



**REPORT TO
Personnel and Public Employees Committee
City of Sacramento**

**915 I Street, Sacramento, CA 95814-2604
www.cityofsacramento.org**

[Back to Applicant List](#)

**Discussion Calendar
May 04, 2010**

**Honorable Chair and Members of
The Personnel and Public Employees Committee**

**Title: Review of Applications for Sacramento City/County Bicycle Advisory
Committee**

Location/Council District: (Citywide)

Recommendation: Review applications and nominate candidates

Contact: Katia Ligaiviu, Deputy City Clerk, (916) 808-7604, Office of the City Clerk;
Ed Cox, Program Analyst (916) 808-8434, Department of Transportation.

Presenters: None

Department: City Clerk's Office / Department of Transportation

Division: N/A

Organization No: 04001011 / 15001141

Description/Analysis

Issue: Review applications to identify the most qualified candidates to nominate and forward to the Mayor for appointment.

Policy Considerations: None.

Environmental Considerations: None.

Commission/Committee Action: None.

Rational for Recommendation: To review applications to identify the most qualified individuals for nomination to the Mayor for appointment to the City's various advisory boards.

Financial Considerations: None.

Emerging Small Business Development (ESBD): None.

Respectfully Submitted by:  _____
Katia Ligaiviu,
Deputy City Clerk

Recommendation Approved:



Stephanie Mizuno,
Assistant City Clerk

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ATTACHMENT 1

Background:

The following applicants are under consideration for positions on city boards and commissions.

Board/Commission:	Sacramento City/County Bicycle Advisory Committee
Available Positions:	Two (2)
Category Description(s):	Category A: Public-at-large, city resident
Status of Incumbent(s):	Jeffrey S. Rosenhall – Did not re-apply John Gill - Resigned

No.	Applicant Name	District	Category	Comments
1	Boll, Kevin Andrew	4	A	
2	Farland, Christian Erik	4	A	



City of Sacramento

Application for Appointment to Boards/Commissions and Committees

[Back to Applicant List](#)

INSTRUCTIONS: Provide all information requested; use blue or black ink; any attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. Return this completed application form to: Office of the City Clerk, Historic City Hall, 915 I Street, 1st Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

IMPORTANT: Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME: SACRAMENTO CITY / COUNTY BICYCLE ADVISORY COMMITTEE

CATEGORY FOR WHICH YOU ARE APPLYING: PUBLIC - AT-LARGE A
Description Category Letter

- Name of Company/Organization Being Represented (if applicable): _____
- Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: BOLL KEVIN ANDREW E-Mail: _____
Last First Middle

Home Address: 13TH STREET # 111 SACRAMENTO CA 95814
Street # Street Name City State Zip

Mailing Address (if different than home address): _____
Street # Street Name City State Zip

Resident of City Council District No: 4 Community Planning Area No.: _____
Required If applicable

Home Telephone: 916 Business Telephone: 916

Please state the reason you would like to be a member of this board/commission (or attach):
WOULD BE INTERESTED IN GETTING INVOLVED IN CITY GOVERNMENT
AND LEARN MORE ABOUT THE AREA IN WHICH I LIVE AND
WORK.

Are you currently, or have you in the past, served on an advisory group? Circle: Yes / No If yes, state the name of the group and how that service supports your application (or attach).
NOT WITH THE CITY, BUT CURRENTLY AM AN ALUMNI ADVISOR FOR A
FRATERNITY AT CSU, SACRAMENTO. THIS WILL ASSIST ME IN UNDERSTANDING
WORKING WITH A GROUP FOR A COMMON GOAL.

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? Circle: Yes No

If yes, please explain: _____

RECEIVED
CITY CLERK'S OFFICE
CITY OF SACRAMENTO

2010 JAN 11 P 12:25

BACKGROUND INFORMATION

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION: BA ENVIRONMENTAL STUDIES CSU, SACRAMENTO

WORK EXPERIENCE: List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

CURRENT EMPLOYER:

FROM: MO MAY DAY ___ YR 2003 EMPLOYER NAME: CAPITOL AREA DEV. AUTHORITY

TO: MO ___ DAY ___ YR CURRENT ADDRESS: 14TH STREET SACRAMENTO CA
Street # Street Name City State

DUTIES: FACILITATED AND PROVIDED DIRECTION ON THE MAINTENANCE OF COMMERCIAL AND RESIDENTIAL PROPERTIES WITH A FOCUS ON COST CONTROL. INTERFACED WITH CLIENTS DAILY TO ENSURE ADHERENCE TO TERMS.

