

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
County of Boone } ea.

December Session of the October Adjourned Term. 20 08

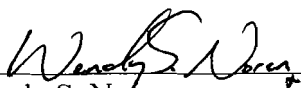
In the County Commission of said county, on the 4th day of December 20 08

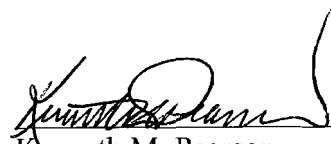
the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby adopt the Findings of Fact and Conclusions of Law relative to a conditional use permit for Animal Medical Services LLC for a permit for a Veterinary Facility on 8.0 acres, located at 14750 N. Rte U, Hallsville.

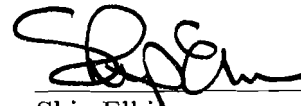
Done this 4th day of December, 2008.

ATTEST:


Wendy S. Noren
Clerk of the County Commission


Kenneth M. Pearson
Presiding Commissioner

Absent
Karen M. Miller
District I Commissioner


Skip Elkin
District II Commissioner

**CONDITIONAL USE PERMIT
BOONE COUNTY, MISSOURI**

PROPERTY OWNER: **Animal Medical Services LLC**

ADDRESS: **14750 N Rte. U, Hallsville.**

LEGAL DESCRIPTION: **NW ¼, Section 14, Township 50 North, Range 12 West.**

ZONING: **A-R (Agriculture – Residential)**

DATE APPROVED: **12/2/2008** REVIEW DATE: **N/A**

CONDITIONAL USE: **Veterinary facility**

CONDITIONS OF APPROVAL: **N/A**


VOID DATE: Void if not used by 12/02/2009 or is not used for a 12 month period from original issue date.

ORDER OF APPROVAL

The Boone County Commission through its presiding officer hereby approves issuance of the above conditional use permit as prescribed above, subject to the conditions of approval specified above. Subject to the conditions for issuance and use of this permit, the Commission finds in issuance of this permit that all requirements for issuance are satisfied and that the Commission further makes its findings of fact and conclusions of law in accordance with the provisions shown on the reverse side hereof, validating issuance of this permit. This permit shall not be valid unless countersigned by the Director of the Boone County Department of Planning and Building Inspection and shall expire unless the use authorized hereunder is exercised within one year after the approval date shown above. This permit shall also be revocable for violation of any term or condition contained in this permit upon the complaint of the director and a showing of good cause upon order of the Boone County Commission in accordance with the regulations applicable hereto.

ATTEST:

BOONE COUNTY, MISSOURI
BOONE COUNTY COMMISSION



County Clerk

by _____
Presiding Commissioner

APPROVED:


Director, Boone County Planning and Building Inspection

Dated: _____

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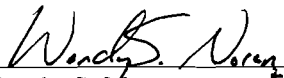
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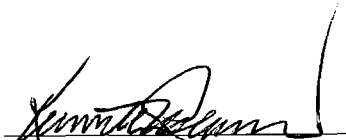
the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the Road Improvement Agreement with the City of Columbia for Rolling Hills Road. It is further ordered the Presiding Commissioner is hereby authorized to sign said agreement.

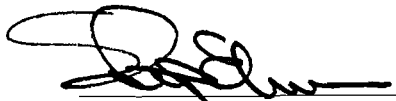
Done this 4th day of December, 2008.

ATTEST:


Wendy S. Noren
Clerk of the County Commission


Kenneth M. Pearson
Presiding Commissioner


Karen M. Miller
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District II Commissioner

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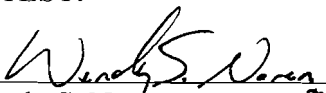
In the County Commission of said county, on the 4th day of December 20 08


the following, among other proceedings, were had, viz:

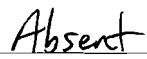
Now on this day the County Commission of the County of Boone does hereby authorize the Presiding Commissioner to sign the Grant Award Acceptance for the Violence Against Women Act (Domestic Violence Enforcement Unit) for the Prosecuting Attorney's Office, the Sheriff's Department, and the Court Administrator.

