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

X

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

**MEETING DATE:**

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): N/A

FOR: AGAINST: THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Ramfis Villatoro

ADDRESS: 3527 NE Good Ave

CITY/STATE/ZIP: Portland, OR "RAN FIS VILLA TORO"

PHONE: DAYS: 971 272-9964 EVES:

EMAIL: ramfis.villatoro@gmail.com FAX:

**IF YOU WISH TO ADDRESS THE BOARD IN PERSON:**

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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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K

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

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**MEETING DATE:** _____

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): homeless families funding

FOR: X AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Liz Weber "WEBER"

ADDRESS: 1435 NE 81st Ave #100

CITY/STATE/ZIP: Portland OR 97213

PHONE: DAYS: 503 528 6018 EVES: _____

EMAIL: ~~to~~ eweber@joinpdx.com FAX: _____

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N.S.

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

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**MEETING DATE:** May 7

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Naya Family Center

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Brenda Perez

ADDRESS: 19045 SE Yamhill St Apt. 113

CITY/STATE/ZIP: Portland OR 97233

PHONE: DAYS: 971-267-9812 EVES: _____

EMAIL: BrendamPerez@yahoo.com FAX: _____

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

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**MEETING DATE: 5.7.14**

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Social & Support Services for Educational Success

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Marissa Pasaye-Elias (Mar-is-sa Puh-say-yeah-E-lie-as)

ADDRESS: 5135 NE Columbia Boulevard

CITY/STATE/ZIP: Portland, Oregon

PHONE: DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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

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**MEETING DATE:** 5/07/2014

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): RIFS at IRCO

FOR: ✓ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): MY NGOC NGUYEN (knoc knguyen)

ADDRESS: ME KNOCK NOO WEN

CITY/STATE/ZIP: Portland, OR

PHONE: DAYS: 971-227-8478 EVES: _____

EMAIL: _____ FAX: _____

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4|1

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

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**MEETING DATE:** 5/7/2014

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

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

FOR: ✓ AGAINST: _____ THE ABOVE BUDGET TOPIC

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

ADDRESS: 6816 SE Division St

CITY/STATE/ZIP: Portland, OR 97206

PHONE: DAYS: 503 863 9539 EVES: _____

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

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NS

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

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**MEETING DATE:** 5/07/2014

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): RIFS at IRCO

FOR: ✓ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): DINH DUONG (DEAN ZUONG)

ADDRESS: DIN DYOON

CITY/STATE/ZIP: Portland, OR

PHONE: DAYS: 971-282-6678 EVES: _____

EMAIL: _____ FAX: _____

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# MULTNOMAH COUNTY BOARD OF COMMISSIONERS
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**MEETING DATE:**

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): N/A WORKER CENTER

FOR: AGAINST: THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**):
Francisco Aguirre
FRANCISCO AGUIRRE
ADDRESS:
20220 NE San Rafael St
CITY/STATE/ZIP:
Fairview OR 97204
PHONE: DAYS: EVES:
503-752-4882
EMAIL: FAX:
francisco@portlandvoz.org
COMPUTER REPAIR
~~AH GEE REE~~
AH GEE RAY

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NS

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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: 5/7/14

**ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah**

TEMA PRESUPUSTARIA (Departamento o Programa):

N/A

EN FAVOR: ✓ EN CONTRA: _____ DEL TEMA PRESUPUESTARIO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):

LUIS CHACON "CHA-CONE"

DIRECCIÓN: 7511 SE POWELL BLVD

CIUDAD / ESTADO / CODIGO POSTAL: Portland OR 97206

TELÉFONO: DÍAS: 503-380 6744 VISPERAS: _____

CORREO ELECTRONICO: N/A FAX: N/A

**SI USTED DESEA PRESENTAR A LA JUNTA DE COMISSIONADOS EN PERSONA:**

1. Por favor, complete este formulario y someta lo a la Secretaria de Junta.
2. Se le aprecia que someta este formulario 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.

