

October 5, 2016

Robert Bloom, Executive Director/President Workforce Investment Board of Solano County 320 Campus Lane, Fairfield, CA 94534

Dear Mr. Bloom:

The Fairfield-Suisun Chamber of Commerce is delighted to recommend the nomination of Mary Dugbartey, Director, Talent & Organizational Development of NorthBay Healthcare Foundation to the Workforce Development Board of Solano County.

NorthBay Healthcare is a leader in the health care industry, and a major employer in the cities of Fairfield and Vacaville.

Ms. Dugbartey recently joined NorthBay Healthcare and brings a wealth of Human Resource experience with her. Prior to her joining NorthBay Healthcare she was most recently with UCSF Benioff Children's Hospital in Oakland for four(4) years and prior to that she spent three (3) years as the director of Workforce Planning and Development for the Alameda County Medical Center in Oakland. Ms. Dugbartey earned a bachelor's in psychology and sociology from the University of Ghana, Legon. She went on to earn a master of public administration degree from California State University, Hayward and master's degree in human and organization development from Fielding Graduate University where she is currently a PhD candidate in organization development.

If you have any questions or need additional information, please feel free to contact me.

Debi Tavey

President/CEO

Fairfield-Suisun Chamber of Commerce



MEMBERSHIP APPLICATION FOR APPOINTMENT TO THE WORKFORCE DEVELOPMENT BOARD OF SOLANO COUNTY AS REQUIRED BY THE WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

Thank you for your interest in serving as a member of the Workforce Development Board (WDB) of Solano County. Please complete this application as well as the supplemental application and return them to the WDB's Corporate Affairs Unit located at 320 Campus Lane, Fairfield, CA 94534.

Name:

Mary Dugbartey

Company/Agency:

NorthBay Healthcare

Title:

Director, Talent & Organizational Development

Business Address:

Human Resources

4500 Business Center Drive

Fairfield CA 94534

Phone Numbers:

Home Phone:

Business Phone:

(707)646-3332

E-Mail Address:

Mary.Dugbartey@Northbay.org

FAX Number:

County Supervisory District: Solano County

Length of Business

NorthBay Healthcare has served Solano County residents since 1956.

In Solano County:

Over 60 years

Years

Months

Previous Commission or Committee Membership

| Commission/Committee | Office Held (if Applicable) | Length of Participation |
|--|--------------------------------|----------------------------|
| Healthcare Human Resources Management Association of California (HHRMAC) | Currently - Chapter President | Member since 2005 |
| Aseya Africa | Board Member | 2002 |
| 9 | | |

Educational Background

| Institution | Major | Degree Yes No | | Year |
|--------------------------------------|---|------------------|-------------------------|------|
| Fielding Graduate University | PhD – Human & Organizational Systems | | All But Dissertation | 2017 |
| Fielding Graduate University | Master of Arts – Human & Organizational Systems | Yes | | 2013 |
| California State University, Hayward | Master of Public Administration | Yes | | 1995 |
| University of Ghana | Bachelor of Arts – Psychology & Sociology | Yes | | 1987 |

Work/Volunteer Experience

| Organization | Address | Position | Year |
|----------------------------------|--------------------------------|---|---------|
| NorthBay Healthcare | Fairfield, California | Director, Talent & Organizational Development | Current |
| Children's Hospital Oakland | Oakland, California | Senior Director, Human Resources | |
| Alameda County Medical Center | Oakland, California | Director, Workforce Planning & Development | |
| Doctor's Medical Center | San Pablo & Pinole, California | Director, Human Resources | |

Certification

I certify that the information on this application and the attached application supplement is true and correct, and I authorize the verification of the information in the application in the event I am a finalist for membership appointment. I understand that the information may be made public in accordance

| with Federal, | State and | local laws | . I furthe | r understand | and agree, | if appointed, | to complete | any and |
|----------------|---------------|-------------|------------|--------------|--------------|---------------|-------------|---------|
| all required C | Conflict of l | Interest an | d/or Discl | osure Statem | ents require | d by law. | | |

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| Mary Dugbartey | 09/01/2016 | |
|-----------------------|------------|--|
| Applicant's Signature | Date | |

WORKFORCE DEVELOPMENTT BOARD SUPPLEMENTAL MEMBERSHIP APPLICATION

| Name: | <u>Ma</u> | ry Duc | Date: \$ | September 1, 2016 | | | | | | |
|-------|-----------|--|--|-------------------|------------|------|-------|--|--|--|
| 1. | rep | resent | rovide the information requestative category of membership no orce Development Board of Solan | minatio | n you are | | | | | |
| | 1. | Х | X Business (Private Sector/Non Governmental) | | | | | | | |
| | 2. | | Community Based Organization | | | | | | | |
| | 3. | | Economic/Business Development Agency | | | | | | | |
| | 4. | | Education (Please check the appropriate box) Adult School Community College | | | | | | | |
| | 5. | | Governmental Entity | | | | | | | |
| | 6. | | Labor Organization | | | | | | | |
| | 7. | □ State Certified Apprenticeship Program | | | | | | | | |
| | 8. | □ Wagner Peyser Program | | | | | | | | |
| 177 | 9. | | Title I Rehabilitation Act Program | า | | | | | | |
| | 10. | | Youth Employment/Education Pr | ovider | | | | | | |
| II. | If y | ou che | cked <i>box 1</i> , please answer each o | of the fo | ollowing q | uest | ions: | | | |
| | A. | | NorthBay Healthcare Name of Business | | | | | | | |
| | В. | Are yo | ou the Chief Executive or Owner | | □ Yes | X | No | | | |
| | C. | Are yo | ou the Chief Operating Office | □ Yes | X | No | | | | |
| | D. | Do yo | | X Yes | | No | | | | |
| | E. | Numb | er of employees at the Solano Bu | 2700 | | | | | | |
| | F. | Is the | business minority-owned or opera | ated | □ Yes | X | No | | | |

Workforce Development Board Supplemental Application Page 2

| | G. | | ase check the box indicating which <i>Chamber of Commerce</i> ninating you. (Attach the nomination letter) | | | | | | |
|-------------|-------|--------|---|---|------------------|-----------------|--------------|--|--|
| | | | | Benicia | | Dixon | | | |
| | | | | Fairfield/Suisun | | Rio Vista | | | |
| | | | | Vacaville | | Vallejo | | | |
| 111. | lf y | ou che | ecked I | box 2 through box | 10 , plea | ase complete th | e following: | | |
| | A. | | Name of the organization which nominated you. This organization may also be your employer. (Attach the nomination letter) | | | | | | |
| | | | | NorthBay Heal Organization No | | | | | |
| | B. | • | ority wi | e optimum policy ma th your organization | _ | X Yes | □ No | | |
| | | | | | | (5) | | | |
| Mary Di | • | | | | | 09/01/2016 | | | |
| Applicant S | ignat | ure | | | | Date | | | |