PRIOR EMPLOYER(S):

FROM: MO SEPT. DAY ___ YR 1999 EMPLOYER NAME: IL FORNASO

TO: MO ___ DAY ___ YR CURRENT ADDRESS: CAPITOL MALL SACRAMENTO CA
Street # Street Name City State

DUTIES: CERTIFIED TRAINER/SERVER, CULTIVATED POSITIVE RELATIONSHIPS WITH INTERNAL STAFF AND CLIENTS TO PROVIDE A HIGH QUALITY CUSTOMER EXPERIENCE.

FROM: MO MAR DAY ___ YR 2007 EMPLOYER NAME: KAPPA SIGMA FRATERNITY

TO: MO ___ DAY ___ YR CURRENT ADDRESS: 701 BOX CHARLOTTESVILLE VA 22905
Street # Street Name City State

DUTIES: MENTORED AND COACHED UNDERGRADUATES AND ALUMNI IN THE AREAS OF LEADERSHIP, FISCAL RESPONSIBILITY, STANDARDS OF EXCELLENCE, FELLOWSHIP AND COMMUNITY SERVICE

FROM: MO ___ DAY ___ YR ___ EMPLOYER NAME: _____

TO: MO ___ DAY ___ YR ___ ADDRESS: _____
Street # Street Name City State

DUTIES: _____

BUSINESS ENTERPRISES: List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

FROM: MO ___ DAY ___ YR ___ BUSINESS NAME: _____

TO: MO ___ DAY ___ YR ___ ADDRESS: _____
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: _____

CITY OF SACRAMENTO -
APPLICATION FOR APPOINTMENT

KEVIN A. BULL
APPLICANT NAME

FROM: MO ____ DAY ____ YR ____ BUSINESS NAME: _____

TO: MO ____ DAY ____ YR ____ ADDRESS: _____
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: _____

FELONY CONVICTIONS: A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: _____

CIVIL ACTIONS: List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: _____

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature: KEVIN A. BULL
(original signature is required)

Date: 1/8/10

DISCLOSURE AND REGULATORY REQUIREMENTS

City Code Section 2.40.060: Conflict of Interest Disclosure - If a Statement of Economic Interests Form 700 is required for this position (see announcement), the form must be filed with the Office of the City Clerk prior to beginning service. The City Clerk will provide appointees with the filing form and instructions. Official status to serve will be delayed until the form is filed with the Office of the City Clerk.

City Code Section 2.40.010: Attendance - Board/commission members are required to attend meetings on a regular basis, and may be removed if a member does not attend three consecutive regularly scheduled meetings. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? Circle: Yes / No

City Resolution 2007-653: Mandatory Ethics Training - Board/commission members are required to satisfy the local ethics training requirement mandated by Government Code Sections 53234 et seq. and may be removed if proof of attendance is not filed with the Office of the City Clerk within 60 days of appointment. Appointees will be provided with an on-line training resource. If appointed, will you be able to complete the training within 60 days? Circle: Yes / No

ACCOMMODATION INFORMATION

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: _____

PROFESSIONAL QUALIFICATIONS:

- Collaborating with regional and national managers to deliver comprehensive business plans and administer annual budgets
- Facilitating timely problem resolution in all areas of client and facility management
- Coordinating and managing multiple projects simultaneously
- Establishing trust, building positive business relationships and managing with integrity
- Maximizing customer satisfaction through strong listening skills and meticulous presentation
- Leading and mentoring diverse teams
- Coordinating community outreach and volunteer events

PROFESSIONAL EXPERIENCE:

Property Manager/Residential Services Representative

Capitol Area Development Authority

2003-Present

- Facilitated and provided direction on the maintenance of commercial and residential properties with a focus on cost control
- Developed Emergency Preparedness Procedures covering a comprehensive set of scenarios in order to minimize the potential impact on the lives of employees and residents
- Managed a group of individuals to complete identified projects in a timely and cost effective manner
- Interfaced with clients on a daily basis to ensure adherence to contractual terms and conditions and to address ad hoc issues
- Acted as liaison between maintenance personnel and residential/commercial tenants to ensure exemplary results

Certified Trainer/Server

Il Fornaio

1999-Present

- Cultivated positive relationships with internal staff and clients to provide a high quality customer experience
- Provided weekly feedback and made recommendations on areas of internal process improvement and productivity
- Developed training material and facilitated the training of new hires to assure consistent delivery of high quality customer service