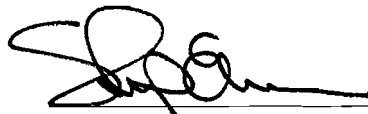
Done this 4th day of December, 2008.

ATTEST:


Wendy S. Noren
Clerk of the County Commission


Kenneth M. Pearson
Presiding Commissioner


Karen M. Miller
District I Commissioner


Skip Elkin
District II Commissioner



APPLICATION FOR FUNDING

Missouri Department of Public Safety
Office of the Director
P.O. Box 749
Jefferson City, MO 65102

1-573-751-4905
website: www.dps.mo.us



SECTION 1 - INSTRUCTIONS

This application must be typewritten. Please refer to the enclosed instructions to complete this form.

SECTION 2 - GRANT PROGRAMS

- VOCA - Victims of Crime Act
SSVF - State Services to Victims Fund
STOP - Stop Violence Against Women Grant Program
JAG - Justice Assistance Grant
MCLUP - Mo. Crime Lab Upgrade Program
RSAT - Residential Substance Abuse & Treatment Program
CLAP - Crime Lab Assistance Program
LLEBG/JAG - Local Law Enforcement Block Grant/JAG
LGSD - Local Government School District Program
Title V - Delinquency & Youth Violence Prevention
Title II - Juvenile Justice Formula Grants
JAIBG - Juvenile Accountability Incentive Block Grant
EUDL - Enforcing Underage Drinking Laws
Paul Coverdell National Forensic Sciences Grant
ICCG - Internet Cyber Crime Grant

SECTION 3 - APPLICANT AGENCY

AGENCY: BOONE COUNTY SHERIFF'S DEPT
FAX: 573-874-8953
PHONE: 573-875-1111
ADDRESS: 2121 COUNTY DRIVE
CITY: COLUMBIA
STATE: MO
ZIP: 65202
Faith-Based (Religiously Affiliated) Organization? Yes [] No [x]

SECTION 8 - PROJECT TITLE

D.O.V.E. - DOMESTIC VIOLENCE ENFORCEMENT UNIT

SECTION 4 - APPLICANT AUTHORIZED OFFICIAL

NAME: KEN PEARSON
FAX: 573-886-4311
PHONE: 573-886-4307
TITLE: PRESIDING COMMISSIONER
AGENCY: BOONE COUNTY COMMISSION
ADDRESS: 801 E. WALNUT STREET, ROOM 245
CITY: COLUMBIA
STATE: MO
ZIP: 65201

SECTION 9 - TYPE OF APPLICATION

- New [] Revised [] Renewal [x] Continuation []

SECTION 10 - CURRENT CONTRACT NUMBER(S)

2007 VAWA 0003

SECTION 5 - APPLICANT PROJECT DIRECTOR

NAME: DWAYNE CAREY
FAX: 573-874-8953
PHONE: 573-875-1111
TITLE: SHERIFF
E-Mail Address: DCarey@boonecountymmo.org

SECTION 11 - APPLICANT AGENCY'S FEDERAL TAX I.D. #

43-6000349

AGENCY: BOONE COUNTY SHERIFF'S DEPARTMENT
ADDRESS: 2121 COUNTY DRIVE
CITY: COLUMBIA
STATE: MO
ZIP: 65202

SECTION 12 - PROGRAM CATEGORY

NOT APPLICABLE

SECTION 6 - APPLICANT FISCAL OFFICER

NAME: KAY MURRAY
FAX: 573-886-4369
PHONE: 573-886-4365
TITLE: TREASURER
AGENCY: BOONE COUNTY TREASURER'S OFFICE
ADDRESS: 801 E. WALNUT STREET, ROOM 112
CITY: COLUMBIA
STATE: MO
ZIP: 65201