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

1. Por favor, complete 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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# 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:** ~~7/7~~ 5/7/13

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): VOZ workers Center to be include in the county Budget

FOR: X AGAINST: _____ THE ABOVE BUDGET TOPIC

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

ADDRESS: ~~7583 NW Naito PKWY~~

CITY/STATE/ZIP: ~~Portland Oregon 972~~

PHONE: DAYS: 503-863-8890 EVES: _____

EMAIL: golanda@portlandvoz.org FAX: _____
Portland

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**REGISTRO PARA TESTIMONIO PÚBLICO**

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FECHA DE REUNION: _____

**ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah**

TEMA PRESUPUSTARIA (Departamento o Programa):

_____

EN FAVOR:_____ EN CONTRA: _____ DEL TEMA PRESUPUESTARIO N/A

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):

Guillermo Diaz Sanchez

DIRECCIÓN: 1435 NE 81st

CIUDAD / ESTADO / CODIGO POSTAL: Portland Oregon 97213

TELÉFONO: DÍAS: 971-222-7872 VISPERAS:_____

CORREO ELECTRONICO: donguillermodiaz@gmail FAX:_____

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SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

FOR: ✓ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Midge Purcell

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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VERBAL AND WRITTEN 47

**Testimony of Midge Purcell**

**Director of Advocacy and Public Policy**

**Urban League of Portland**

**Chair Madrigal and County Commissioners**

You are making difficult budget decisions that have an impact on organizations and service providers that are doing critical work. I would like to encourage you to avoid the precarious situation we found ourselves in last budget cycle when we were faced with having the only culturally specific African American senior services program cut by $50,000 – which would have had a devastating effect of some of the most vulnerable seniors in the county, not to mention the dedicated staff who are committed to their safety and well-being. We understand that this was largely due to the shared responsibility that the County has with the City, which last year instituted significant cuts to programs to make up a shortfall. It all turned out ok in the end,they found the money in some unextended budget, but our communities often feel like a ping pong ball , each and every budget cycle. We will continue to do so until there is an on-going commitment that is fixed in the budget and not subject to the vagaries of annual considerations to be determined by whether it is a flush or lean budget year.

I would encourage continued funding of the work begun by Aging and Disabilities services to outreach to seniors in East Portland and East county. The Urban league has had great success in reaching out to seniors and their families who are isolated, underserved and dealing with the consequences of gentrification that have removed their traditional support systems of church, extened family and community to support them as they age. The urban league is committed to this work. At the moment the funding doesn't cover the cost of the program, but it is an investment we are willing to make.

We would also like to see a continued commitment to promoting cultural competency in health care prevention and delivery by supporting the community health worker model. We have seen incredible success in the training and deployment of this workforce that should be a key strategy in reducing health disparities. This workforce has to be embedded in every system

AFRICAN AMERICAN
LEADERSHIP FORUM
PORTLAND

The Portland African American Leadership Forum submits the following in reference to the upcoming public comment period during the budget process for both Multnomah County and the City of Portland. These answers are to both reinforce any submissions from SEI, The Portland Urban League, PCRI, and KairosPDX that also sit at the PAALF table, but are also specific to PAALF priorities. These answers have mostly been obtained from the Unsettling Profile Series: The African American Report.

1. What are your organizational budget priorities?

   **See below**

2. Do you have specific recommendations based on the CCC report that you would like to testify on?

   **Yes, and some are below but in bold.**

3. How many volunteers will be joining us from PAALF?

   **At least 5. If you need more, please let us know. Some folks from our lists are also coming out but as member from others organizations like SEI, KairosPDX, etc.**

4. Will you or any member of your organization be able to volunteer (sign-in, greeter, etc.)?

   **Yes. Please let us know when they should be there, or any other important details. Any volunteer we send could fill any roll that is available**

## Budget Priorities

### Health Department & Community Services

1. **Program #40058A - Healthy Birth Initiative: For 15 years, the Healthy Birth Initiatives Program (HBI) has improved birth outcomes in the African American community using a culturally-specific model that addresses the underlying causes of this problem.**

   **Budget 2014: 777,817**

**Budget 2015: 1,161,923 (Submitted)**

2. Program #40038 - Health Promotion and Community Capacity Building: This program increases community capacity to identify and solve health problems. Activities include training Community Health Workers (CHWs), preventing youth violence, teaching empowering health promotion approaches, conducting community-based participatory research (CBPR), and coordinating the Health Promotion Change Process.

