Nomination Form for Naming County Assets



Nomination Type: Initial Nomination	Nomination Date: 12/	13/2021	FUTURE
1. County Asset Information		Type: Facility	
Common Name: El Colegio	6.	7: 0 1	
Address: 6549 El Colegio Road	City: Unincorporated County	Zip Code:	93117
Supervisorial District: Third Supervisorial Dis Program Contact:	Sinci Phone Number:	Email:	
Program Department:	Department Director:	Lillan.	
Describe Program:	_ op		
2. Nominator (Applicant) Inform	mation	Type: Select from	m list
Contact: First Name: George	MI: Last Name: Ch	* 1	
Address: 123 East Anapamu St. Suite 2 City:	: Santa Barbara State: C	CA Zip Code:	93101
Phone Number: 805-568-2467	Alternate Phone Number: NA		
Email: gchapjian@countyofsb.org	Relation to Nominee: None		
Group/Organization:			
3. Nominee Information Nomina	ition is Not Eligable 2	Type: Person	
First Name: Father Jon-Stephen MI:	Last Name: Hedges	* ±	02/25/2021
·	No Last Year of Residency:	Deceased.	Provide date if applicab
Group/Organization Name:	,		
Case for Nomination (~500 words) You may copy at	nd paste your statement into the field below. Field is limited to about 500 word	s, a more detailed statement may be attached,	but limited to one page
regarded community spiritual leader. He serve Patrol; worked with a number of community seand County Departments (CSD, Probation, Poard-certified crisis chaplain with the Americ Responder (CTR) and Emergency Medical Tequalified to meet the needs of, and actively adevelop the St. Brigid Fellowship, which serve Vista Temporary Emergency Shelter and Navand Park District site. He also supported the makes the naming of the current County proped dedicated public servant.	service agencies such as Doctor's Volublic Defender, DSS, BeWell, etc.) can Academy of Experts in Traumatechnician EMT-B), his training and dvocate for, the unhoused residents es unsheltered community resident vigation Center at the Isla Vista Cordevelopment of a permanent 'Sout	Vithout Walls, Americ among others. Train itc Stress; Certified Texperience made hir is in his community. s, and supported the mmunity Center and h County Navigation	can Red Cross ned as a Frauma m uniquely He helped e County Isla IV Recreation Center', which
Required Attachments Three Support Letters Image of Normal Each letter of support is limited to a single page. Must be at least a 300dpi color			Peath Certificate
Nominee Concurrence: Print Name			
The information on this Nomination Form is submitted in good faith to advance the dedicate	tion of the named asset in honor of t		lge and is
Signed By: George Chapjian	DocuSigned by:	Classic	
Printed Name	S MALLY 5 NG 16 G SKY KINT STORE	ngormation, Sections 1, 2 & 3 from ea	dit.
4. Internal Review (County Use			
Nomination (Does) (Does Not) meet	• /	Naming County Ass	sets.
Recommended By:	-	Date:	