SECTION 13 - CONTRACT PERIOD

BEGINNING DATE 1 31 2009 ENDING DATE 12 31 2009

SECTION 7 - NON-PROFIT BOARD CHAIRPERSON (IF APPLICABLE)

NAME: NOT APPLICABLE
PHONE:
TITLE:

SECTION 14 - TYPE OF PROJECT

- Statewide [] Regional [] Local [x]

SECTION 15 - PROGRAM INCOME

Will Program Income be generated? Yes [] No [x]

SECTION 16 - BUDGET

Table with 2 columns: BUDGET, TOTAL COST. Rows include PERSONNEL (52,298.30), VOLUNTEER MATCH (0.00), TRAVEL (0.00), EQUIPMENT (0.00), SUPPLIES/OPERATIONS (0.00), CONTRACTUAL (0.00), RENOVATION/CONSTRUCTION (0.00), TOTAL PROJECT COSTS (52,298.30), FEDERAL/STATE SHARE (48% 25,267.47), LOCAL MATCH SHARE (52% 27,030.83).

AGENCY:
ADDRESS:
CITY: STATE: ZIP:

SECTION 17 - AUTHORIZED OFFICIAL'S SIGNATURE

Signature Date

STOP APPLICATION SUMMARY REPORT

Agency Name: **BOONE COUNTY SHERIFF'S DEPARTMENT**

Program Title: **D.O.V.E. - DOMESTIC VIOLENCE ENFORCEMENT UNIT**

| Authorized Official Name and Address | Project Director Name and Address | Contact Person Name and Address |
|---|---|---|
| Name: KEN PEARSON | Name: DWAYNE CAREY | Name: RENE ATKINS |
| Address: 801 E. WALNUTE, ROOM 245 | Address: 2121 COUNTY DRIVE | Address: 2121 COUNTY DRIVE |
| City: COLUMBIA | City: COLUMBIA | City: COLUMBIA |
| State/Zip: MO 65201 | State/Zip: MO 65202 | State/Zip: MO 65202 |
| E-Mail: KPearson@boonecountymmo.org | E-Mail: DCarey@boonecountymmo.org | E-Mail: RAtkins@boonecountymmo.org |
| Phone Number: (573) 876 - 4307 | Phone Number: (573) 875 - 1111 | Phone Number: (573) 228 - 4011 |
| Fax Number: (573) 876 - 4311 | Fax Number: (573) 874 - 8953 | Fax Number: (573) 874 - 8953 |

STOP Program Funds Requested: \$ 25,267.47

Source(s) of Local Match:

Local Match Share Required: \$ 27,030.83

County of Boone General Revenue - Sheriff's Department Budget

Geographic Area to be Served by this Project: **County of Boone, Missouri**

The requested STOP Program funds will be used for: (Prorate percentage of time if project covers more than one category.)

Courts Law Enforcement Prosecution Victim Services Project Other/Combination (specify) _____

% Courts 100 % Law Enforcement % Prosecution % Victim Services %Other (specify) _____

The requested STOP Program funds will be used to:

Fund a New STOP Project

Expand/Enhance an Existing STOP Project

Continue an Existing STOP Project

The Focus of this project is on: (Check all that apply.)

Domestic Violence Sexual Assault Stalking Training Other (Please explain) _____

Indicate the anticipated number of victims to be served by this STOP funded project: 568 Total Victims of Crime Hotline Calls

If a domestic violence shelter, indicate the anticipated number of women and children to be served, by this STOP funded project, in shelter and outreach services, the number of anticipated hotline calls and the anticipated number of bednights.

