## APPLICATION FOR APPOINTMENT TO THE BOARD OF DIRECTORS

Thank you for your interest in serving as a member of the Workforce Development Board (WDB) of Solano County. Please complete this application for consideration. In addition to the application, a nomination letter must be provided by a local business organization and/or business trade association (if within the business category) or an employee/member of your organization (if not within the business category).

| Name: Emery Cowan  |  |                                |                       |                 |             |
|--|--|--------------------------------|-----------------------|-----------------|-------------|
|  |  | and Copiel Comisses            |                       |                 |             |
| Title:   | Director of Health and Social Services |                                |                       |                 |             |
| Business Name: Solano County   |  |                                |                       |                 |             |
| <b>Business Address:</b>   | 275 Beck Ave, Fa                       | airfield CA 94533              |                       |                 |             |
| Business Phone #: 707-784-8000   |  | Fax #:                         |                       |                 |             |
| Email Address:   | ecowan@solanocounty.com                |                                |                       |                 |             |
| # of employees: $1,40$   | O+ Minority-owned or operated? Yes     |                                | O Yes                 | <b>⊙</b> No     |             |
| Do you have substantial decision making  |  | or hiring authority?           | <ul><li>Yes</li></ul> | O No            |             |
|  |  |                                |                       |                 |             |
| Previous and/or Current Commission or Committee Membership  Commission/Committee Office Held (if applicable) Length of Participation |  |                                |                       |                 |             |
| Commission/Committee   |  | Office Held (if applicable)    |                       | _               | •           |
| CA Behavioral Health Directors Associati   |  | Board of Directors             |                       | 4 years         |             |
| CA Licensed Professional Clinical Couns  |  | President-Elect, Board of Dir. |                       | 3 years         |             |
| CA Welfare Directors Association   |  | Board of Directors             |                       | 3 months        |             |
| CAP Solano JPA (Homeless)  |  | Executive Board member         |                       | 3 years         |             |
| Educational Background   | 1                                      |                                |                       |                 |             |
| Institution  |  | Major                          |                       | Degree          | Year        |
| Florida International University   |  | Counseling Psychology          |                       | MS              | 2005        |
|  |  |                                |                       |                 |             |
|  |  |                                |                       |                 |             |
|  |  |                                |                       |                 |             |
|  |  |                                |                       |                 |             |
| Work/Volunteer Experie   |  |                                |                       |                 |             |
| Organization   |  | City/State                     |                       | Position        | Year        |
| Solano County HSS  |  | Fairfield CA                   |                       | Director        | 2024        |
| Solano County HSS- BH  |  | Fairfield CA                   |                       | Director        | 2017-24     |
| Broward BH Coalition, Manging Entity   |  | Ft. Lauderdale FL              |                       | Clinical Dir.   | 2014-17     |
| State of North Carolina  |  | Raleigh, NC                    |                       | AMH Dir.        | 2010-2014   |
| I certify that the informa   | ition on this applic                   | cation is true and correct     | t. I understan        | d that the info | rmation may |

be made public in accordance with Federal, State and local laws. I further understand and agree, if appointed, to complete all required Conflict of Interest and/or Disclosure Statements required by law.

Applicant Signature

Cowan, Emery

Digitally signed by Cowan, Emery Date: 2025.02.03 10:15:09 -08'00'

Date

2/3/25