



A Tradition of Stewardship  
A Commitment to Service

Health & Human Services Agency  
Mental Health Division  
Administration

2261 Elm Street  
Building Q  
Napa, CA 94559-3721  
www.co.napa.ca.us

Main: (707) 299-2101  
Fax: (707) 299-2199

**Randolph F. Snowden**  
Agency Director

October 12, 2009

Mr. Bill Grandrath  
[REDACTED]  
[REDACTED]

Dear Bill,

The term of your position representing the Napa County Mental Health Board expires on January 1, 2010. If you wish to request reappointment, please check the boxes below, sign where indicated, and return this letter to LuAnn Pufford, Sr. Office Assistant. When the letter has been returned, your name will be forwarded to the Clerk of the Board, and then to the Board of Supervisors for consideration for reappointment to another three-year term, as you have been a valued member of the Mental Health Board.

If any of the information on your last application for appointment has changed, please contact the Napa County Executive's Office to obtain a new application, and submit the completed new application when returning this letter.

- 
- Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the Mental Health Board for the term January 1, 2010 through January 1, 2013.
  - I confirm by signing below that all the information on my application is current; *or*
  - Some of the information on my prior application is no longer correct. A new application is attached.

Handwritten signature of LuAnn Pufford, Sr. in black ink.

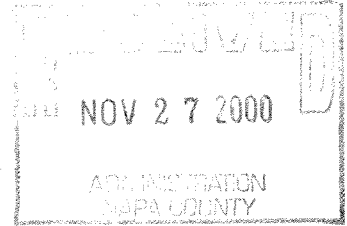
SIGNATURE

Handwritten date "10/19/09" in black ink.

DATE

IF ADDITIONAL SPACE IS NEEDED TO PROVIDE REQUESTED INFORMATION, PLEASE ATTACH ADDITIONAL SHEETS.

Return To: Clerk of the Board's Office  
1195 Third Street, Room 310  
Napa, Ca 94559-3082



RESUME

1. Application for: Mental Health Board
2. Full name: William Howard Grandrath
3. Office address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home address: \_\_\_\_\_ Telephone: \_\_\_\_\_

4. a. Current occupation (within last 12 months): Retired
- b. Business interests in last 12 months: Retired

5. Current License (Professional or Occupational); Date of issue and/or expiration: CA - Respiratory Therapist - Exp 10/02  
(Expired CA PE in Nuclear Eng & Control Sys Eng)
- Status: Active

6. Educational and past occupational background: \_\_\_\_\_  
AA - Solano College - 1956  
BSEE - UC Berkeley 1961  
Respiratory Care Practitioner - NVC 1995

7. Community participation (nature of activity and community location): \_\_\_\_\_

Appt'd by BOS 2-27-01  
Term exp. 1-1-04

8. Names, address and phone numbers of three individuals familiar with your background:

Harry Ware [REDACTED]

Jack Gray [REDACTED]

Deanna Grandrath - [REDACTED]

9. Name and occupation of spouse within last 12 months, if married: Virginia Grandrath - Homemaker

10. Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute.

My son is a paranoid schizophrenic and we have had full care for 25 years. since his diagnosis

I could provide my own experience of caring for & dealing with health care systems for mental disabled persons.

11. The following are specific requirements relating to the vacancy(s) on the Mental Health Board. If the foregoing information provided does not clearly address these requirements, please attach additional information.

	Term Expires
<u>✓</u> 2 - Family Member of Consumer	1-1-04
<u>✓</u> 1 - Family Member of Consumer	1-1-02
<u>✓</u> 2 - Interested and Concerned Citizen	1-1-04

12. Signature: W. H. Grandrath Date: 11/27/2000

All resume forms will be kept on file for one year from the date of application.