Women Children Hotline Calls Bednights

If a training/technical assistance project, show the anticipated number of people and/or communities to be trained:

People Communities

Give a brief summary of the services to be offered by this STOP Program project:

The goal of the D.O.V.E. Unit is to decrease domestic violence and its negative effects in Boone County and surrounding communities. The Unit intends to accomplish these goals with education, intervention, enforcement, and prosecution through the combined efforts of the Boone County Sheriff's Department, the Boone County Prosecuting Attorney's Office, the Columbia Police Department, and the Shelter. The D.O.V.E. Unit provides education to local and regional law enforcement officers, related personnel, and community groups. Through intervention, we are providing our victims with information that will allow them to become pro-active in removing themselves and their children from abusive situations. Enforcement is the first step in holding the abuser accountable and sending the message that Domestic Violence is unacceptable. Prosecution reinforces that domestic violence will not be tolerated.

| PERSONNEL | | PROJECT TITLE: D.O.V.E. - DOMESTIC VIOLENCE ENFORCEN | | | | |
|---|--|--|------------------------------|----------------------|-----------------------|---------------------|
| INSTRUCTIONS | | APPLICANT AGENCY: BOONE COUNTY SHERIFF'S DEPT. | | | | |
| 1. Include all personnel to be employed on the proposed project. 2. Under Title or Position , list each proposed position. 3. Under Name of the Individual , list the name of the person who will fill each proposed position (if known) 4. Show Gross Monthly Salary for each individual and show the Percent Of Time to be devoted to this grant-funding project. 5. The Total Costs should be calculated as follows: (Salary/Month) x (% of Time on Grant) x (Months to be employed). | | 6. Under the Fringe Benefits section, identify the particular benefits such as social security, workers' compensation, medical insurance, etc. If dental and vision insurance are not included in the health insurance premium they should be listed separately. All fringe benefits provided must be itemized. 7. Under the column entitled Basis for Cost Estimate , enter the formula for computing the cost for each fringe benefit. 8. Enter the total in the Total Cost column. | | | | |
| Title or Position | Name of Individual | Salary Per Month | PT or FT | % Of Time On Project | Months To Be Employed | Total Costs |
| INVESTIGATOR | HEATH CHINN | 3,852.30 | FT | 90 | 12.00 | 41,604.82 |
| | | | | | | |
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| | | | | | | |
| SUBTOTAL | | | | | | \$ 41,604.82 |
| FRINGE BENEFITS | BASIS FOR COST ESTIMATE | | | | | |
| F.I.C.A. & Medicare (.0765) | \$46,227.58 X .0765 = \$3,536.41 X 90% | | | | | 3,182.77 |
| PENSION/RETIREMENT | \$650.00 X 90% | | | | | 585.00 |
| LIFE INSURANCE | \$55.12 X 90% | | | | | 49.61 |
| MEDICAL INSURANCE | MEDICAL \$4,940.00 + DENTAL \$370.24 = \$5,310.24 X 90% | | | | | 4,779.22 |
| UNEMPLOYMENT COMPENSATION | NOT APPLICABLE | | | | | 0.00 |
| WORKERS' COMPENSATION LIAB. | \$4.58 PER 100 = \$2,117.22 X 90% | | | | | 1,905.50 |
| OTHER (PLEASE IDENTIFY) | DISABILITY .0046 X \$46,227.58 = \$212.65 X 90% | | | | | 191.38 |
| SUBTOTAL | | | | | | \$ 10,693.48 |
| State/Federal Share | \$ | 25,267.47 | TOTAL PERSONNEL COSTS | | | \$ 52,298.30 |
| Local Match Share | \$ | 27,030.83 | | | | |

REPORT OF EXPENDITURES AND CHECK PAYEE INFORMATION

The following information is necessary if your agency receives a contract from the Missouri Department of Public Safety

Name and address of the individual who will be responsible for completing the Monthly Report of Expenditures and Request for Reimbursement. *(The Monthly Report of Expenditures and Request for Reimbursement will be mailed to this individual each month.)*

NAME: LEASA QUICK, BUDGET ADMINISTRATOR
AGENCY: BOONE COUNTY SHERIFF'S DEPARTMENT
ADDRESS: 2121 COUNTY DRIVE
COLUMBIA, MO 65202
(Include city, state, and zip)

