

GREG FISCHER MAYOR

June 8, 2015

Mr. David Tandy, President Metro Council 601 West Jefferson Street Louisville, KY 40202

Dear President Tandy:

In accordance with Family Health Centers, Inc. Ordinance, I am appointing the following to the **Family Health Centers, Inc.**

Name		Term
Willia Fae Williams	Re-Appointment	July 1, 2018

Metro Council approval of this appointment is not required.

Greg Fischer

Sincerely.

Mayor

cc: Councilwoman Julie Denton

Application Form

Volunteer Activities

Submit Date: May 13, 2015 Status: submitted

Profile

Prefix	Willia Fae First Name		liams _{Name}	Suffix	
Street Address City			TAIL EAT VALUE	Suite or Apt State	Postal Code
Email Address					
Portland A	ve Presbyterian Church	Pastor Occupation			
District 18 What district do	you live in?				
Primary Phone Interests	*	Alternate Phone			
Busines Codes/ Codes/ Econor Historic Housing Human Informa Land D Neighb Public I Public I Recrea	ss Development Regulations nic Development cal Preservation G Resources tion Technology evelopment orhoods Health Safety Utilities tion				

Which Boards would you like to apply for?
Family Health Centers, Inc.
Past Service on City and County boards and Commissions?
If Yes, Please List
Family Health Centers, Inc.
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Please answer the following questions. If you answer yes, please include relevant details (i.e. position, company, address, dates, etc.) in the Additional Notes section below.
Are you employed by Louisville Metro Government?
○ Yes No
Do you or a member of your immediate family have ownership interest in any company that does business with Louisville Metro Government?
○ Yes No
Do you or a member of your immediate family have ownership interest in any property that is the subject of a condemnation proceeding, planning and zoning proceeding or any other administrative or court proceeding in which Louisville Metro Government or its agencies are interested parties?
Yes No
Do you have any contract or matter pending before any Louisville Metro Government agency?

Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?
Yes No
Additional Notes
Williams_Resume.docx Upload a Resume
Background Check
We require a criminal background check for all appointed members.
Please enter the last four digits of your social security number. This is protected and will not be shared.
I authorize Louisville Metro Government and the Administrative Office of the Courts to search public records for any relevant information regarding me.
Yes ○ No
Please enter Maiden/Previous Names, if applicable.
Demographics
Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. Please complete the information requested below.
Caucasian (non-Hispanic)
Ethnicity Depublican
Republican Political Party
Female
Gender



Date of Birth

If you need assistance, please contact Julie Radican via phone 502-574-2003 or via email at Julie.radican@louisvilleky.gov