



Tab 16

Update on the St. Louis Community College Trustee Appointment Process

Coordinating Board for Higher Education
September 15, 2021

BACKGROUND

Section 178.820.6, RSMo, requires that the St. Louis Community College (STLCC) Board of Trustees contain "one at-large member appointed to a six-year term by the CBHE." The current CBHE appointed trustee's term expires in April of 2022. As a result, DHEWD must work with STLCC to appoint a community member to the STLCC Board of Trustees.

The statute requires that the appointee not be an employee of the community college district, must be a US citizen, 21 years of age or older, and a registered voter of the community college district for one year prior to the appointment.

When this law was passed in 2015, the Department created a policy for appointing the trustee. The policy is attached and was approved by the CBHE at its September 2015 meeting.

CURRENT STATUS

DHEWD staff are working with STLCC to ensure all applications are received and the CBHE votes on the appointee by the March 2022 CBHE meeting.

NEXT STEPS

Between October and December of 2021, DHEWD will accept applications for the STLCC appointee using the Department-provided application form. After receipt of all applications, DHEWD staff will conduct interviews of each applicant and bring a recommendation to the CBHE in March 2022.

RECOMMENDATION

This is an information item only.

ATTACHMENTS

- A. STLCC Trustee Appointment Policy
- B. B – STLCC Trustee Application

Tab 16 Attachment A
STLCC Trustee Appointment Policy

II. STATEWIDE PLANNING FOR HIGHER EDUCATION

A. COMMUNITY COLLEGES

3. Appointments to the St. Louis Community College District Board of Trustees

Section 178.820.6 RSMo directs the Coordinating Board (“CBHE”) to appoint the seventh trustee of the St. Louis Community College District (“District”). Appointments will proceed as follows:

- 3.1 Vacancies. The term of office for all regular appointments will coincide with general municipal election day, as defined at § 115.121.3 RSMo, with the first such term commencing in April 2016. Terms shall expire on the first Tuesday in April, six years after appointment. If a vacancy occurs before the conclusion of a regular six-year term, the CBHE will appoint a new trustee to serve the remainder of the six-year term as soon as reasonably practicable, but no sooner than 10 calendar days from the date of vacancy.
- 3.2 Application. Candidates for appointment or reappointment must submit a **complete application** to the Department of Higher Education by email (appointments@dhe.mo.gov), fax (573-751-6635), or mail to 205 Jefferson Street, 11th Floor, Jefferson City, MO 65101. The Department must receive the complete application by no later than 30 calendar days prior to the CBHE meeting when the appointment is scheduled to be made. For vacancies arising prior to the conclusion of a term, the application must be received by the deadline established by the Department, which will be no fewer than 10 calendar days from the date of vacancy.
 - 3.2.1 A complete application must include a cover letter, a completed CBHE Trustee Appointment Application form, resume, references, and a written statement, no more than 300 words, explaining the candidate’s reason(s) for applying. The Department will not consider incomplete applications or applications received after the deadline.
 - 3.2.2 The CBHE will consider complete applications for any vacancy in the CBHE-appointed District seat that may arise within one year of the application date.
- 3.3 Selection Criteria.
 - 3.3.1 Minimum qualifications. A successful candidate must (a) be at least 21 years old at the time of appointment; (b) be a registered voter of the District for at least one year preceding the appointment; and (c) not be an employee of the District.
 - 3.3.2 In addition to the minimum qualifications, the CBHE will consider the following attributes when selecting a candidate for appointment:

- 3.3.2.1 Interest in and motivation for seeking appointment.
 - 3.3.2.2 Demonstrated ability to work effectively and collaboratively with diverse constituents and colleagues.
 - 3.3.2.3 Demonstrated knowledge and creativity regarding higher education, particularly in the areas of public community college administration, education, governance and community engagement.
 - 3.3.2.4 Possession of exceptional integrity, reliability, and listening and communication skills.
 - 3.3.2.5 Strong commitment to the success of students served by the District.
 - 3.3.2.6 Willingness and ability to actively participate in the work of the board, including trustee training, and to keep substantially apprised of the mission, programs, finances, and challenges of the college.
 - 3.3.2.7 Ability to serve as a credible advocate of the college in the community, state and nation.
 - 3.3.2.8 Proven background and experience consistent with the needs of the District's Board of Trustees.
- 3.4 Interview. The Department will invite one or more of the best qualified candidates to interview.
 - 3.5 Background check. Prior to selection, finalist(s) must undergo a thorough background check. Background checks may include, but are not limited to, information pertaining to criminal and civil matters; sanctions levied by professional organizations or the Missouri Ethics Commission; student loan default; and outstanding tax liability.
 - 3.6 Board vote. At the CBHE's last regularly scheduled meeting before the general municipal election day, the Department will present a candidate recommendation to the CBHE. The CBHE may vote to appoint the recommended candidate with the candidate's term of office to commence on general municipal election day. If no appointment occurs, the Department will present another candidate recommendation at a specially called meeting prior to general municipal election day.
 - 3.7 Notification. The Department will notify the successful candidate of his or her selection in writing. Upon receipt of written, signed acceptance of the position by the candidate, the Department will provide a copy of the appointment letter and the candidate's signed acceptance to the Secretary of the District Board and the Chancellor of St. Louis Community College.