TELEPHONE: (573) 876-2149 FAX NUMBER: 573-874-8953
E-MAIL ADDRESS: LQuick@boonecountymo.org

Check Payee Information - List the name and address of the check payee. Do not include an individual's name, *only the name and address of the agency to which the check must be made payable.* (Example: City of Jefferson City, NOT Jefferson City Police Department)

AGENCY: COUNTY OF BOONE - TREASURER
ADDRESS: 801 E. WALNUT STREET, ROOM 112
COLUMBIA, MO 65201
(Include city, state, and zip)

Name and address of the individual to whom the check needs to be mailed. *(The check will be mailed directly to this individual each month.)*

NAME: KAY MURRAY
AGENCY: COUNTY OF BOONE - TREASURER
ADDRESS: 801 E. WALNUT STREET, ROOM 112
COLUMBIA, MO 65201
(Include city, state, and zip)

TELEPHONE: (573) 886-4365 FAX NUMBER: 573-886-4369
E-MAIL ADDRESS: KMurray@boonecountymo.org



APPLICATION FOR FUNDING

Missouri Department of Public Safety
Office of the Director
P.O. Box 749
Jefferson City, MO 65102

1-573-751-4905
website: www.dps.mo.us



SECTION 1 - INSTRUCTIONS This application must be typewritten. Please refer to the enclosed instructions to complete this form.

SECTION 2 - GRANT PROGRAMS

- VOCA - Victims of Crime Act
SSVF - State Services to Victims Fund
STOP - Stop Violence Against Women Grant Program
JAG - Justice Assistance Grant
MCLUP - Mo. Crime Lab Upgrade Program
RSAT - Residential Substance Abuse & Treatment Program
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Title V - Delinquency & Youth Violence Prevention
Title II - Juvenile Justice Formula Grants
JAIBG - Juvenile Accountability Incentive Block Grant
EUDL - Enforcing Underage Drinking Laws
Paul Coverdell National Forensic Sciences Grant
ICCG - Internet Cyber Crime Grant

SECTION 3 - APPLICANT AGENCY

AGENCY: BOONE COUNTY SHERIFF'S DEPT
FAX: 573-874-8953
PHONE: 573-875-1111

ADDRESS: 2121 COUNTY DRIVE

CITY: COLUMBIA
STATE: MO
ZIP: 65202

Faith-Based (Religiously Affiliated) Organization? Yes [] No [x]

SECTION 4 - APPLICANT AUTHORIZED OFFICIAL

NAME: KEN PEARSON
FAX: 573-886-4311
PHONE: 573-886-4307

TITLE: PRESIDING COMMISSIONER

AGENCY: BOONE COUNTY COMMISSION

ADDRESS: 801 E. WALNUT STREET, ROOM 245

CITY: COLUMBIA
STATE: MO
ZIP: 65201

SECTION 5 - APPLICANT PROJECT DIRECTOR

NAME: WAYNE CAREY
FAX: 573-874-8953
PHONE: 573-875-1111

TITLE: SHERIFF
E-Mail Address: DCarey@boonecountymo.org

AGENCY: BOONE COUNTY SHERIFF'S DEPARTMENT

ADDRESS: 2121 COUNTY DRIVE

CITY: COLUMBIA
STATE: MO
ZIP: 65202

SECTION 6 - APPLICANT FISCAL OFFICER

NAME: KAY MURRAY
FAX: 573-886-4368
PHONE: 573-886-4365

TITLE: TREASURER

AGENCY: BOONE COUNTY TREASURER'S OFFICE

ADDRESS: 801 E. WALNUT STREET, ROOM 112

CITY: COLUMBIA
STATE: MO
ZIP: 65201

SECTION 7 - NON-PROFIT BOARD CHAIRPERSON (IF APPLICABLE)

NAME: NOT APPLICABLE
PHONE:

TITLE:

AGENCY:

ADDRESS:

CITY: STATE: ZIP:

SECTION 8 - PROJECT TITLE

D.O.V.E. - DOMESTIC VIOLENCE ENFORCEMENT UNIT

SECTION 9 - TYPE OF APPLICATION

[] New [] Revised [x] Renewal [] Continuation

SECTION 10 - CURRENT CONTRACT NUMBER(S)

2007 VAWA 0003

SECTION 11 - APPLICANT AGENCY'S FEDERAL TAX I.D. #

43-6000349

SECTION 12 - PROGRAM CATEGORY

NOT APPLICABLE

SECTION 13 - CONTRACT PERIOD

BEGINNING DATE 1 31 2009 ENDING DATE 12 31 2009

SECTION 14 - TYPE OF PROJECT

[] Statewide [] Regional [x] Local

SECTION 15 - PROGRAM INCOME

Will Program Income be generated? [] Yes [x] No

SECTION 16 - BUDGET

Table with 2 columns: Budget Category, Total Cost. Rows include PERSONNEL (52,298.30), VOLUNTEER MATCH (0.00), TRAVEL (0.00), EQUIPMENT (0.00), SUPPLIES/OPERATIONS (0.00), CONTRACTUAL (0.00), RENOVATION/CONSTRUCTION (0.00), TOTAL PROJECT COSTS (52,298.30).

Table with 3 columns: Share Type, Percentage, Amount. Rows include FEDERAL/STATE SHARE (48%, 25,267.47), LOCAL MATCH SHARE (52%, 27,030.83).

SECTION 17 - AUTHORIZED OFFICIAL'S SIGNATURE

Signature: [Handwritten Signature] Date: 12/03/08

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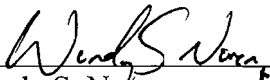
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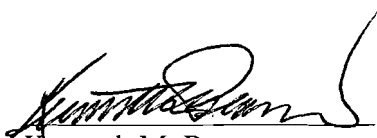
the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby authorize the hiring of Mario Woods to Position No. 599 – Registered Nurse at 103% of Mid-Point.

Done this 4th day of December, 2008.

ATTEST:


Wendy S. Noren
Clerk of the County Commission


Kenneth M. Pearson
Presiding Commissioner

Absent
Karen M. Miller
District I Commissioner


Skip Elkin
District II Commissioner

REQUEST TO TRANSFER ABOVE "ATS" (Authorized Transfer Salary) BOONE COUNTY Commission Order 146-2006

Description of form: To request approval to transfer above "ATS" (authorized transfer salary).

Procedure:

1. The Administrative Authority or designee completes the form and prepares a schedule that demonstrates that funding is available within the salary and wage appropriation (account #10100) and calculates the amount for a budget revision, if needed. The Administrative Authority submits the form, the schedule, and the budget revision (if needed) to the Auditor for certification of funds availability.
2. The Auditor certifies funds availability, approves budget revision (if applicable), returns original form to the Administrative Authority and forwards a copy to Human Resource Director.
3. The Human Resource Director reviews the request and provides recommendation to the Administrative Authority.
4. The Administrative Authority will schedule the request for approval by the Commission and provide the Commission with the HR Director's recommendation.
5. The County Commission will review all requests for a starting salary above the "ATS" and will either approve or deny the request. After approval/denial, the County Commission will return this form to the Administrative Authority.
6. The Administrative Authority will attach a copy of this approved form to the Personnel Action Form.

Name of prospective employee Mario Woods Department Sheriff - Corrections (1255)

Position Title Registered Nurse Position No. 599

Proposed Starting Salary (complete one only) Annual: _____ % of Mid-Point _____
OR Hourly: 25.13 % of Mid-Point 103

No. of employees in this job classification within your Department? 2

Justification (Describe the prospective employee's education and/or work experience which supports this proposed compensation level) Mr. Woods has been employed as an RN at St. Louis University Hospital and has worked as a traveling nurse for over 3 years. This starting salary is necessary to be somewhat competitive with that of the area hospitals, in addition to what we've offered previous nurses in this position.