Alumnus Advisor

Kappa Sigma Fraternity

2007-Present

- Mentored and coached undergraduates and alumni in the areas of leadership, fiscal responsibility, standards of excellence, fellowship, and community service
- Attended national leadership training courses to facilitate a comprehensive adoption of policies and procedures at the local level
- Facilitated workshops to provide goal setting strategies and encourage members to enrich and strengthen their personal lives

EDUCATION:

Bachelor of Arts, Environmental Studies

California State University, Sacramento

2002



City of Sacramento

Application for Appointment to Boards/Commissions and Committees

RECEIVED
CITY CLERK'S OFFICE
CITY OF SACRAMENTO
2010 MAR 31 A 8:27

INSTRUCTIONS: Provide all information requested; use blue or black ink; any attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. Return this completed application form to: Office of the City Clerk, Historic City Hall, 915 I Street, 1st Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

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BOARD / COMMISSION OR COMMITTEE NAME: Sacramento City/County Bicycle Advisory Committee
CATEGORY FOR WHICH YOU ARE APPLYING: Public at-large Description Category Letter A

- Name of Company/Organization Being Represented (if applicable): _____
- Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: Farland Christian Erik E-Mail: _____
Last First Middle

Home Address: 16th Street Sacramento CA 95818
Street # Street Name City State Zip

Mailing Address (if different than home address): _____
Street # Street Name City State Zip

Resident of City Council District No: 4 Community Planning Area No.: _____
Required If applicable

Home Telephone: (916) _____ Business Telephone: (916) _____

Please state the reason you would like to be a member of this board/commission (or attach): _____

As an avid cyclist and bicycle commuter I have a keen interest in having input to implementation of the Bikeway Master Plan. As one who constantly encourages others to utilize bicycles as transport & recreation, I find this a unique opportunity to further this effort.

Are you currently, or have you in the past, served on an advisory group? Circle: Yes / No If yes, state the name of the group and how that service supports your application (or attach).

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? Circle: Yes / No

If yes, please explain: _____

BACKGROUND INFORMATION

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION: _____

WORK EXPERIENCE: List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

CURRENT EMPLOYER:

FROM: MO 10 DAY 1 YR 08 EMPLOYER NAME: CalPERS

TO: MO ___ DAY ___ YR ___ ADDRESS: Q Street Sacramento CA
Street # Street Name City State

DUTIES: Manage an enterprise-wide change management project to support replacement of CalPERS pension systems. Includes responsibility for training 2000 employees.

PRIOR EMPLOYER(S):

FROM: MO 8 DAY 1 YR 07 EMPLOYER NAME: CalPERS

TO: MO 9 DAY 30 YR 08 ADDRESS: _____
Street # Street Name City State

DUTIES: Manage account representatives and project management office in support of CalPERS information technology organization.

FROM: MO 10 DAY 1 YR 06 EMPLOYER NAME: CalPERS

TO: MO 7 DAY 31 YR 07 ADDRESS: _____
Street # Street Name City State

DUTIES: Manage all aspects of CalPERS computer operations, a 24x7 data center with responsibility for disaster recovery and production operations.

FROM: MO ___ DAY ___ YR 2004 EMPLOYER NAME: CalPERS

TO: MO 9 DAY 30 YR 2006 ADDRESS: _____
Street # Street Name City State

DUTIES: Manage team of desktop support staff.

BUSINESS ENTERPRISES: List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

FROM: MO ___ DAY ___ YR ___ BUSINESS NAME: _____

TO: MO ___ DAY ___ YR ___ ADDRESS: _____
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: _____

CITY OF SACRAMENTO -
APPLICATION FOR APPOINTMENT

APPLICANT NAME _____

FROM: MO ____ DAY ____ YR ____ BUSINESS NAME: _____

TO: MO ____ DAY ____ YR ____ ADDRESS: _____
Street # Street Name City State

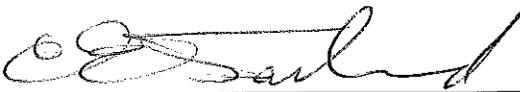
TYPE OF BUSINESS OR SERVICE RENDERED: _____

FELONY CONVICTIONS: A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: _____

CIVIL ACTIONS: List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: _____

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature:  _____
(original signature is required)

Date: 3/25/2010 _____

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