Coordinating Board for Higher Education
September 15, 2021

Tab 16 Attachment B
STLCC Trustee Application



Coordinating Board for Higher Education
Application for Appointment to Board of
Trustees,
St. Louis Community College District

Missouri Department of Higher Education and Workforce Development
301 W. High Street
Jefferson City, MO 65101
Phone: 573-751-2361
Fax: 573-751-6635
E-mail: info@dhewd.mo.gov
www.dhewd.mo.gov

Ethnicity: _____

Are you a United States Citizen? _____

Are you a Missouri resident? _____ If yes, how long? _____

Current Residential Address: _____
Street address

City State Zip Code

Are you registered to vote at your current residential address? _____

Specify your preferred mailing address: Residential [] Business []

List all of your permanent and temporary residences for the last ten (10) years:

Address City & State From To

Address City & State From To

Address City & State From To

List all your current and former residences outside of Missouri that you have maintained at any time during adulthood (including college addresses):

Address City & State From To

Address City & State From To

Address City & State From To

Education

High School Dates Attended Year Graduated

High School	Dates Attended	Year Graduated
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Postsecondary Education	Dates Attended	Certificate/ Degree Received
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Postsecondary Education	Dates Attended	Certificate/ Degree Received
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Postsecondary Education	Dates Attended	Certificate/ Degree Received
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Please list your employment history over the past fifteen years (15), including your employer's name, business address, type of business, occupation or job title, period(s) of employment, and reason for leaving (please attach extra sheet, if needed):

Employer's Name and Address	Type of Business	Occupation/ Title	Date
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Employer's Name and Address	Type of Business	Occupation/ Title	Date
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Employer's Name and Address	Type of Business	Occupation/ Title	Date
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Employer's Name and Address	Type of Business	Occupation/ Title	Date
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Employer's Name and Address	Type of Business	Occupation/ Title	Date
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Membership(s) in a professional or civil organization (please note offices held and dates):

Have you ever been a member of the Armed Forces of the United States, its reserve components, or the National Guard? If yes, state the branch, service period, last rank, and please indicate if you did *not* receive an honorable discharge, were ever court martialed, were ever assessed non-judicial punishment, resigned in lieu of court martial, or were administratively discharged:

Are you now under any charge or charges for any crime? If yes, please explain:

Have you ever, as an adult, been charged with any crime or arrested for any crime for which you were not convicted, excluding minor traffic offenses (i.e. fine was less than \$100)? If yes, please explain:

Has any civil order of protection or restraining order related to domestic violence or any other subject ever been entered against you? If yes, please explain:

Have you ever had any civil, administrative, or arbitration judgment or garnishment entered against you or against any business in which you were the owner or the majority shareholder? If yes, please explain:

Have you ever filed personal bankruptcy or been adjudicated as bankrupt? If yes, please explain:

Are you currently in arrears on any court-ordered child support payments? If yes, please explain:

Has any business you owned or are/ were the majority shareholder, ever filed for bankruptcy or adjudicated as bankrupt? If yes, please explain:

Have you ever applied for or held a license for business, trade, or profession that required proof of good character or an examination? If yes, please identify the license, the issuing authority, and the initial date of licensure.