   Budget 2014: 653,647

   Budget 2015: 669,511 (submitted)
   http://web.multco.us/sites/default/files/budget/40038-15-submitted.pdf

3. **Expand community health worker service offering to clinical services not just public health programs. In Corrections Community Health Workers and outreach workers can play vital roles in promoting sexual health, enrolling eligible citizens in OHP, and informal counseling to support good mental health.**

4. Maintain key culturally specific services and programs focused on ending health disparities such as: African American Sexual Health Equity Prevention (AASHEP), Healthy Birth Initiative (HBI), Health Equity Initiative, and the Community Capacitation Center.

5. $1 million investment (or some per capita investment - $500 per AA * 52,000 = 2.6 mil) in African American health equity - focused on disparities identified in Multnomah county health departments disparities report - using a community based approach that includes a focus on social determinants of health, that continues the work of ACHIEVE via a community based organization such as PAALF, as well as connecting community health workers to Multnomah County clinics to manage chronic conditions like diabetes, hypertension in community settings.

6. **Program #40045 - Health Equity Initiative (Racial Justice Focus): To eliminate racial and ethnic health disparities by addressing root causes, HEI builds capacity internally and externally to understand the intersections of societal conditions and health outcomes, and provides technical assistance and consultation for applying the Equity and Empowerment Lens in programs, policies and practices.**

   **Budget 2014: 388,082**

**Budget 2015: 450,475 (Submitted)**
**http://web.multco.us/sites/default/files/budget/40045-15-submitted.pdf**

7. Mental Health: Program #25078A - Culturally Specific Mental Health Services

8. Seniors and Older Adults: Program #25021 - Multnomah Project Independence

## Community Services & Human Services (Education & Youth) - AND PLEASE SEE ADDENDUM

1. **When SUN is making allocations, in addition to the Poverty Index, the County should apply an equity index that looks at the Racial Achievement Gap to determine where resources are invested.**

2. **Have SUN Linkages program invests in strategic partnerships with more organizations that serve young African-American children in the region to provide training and resources for families and caregivers, such as foster parents and culturally specific Parent Coordinators.**

3. Investment in early learning programs that support family friends & neighbor care that serve historically underserved communities.

4. Program #25149A - Social & Support Services for Educational Success

5. Program #25123 - Community Healing Initiative

6. Program #25158 - SUN Early Learning HUB Implementation

7. Program #25075B - SBMH - Cultural Outreach Scale Up

## Community Services & Human Services (Housing)

1. **Allocate direct County funds to The DDSD Housing Assistance Program, and allocate more County money to any rental assistance programs.**

2. **Program #25133B Short-Term Rent Assistance**

    a. **Specifically direct the funds through culturally specific social service distribution**

3. Program #25115A - Homeless Benefit Recovery Project

    a. Specifically direct the funds through culturally specific social service distribution

4. Program #25041A - Domestic Violence Crisis Services

    a. Specifically direct the funds through culturally specific social service distribution

5. Program #25140 - Community Development

    a. Specifically direct the funds through culturally specific social service distribution

6. **Program #25111A - Homeless Program**

    a. **Specifically direct the funds through culturally specific social service distribution**

## Community Justice

1. **Program #50023B - Employment Transition Services for African American Males**

2. Program #25060A – Mental Health Residential Services

    a. Specifically direct the funds through culturally specific social service distribution

3. Program #50027 - Adult Family Supervision Unit

    a. Specifically direct the funds through culturally specific social service distribution

4. **Program #50035 - Support to Community Court**

a. **Specifically direct the funds through culturally specific social service distribution**

# ADDENDUM

| Education | Early Childhood | K-12 | Youth Workforce Development |
|---|---|---|---|
| **Increase access to early childhood programs** | Making sure kids are ready to learn, support programs inside and outside school that help students succeed<br><br>Invest in affordable, high quality early childhood education models that are culturally relevant and effective with African American children | Support funding to support Early Learning Multnomah HUB initiatives related to:<br><br>• Community Education Workers<br>• Transition to School Strategies<br>• Ready for Kindergarten | |
| **Address absenteeism** | Support initiatives to get students to schools on-time and keep them engaged in school | Reduce disciplinary action that cause students to miss school for grades K-12<br><br>Support initiatives that | |

| | | | |
|---|---|---|---|
| | | keep students in school including discipline policies | |
| **SUN Service System**<br><br>**SESS** | Initiatives with Linkages:<br><br>Register for School by June campaign | Continue school-based programs that serve students of color through culturally-specific service providers | |

