIL: anna@growing-gardens.org FAX: _____

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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
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MEETING DATE: 5/4/16

AGENDA # OR NON-AGENDA SUBJECT: Growing Gardens

FOR: AGAINST:

NAME: JULIA GRAY

CONTACT INFORMATION (optional):

ADDRESS: 2203 NE Oregon street

CITY/STATE/ZIP: Portland, OR 97232

PHONE: 503-284-8420 EMAIL: julia
x108

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.
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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
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SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

NAME (PRINT & INCLUDE PRONUNCIATION): Gumerindo Martinez

ADDRESS: 7955 SE 92nd Ave Apt 8

CITY/STATE/ZIP: _____

PHONE: DAYS: 503 432 51 96 EVES: _____

EMAIL: _____ FAX: _____

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MEETING DATE: 5.4.2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): el programa
espanol — housing assistance

NAME (PRINT & INCLUDE PRONUNCIATION): Kelly Gastely

ADDRESS: 8919 N. Woolsey Ave.

CITY/STATE/ZIP: Portland, OR

PHONE: DAYS: 503-285-3777 EVES: _____

EMAIL: kagstely@hei.net FAX: _____

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N/S

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9+10 go together

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MEETING DATE: 5/1/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Restorative Justice
Shanyah Smith

NAME (PRINT & INCLUDE PRONUNCIATION): Restorative Justice in Schools

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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SUBJECT: Multnomah County Fiscal Year 2017 Budget

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

NAME (PRINT & INCLUDE PRONUNCIATION): Christina Allo

ADDRESS: 1705 NE Rosa Parks Way

CITY/STATE/ZIP: Portland OR

PHONE: DAYS: 503 595 4890 EVES: _____

EMAIL: christina@resolutionsnwest.org FAX: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

NAME (PRINT & INCLUDE PRONUNCIATION): María Guadalupe Aguirre

ADDRESS: Davis Stark

CITY/STATE/ZIP: Gresham

PHONE: _____ DAYS: 503 358 4943 EVES: _____

EMAIL: _____ FAX: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

NAME (PRINT & INCLUDE PRONUNCIATION): Nancy Hernandez

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: DAYS: 503 560 9334 EVES: _____

EMAIL: _____ FAX: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

NAME (PRINT & INCLUDE PRONUNCIATION): Roman Dolores Gonzalez

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: 503 875 2597 EVES: _____

EMAIL: _____ FAX: _____

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SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

NAME (PRINT & INCLUDE PRONUNCIATION): Melisa Stocking

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: DAYS: 503 9880983 EVES: _____

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

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X

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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): _____

NAME (PRINT & INCLUDE PRONUNCIATION): Marlette Perez

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: DAYS: 503-953-5193 EVES: _____

EMAIL: _____ FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: _____

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

NAME (PRINT & INCLUDE PRONUNCIATION): Nafouya Gonon

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: 303 568 0155 EVES: _____

EMAIL: _____ FAX: _____

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PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: _____

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

NAME (PRINT & INCLUDE PRONUNCIATION): Amairany Montero

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: 5034536799 _____ EVES: _____

EMAIL: _____ FAX: _____

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MEETING DATE: _____

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

NAME (PRINT & INCLUDE PRONUNCIATION): Annete Flores

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: 971 295 3632 EVES: _____

EMAIL: _____ FAX: _____

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

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MEETING DATE: 5/4/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

NAME (PRINT & INCLUDE PRONUNCIATION): Priscita O'Brien

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

DAYS: 971 226 0554

EVES: _____

EMAIL: _____

FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: _____

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

NAME (PRINT & INCLUDE PRONUNCIATION): Silvia Lopez

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: DAYS: 503 753 3736 EVES: _____

EMAIL: _____ FAX: _____

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

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MEETING DATE: _____

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

NAME (PRINT & INCLUDE PRONUNCIATION): Doris Navarro

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: DAYS: 971 217 3954 EVES: _____

EMAIL: _____ FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: 5/4/2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

NAME (PRINT & INCLUDE PRONUNCIATION): Lilia Calderas

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: DAYS: 503 995 7953 EVES: _____

EMAIL: ? FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: 5/4/2016

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): MHAASD
Mental Health Acd. chas - budget

NAME (PRINT & INCLUDE PRONUNCIATION): Kevin Fitz

ADDRESS: 1969 NW Johnson St #1230

CITY/STATE/ZIP: Portland, OR 97209

PHONE: DAYS: 503-752-9713 EVES: _____

EMAIL: lanefir@gmail.com FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: 3/4/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Legal Aid
Services for Domestic Violence Survivors

NAME (PRINT & INCLUDE PRONUNCIATION): Christina McGorney (Mick-pov-knee)

ADDRESS: 5829 SE Gladstone St

CITY/STATE/ZIP: PDX, OR

PHONE: DAYS: 503 737 9648 EVES: RAFAEL HOUSE

EMAIL: _____ FAX: _____

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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: _____

ASUNTO: Presupuesto del Año Fiscal 2017 del Condado de Multnomah

TEMA PRESUPUESTARIA (Departamento o Programa):

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

Mercedes Anomada

DIRECCIÓN: _____

CIUDAD / ESTADO / CODIGO POSTAL: _____

TELÉFONO: DÍAS: _____ 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.

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: 5/4/16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Restorative Justice

NAME (PRINT & INCLUDE PRONUNCIATION): Jeannette Lopez

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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