Have you ever been denied such a license, had that license revoked or suspended, or been disciplined with respect to that license? If yes, please explain:

Have you or your spouse ever been disciplined, cited, or sanctioned for a breach of ethics or unprofessional conduct or been the subject of a complaint to any court administrative agency, the Missouri Ethics Commission, professional association, disciplinary committee, or other professional group? If yes, please explain:

Are all of your federal, state, and local taxes current? If not, please explain:

Within the past three (3) years, has any business venture you were an owner or person responsible for remitting withholding taxes or sales taxes failed to pay such taxes in a timely manner? If yes, please explain:

Have you or your spouse ever received, other than as an employee, or has any business that you, your spouse owned, or your or your spouse were the majority shareholder, ever received any income from the St. Louis Community College District? If yes, please explain:

Have you ever been a registered lobbyist in Missouri? If yes, please explain:

Do you have or have you had any personal, financial, or business interest or dealings that might present a conflict of interest with your proposed appointment? If yes, please explain:

Is there anything in your or your spouse's background that might become an embarrassment to you if it were to become public? Please consider carefully any letters to the editors, blog posts, etc., you or your spouse may have authored, even anonymously. If yes, please explain:

Have you or your spouse ever had any association with any person, group, or business venture that could be used, even unfairly, to discredit or attack your character and qualifications for the position to which you seek to be appointed? If yes, please explain:

Have you or your spouse ever been publically identified, in person or by organizational membership, with a particularly controversial national or local issue, or with an issue under the supervision of the board or commission to which you seek appointment? If yes, please explain:

Do you know of any person or group who might take over or convert steps to attack, even unfairly, your political appointment? If yes, please explain:

Have members of your immediate family (spouse, child, parent(s), sibling(s)) held any contractual or other direct dealings during the last four (4) years with any State or local government agency in Missouri, including Coordinating Board for Higher Education? If yes, please explain:

Have you or your spouse at any time belonged to any membership organization that as a matter of policy or practice denied or restricted membership or affiliation based on race, sex, disability,

ethnic background, religion, or sexual orientation or has been subject to a claim that it has done so? If yes, please explain:

Please provide any other information, including information about other members of your family, which could suggest a conflict of interest or be a possible source of embarrassment to you or your family, St. Louis Community College District, or the Coordinating Board for Higher Education:

References

Name	Nature of Relationship	Contact Information	Years Known
Name	Nature of Relationship	Contact Information	Years Known
Name	Nature of Relationship	Contact Information	Years Known

CERTIFICATION

I, _____ (print name), certify that the information and statements provided by me on this Application and on the attached materials, are to the best of my knowledge, true and accurate.

Applicant's Signature

Date

Spouse's Signature

Date

EXECUTIVE OFFICE, STATE OF MISSOURI
AUTHORIZATION AND RELEASE

I, _____ (print full name), born at _____ (city),
_____ (state), on _____ (date), and
currently residing at _____ (address),
having applied for a governmental appointment, hereby consent to the release of information to
the Coordinating Board for Higher Education.

I authorize and request ever person, firm, company, corporation, government agency, law enforcement agency, curt, associate, or institution having control of any documents, records, or other information pertaining to me personally and to any corporations, partnerships or companies of which I am an owner or may be a responsible person for collection of taxes under the tax law of the State of Missouri to furnish to the Coordinating Board for Higher Education through the Missouri State Highway Patrol any such information, including all credit reports or documents, records, and files regarding charges or complaints filed against me, including any complaints erased by law, or any other pertinent data; and to permit the Coordinating Board for Higher Education, the Missouri State Highway Patrol or any of their agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax period(s) to the Coordinating Board for Higher Education through the Missouri State Highway Patrol. This tax information may include, but is not limited to individual income tax, sales tax, use tax, withholding tax or any other tax that is administered or collected by the Department of Revenue pertaining to me personally and to any corporations, partnerships, or companies of which I am an owner or may be a responsible person on for collection of taxes under the tax laws of Missouri. The Director of Revenue and Department personnel are hereby released from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of information covered by Section 32.057, RSMo, under this document.

I authorize the custodian of my military records to release to the Coordinating Board for Higher Education through the Missouri Highway Patrol information for personal review or photocopies from my military personnel file and related medical records, or only the following information/ records:

I, along with my spouse, _____ (name), hereby release, discharge, and exonerate the Coordinating Board for Higher Education, the Missouri State Highway Patrol, the Missouri Department of Revenue, the State of Missouri, it's agents and representatives, any person so furnishing information here under from any and all liability of every nature and kind arising out of furnishing or inspection of such documents, records, and

other information or investigation or report made by the above persons or entities. A copy of this release shall have the same effect of the original.

This authorization shall remain in full force and effect until the Coordinating Board for Higher Education is notified in writing that this release has been revoked by the undersigned individual.

Signature

Date

Last four (4) of Social Security Number

Signature of Spouse

Date

Last four (4) of Spouse's Social Security Number