AFRICAN AMERICAN
LEADERSHIP FORUM
PORTLAND

| | | | |
|---|---|---|---|
| **Connect youth in high school to career pathways** | | | Continue to invest in cont for youth to combine coll occupational courses |
| **End discipline disparities that lead to disengagement of students of color disproportionately being impacted** | | Advocate that schools utilize in-school suspensions instead of exclusionary discipline practices which keeps students out of school | Continue to fund the Mul Discipline Report |
| **Continue engagement in Eliminating Disparities Collaborative** | Support education equity initiatives related to education equity | Support education equity initiatives related to education equity | |

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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:** 5-07-14

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): El Programa Hispano

FOR: ✓ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Aurora Resendiz RE-SEN-DEEZ

ADDRESS: 5526 NE 16th Ave

CITY/STATE/ZIP: Portland, Oregon 97211

PHONE: DAYS: _____ EVES: _____

EMAIL: resendizaurora@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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# MULTNOMAH COUNTY BOARD OF COMMISSIONERS
# PUBLIC TESTIMONY SIGN-UP

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**MEETING DATE:** 5/07/14

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): El Programa Hispano

FOR: ✓ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Astrid Pasos "ASS-TRID

ADDRESS: 5530 NE 60th Ave apt #503

CITY/STATE/ZIP: Portland Oregon 97218

PHONE: DAYS: _____ EVES: _____

EMAIL: astrid561@gmail.com FAX: _____

**IF YOU WISH TO ADDRESS THE BOARD IN PERSON:**

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N.S.

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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 2015 del Condado de Multnomah**

TEMA PRESUPUSTARIA (Departamento o Programa):

~~Reyna Alvarado Tello~~ Ciclali Santos Alvarado

EN FAVOR: ✓ EN CONTRA: _____ DEL TEMA PRESUPUESTARIO

SANTES ALVARADO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):

_____

DIRECCIÓN: 721 NE 178th ave Apt

CIUDAD / ESTADO / CODIGO POSTAL: Portland OR 97230

TELÉFONO: DÍAS: _____ VISPERAS: _____

CORREO ELECTRONICO: _____ FAX: _____

**SI USTED DESEA PRESENTAR A LA JUNTA DE COMISSIONADOS EN PERSONA:**

1. Por favor, complete este formulario y someta lo a la Secretaria de Junta.
2. Se le aprecia que someta este formulario 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.
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**SI DESEA SOMETER COMENTARIOS ESCRITOS EN LUGAR DE COMENTARIOS ORALES A LA JUNTA DE COMISIONADOS:**

1. Por favor, complete 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.

N.S.

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

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FECHA DE REUNION: _____

**ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah**

TEMA PRESUPUSTARIA (Departamento o Programa):

_____

EN FAVOR:_____ EN CONTRA: _____ DEL TEMA PRESUPUESTARIO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia): "For-ce-lado"

Elizs Forcelledo (E-la-yaz Forcelledo)

DIRECCIÓN: 03320 SE Powell Blvd #29

CIUDAD / ESTADO / CODIGO POSTAL: Portland 97236

TELÉFONO: DÍAS: 503-995-3946 VISPERAS: _____

CORREO ELECTRONICO: no FAX: no

**SI USTED DESEA PRESENTAR A LA JUNTA DE COMISSIONADOS EN PERSONA:**

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

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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: 5-7-14

**ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah**

TEMA PRESUPUSTARIA (Departamento o Programa):

_____

EN FAVOR: X EN CONTRA: _____ DEL TEMA PRESUPUESTARIO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):
Maura Marti Bermudez ("Maw-ra Marti Ber-mu-dez")

DIRECCIÓN: 2740 SE Powell blvd STE #6

CIUDAD / ESTADO / CODIGO POSTAL: Portland, OR 97202

TELÉFONO: DÍAS: _____ VISPERAS: _____

CORREO ELECTRONICO: _____ FAX: _____

**SI USTED DESEA PRESENTAR A LA JUNTA DE COMISSIONADOS EN PERSONA:**

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N5

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

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FECHA DE REUNION: _____

**ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah**

TEMA PRESUPUSTARIA (Departamento o Programa):

_____

EN FAVOR:_____ EN CONTRA: _____ DEL TEMA PRESUPUESTARIO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):

Nancy Hernández ("Nancy Hernandez")

DIRECCIÓN: ~~245~~ _____

CIUDAD / ESTADO / CODIGO POSTAL: _____

TELÉFONO: DÍAS: _____ VISPERAS:_____

CORREO ELECTRONICO: _____ FAX:_____

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NS

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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:** May 7, 2014

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): API-SSSES program (Social & Support Services for Educational Success)

FOR: X AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): NANG PIANG "Ping"

ADDRESS: 2617 SE 160th Ave.