If proposed salary exceeds what other employees in the same job classification are paid, explain how the prospective employee's background exceeds others working in the same job classification: _____

What effect, if any, will this proposal have on salary relationships with other positions in your office and/or positions in other offices?
This will not affect any other employee.

Additional comments: _____

Administrative Authority's Signature: Dwayne Carey Date: 12-3-08

Auditor's Certification: Funds are available within the existing departmental salary and wage appropriation (#10100).
 Funds are not available within the existing departmental salary and wage appropriation (#10100); budget revision required to provide funding is attached.

Auditor's Signature: Karen Frederick Date: 12/3/08

Will require additional budget in future years = \$1,248 + related payroll taxes & benefits (\$.75/hr x 1664)

Human Resource Director's Recommendations: Recommend approval

Human Resource Director's Signature: Betty Dichneite Date: 12-4-08

County Commission Approve Deny
Comment(s): _____

Presiding Commissioner's Signature: [Signature] Date: 12/03/08

District I Commissioner's Signature: _____ Date: _____

District II Commissioner's Signature: [Signature] Date: 12/03/08

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In the County Commission of said county, on the 4th day of December 20 08

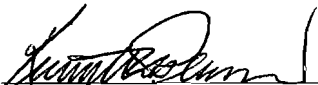
the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby appoint Dr. Elaine S. Larson to the Mental Health Board of Trustees for a term beginning December 4, 2008, and ending November 30, 2011.

Done this 4th day of December, 2008.

ATTEST:


 Wendy S. Noren
 Clerk of the County Commission


 Kenneth M. Pearson
 Presiding Commissioner


 Karen M. Miller
 District I Commissioner


 Skip Elkin
 District II Commissioner

Ken Pearson, Presiding Commissioner
Karen M. Miller, District I Commissioner
Skip Elkin District II Commissioner



Boone County Government Center
801 E. Walnut, Room 245
Columbia, MO 65201
573-886-4305 • FAX 573-886-4311
E-mail: commission@boonecountymo.org

572-2008

effective 12/4/08
expires 11/30/2011

Boone County Commission

BOONE COUNTY BOARD OR COMMISSION APPLICATION FORM

Board or Commission: MENTAL HEALTH BOARD OF TRUSTEES Term: 3 YEARS

Current Township: COLUMBIA Today's Date: 11-27-08

Name: DR. ELAINE S. LARSON

Home Address: 3619 WEST SUGARTREE LANE Town COLUMBIA Zip Code: 65201

FULTON STATE HOSPITAL
Business Address: 600 EAST 5TH ST, MS 400 Town FULTON Zip Code: 65251

Home Phone: 573, 886.0135 Work Phone: 573.592.2777

Fax: _____ E-mail: elaine.larson@mchsi.com

Qualifications: I HAVE BEEN ON THE BOARD FOR THE PAST 9 YEARS. I AM A PSYCHOLOGIST WHO WORKS WITH PEOPLE WITH SEVERE & PROLONGED MENTAL ILLNESSES. I HAVE HAD MAJOR DEPRESSIVE EPISODES & HAVE A BROTHER WHO HAS BIPOLAR DISORDER

Past Community Service: 9 YEARS ON THIS BOARD; I SPEAK ON MENTAL HEALTH ISSUES INCLUDING STIGMA, CAUSES OF MENTAL ILLNESSES, & THE EXPERIENCE OF BEING MENTALLY ILL, ETC

References: LYNN GEBBIS; ANY BOARD MEMBER

I have no objections to the information in this application being made public. To the best of my knowledge at this time I can serve a full term if appointed. I do hereby certify that the above information is true and accurate.

Elaine Larson
Applicant
Signature

Return Application To: Boone County Commission Office
Boone County Government Center
801 East Walnut, Room 245
Columbia, MO 65201
Fax: 573-886-4311