CITY/STATE/ZIP: Portland OR 97236

PHONE: DAYS: 971 271 6576 EVES: _____

EMAIL: rainluxthang@gmail FAX: _____

**IF YOU WISH TO ADDRESS THE BOARD IN PERSON:**

1. Please complete this form and submit to the Board Clerk.
2. Submittal of this form at the beginning of the meeting is appreciated.
3. Individuals making public comment will be called up in the order these forms are received. The Chair may call on Invited Guests or Elected Officials to speak first.
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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:** 05/07/2014

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): anti - poverty program

FOR: X AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Zebib Hagos
(HAH-GOSS

ADDRESS:

CITY/STATE/ZIP:

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:** 5/2/14

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Bienestar de la familia

FOR: ✓ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Brenda Reyes

ADDRESS: 5200 NE 92nd Ave unit 5

CITY/STATE/ZIP: Portland, OR 97220

PHONE: DAYS: 971-506-5800 EVES: _____

EMAIL: _____ FAX: _____

**IF YOU WISH TO ADDRESS THE BOARD IN PERSON:**

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57

# 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 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):
SUN Community Schools

FOR: X AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Tony Broadous

Broadous

ADDRESS: ~~Like Broadway~~

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

**MEETING DATE:**_____

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Aging & Disability Services

FOR: X AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Claudia Robertson

ADDRESS: 3031 N.E. 129 PL.

CITY/STATE/ZIP: Portland 97230

PHONE: DAYS:_____ EVES:_____

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:** 5·7·2014

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): youth activities

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Raina Casey

ADDRESS: 850 NE 94th Ave

CITY/STATE/ZIP: 97220

PHONE: DAYS: 503·995·7441 EVES: _____

EMAIL: nolajean1979@gmail.com FAX: _____

**IF YOU WISH TO ADDRESS THE BOARD IN PERSON:**

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N.S.

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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: 5-7-14

**ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah**

TEMA PRESUPUSTARIA (Departamento o Programa):
Bienestar reception

EN FAVOR:_____ EN CONTRA: _____ DEL TEMA PRESUPUESTARIO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):
Patricia Zapata

DIRECCIÓN: _____

CIUDAD / ESTADO / CODIGO POSTAL: _____

TELÉFONO: DÍAS: _____ VISPERAS:_____

CORREO ELECTRONICO: _____ FAX:_____

**SI USTED DESEA PRESENTAR A LA JUNTA DE COMISSIONADOS EN PERSONA:**

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

1. Por favor, complete 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
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N.S. 61

**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: 5-7-14

**ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah**

TEMA PRESUPUSTARIA (Departamento o Programa):
Bienestar de la resepcionista

EN FAVOR:_____ EN CONTRA: _____ DEL TEMA PRESUPUESTARIO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):
Juana Hernandez Lopez

DIRECCIÓN: _____

CIUDAD / ESTADO / CODIGO POSTAL: _____

TELÉFONO: DÍAS: _____ VISPERAS:_____

CORREO ELECTRONICO: _____ FAX:_____

**SI USTED DESEA PRESENTAR A LA JUNTA DE COMISSIONADOS EN PERSONA:**

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N.S.

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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: 5/7/2014

**ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah**

TEMA PRESUPUSTARIA (Departamento o Programa):

Viencotar para la secretarra

EN FAVOR:_____ EN CONTRA: _____ DEL TEMA PRESUPUESTARIO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):

Benita Villalba Castillo

DIRECCIÓN: _____

CIUDAD / ESTADO / CODIGO POSTAL: _____

TELÉFONO: DÍAS: _____ VISPERAS:_____

CORREO ELECTRONICO: _____ FAX:_____

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N.S

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

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FECHA DE REUNION: 5/7/2014

**ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah**

TEMA PRESUPUSTARIA (Departamento o Programa):

Vincular para la secretaria

EN FAVOR:_____ EN CONTRA: _____ DEL TEMA PRESUPUESTARIO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):

Maria del Rosio Galicia Villalba. MARIA ROH SIH OH GUH LEE SHUH VILCALBA

DIRECCIÓN: 10586 SE CHERRY BLOSSOM DR APT #50

CIUDAD / ESTADO / CODIGO POSTAL: PORTLAND, OR 97216

TELÉFONO: DÍAS: _____ VISPERAS:_____

CORREO ELECTRONICO: _____ FAX:_____

**SI USTED DESEA PRESENTAR A LA JUNTA DE COMISSIONADOS EN PERSONA:**

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N.S.

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

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FECHA DE REUNION: 5/7/2014

**ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah**

TEMA PRESUPUSTARIA (Departamento o Programa):

Viñetas para la secretaria

EN FAVOR:_____ EN CONTRA: _____ DEL TEMA PRESUPUESTARIO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):

María Isabel Galicia GUH LEE SHUH

DIRECCIÓN: _____

CIUDAD / ESTADO / CODIGO POSTAL: _____

TELÉFONO: DÍAS: _____ VISPERAS:_____

CORREO ELECTRONICO: _____ FAX:_____

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X 65

# 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 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):
Gang & Youth Violence Reduction

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Auci Perry ALICE

ADDRESS: 3940 SE 92nd Ave

CITY/STATE/ZIP: Portland, OR

PHONE: DAYS: 503-422-2008 EVES: same

EMAIL: auci@latnet.org FAX:

**IF YOU WISH TO ADDRESS THE BOARD IN PERSON:**

1. Please complete this form and submit to the Board Clerk.
2. Submittal of this form at the beginning of the meeting is appreciated.
3. Individuals making public comment will be called up in the order these forms are received. The Chair may call on Invited Guests or Elected Officials to speak first.
4. When your name is called, come forward & be seated at the Presenter's table.
5. When it is your turn, start by stating your name for the record. Make sure to speak clearly into the microphones. All meetings are recorded.
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7. If you wish to present written documentation with your oral comments, please bring 7 copies and submit to the Board Clerk, who will distribute them to the Commissioners. Your testimony will be kept permanently.

**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.

X 66

# 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 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): VOZ WORKERS ED PROJECT

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): JONIA MUNSON

ADDRESS: 2116 NE 18th Av

CITY/STATE/ZIP: Portland

PHONE: DAYS: 503-516 2579 EVES: Same

EMAIL: jmunson@rocketmail.com 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**
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FECHA DE REUNION: _____

**ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah**

TEMA PRESUPUSTARIA (Departamento o Programa):

Youth

EN FAVOR:_____ EN CONTRA: _____ DEL TEMA PRESUPUESTARIO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):

Kenia Michell Gonzalez Cortez ("Kenya Gonzalez")

DIRECCIÓN: _____

CIUDAD / ESTADO / CODIGO POSTAL: _____

TELÉFONO: DÍAS: _____ VISPERAS:_____

CORREO ELECTRONICO: _____ FAX:_____

**SI USTED DESEA PRESENTAR A LA JUNTA DE COMISSIONADOS EN PERSONA:**

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

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FECHA DE REUNION: _____

**ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah**

TEMA PRESUPUSTARIA (Departamento o Programa):

Youth

EN FAVOR:_____ EN CONTRA: _____ DEL TEMA PRESUPUESTARIO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):

Salmai Lopez-Zuniga ("Sal-my Lopez")

DIRECCIÓN: _____

CIUDAD / ESTADO / CODIGO POSTAL: _____

TELÉFONO: DÍAS: (503)901-9630 VISPERAS: _____

CORREO ELECTRONICO: _____ 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:** 5-7-2014

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): JRCD Youth Programs

FOR: ✓ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Abinet Haile

ADDRESS: ABEENET HAILE LEE

CITY/STATE/ZIP:

PHONE: DAYS: EVES:

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*****

05.07.14

**MEETING DATE:** ~~05.14~~

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

FOR: ✓ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Lee Pocha

[Final]

ADDRESS: _____ Port - CHAH

CITY/STATE/ZIP: _____

PHONE: DAYS: TRCO ASSOC DR. EVES: _____

CCC CO CHAIR

EMAIL: _____ FAX: _____

**IF YOU WISH TO ADDRESS THE BOARD IN PERSON:**

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