

Legislation Text

File #: EC-21-340, Version: 1



INTER-OFFICE MEMORANDUM

April 28, 2021

TO: Cynthia D. Borrego, President, City Council

FROM: Timothy M. Keller, Mayor

SUBJECT: ..title

Mayor's appointment of Ms. Diane Mourning Brown to the Americans with Disabilities Act Advisory Council

I am submitting for your advice and consent the following name for appointment to the Americans with Disabilities Act Advisory Council in accordance with the City of Albuquerque Ordinance 2-6-5-1; 2-6-5-5.

APPOINTEE NAME Mourning Brown

TERM Ms. Diane October 30, 2022 10812

Esmeralda Dr NW Albuquerque, NM 87114

Diane Mourning Brown is a long-time advocate for people with disabilities and former Director of the New Mexico Division of Vocational Rehabilitation (DVR). In that capacity, Ms. Mourning Brown turned around DVR by reducing the vacancy rate of counselors, increasing federal funding, providing much-needed employment opportunities for people with disability, and increasing public awareness and community involvement. She has highlevel management and administration experience with nonprofit and government agencies in both Albuquerque and Denver. Ms. Mourning Brown has an adult child with disabilities and has forged the annals of community services on her behalf. A resident of Council District 5, Ms. Mourning Brown will fill a vacancy and serve as an Individual with a Disability representative on the Board. Her first term will expire October 30, 2022.

The remaining members are: Representing

Name

Term

1. Individual with a disability Mr. Christopher S. King, Jr 10/30/2021 2. Individual with a disability Ms. Kaatje E.Van Der Gaarden 10/30/2023 3. Individual with a disability Vacant 10/30/2023 4. Individual with a disability Vacant 10/30/2022 5. Individual with a disability Mr. Travis Davis 10/30/2022 6. Individual with a disability Mx. Daniel M Strones 10/30/2023 7. Individual with a disability Mr. Mathew C Loehman 10/30/2021

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Appointment of Ms. Diane Mourning Brown

Page 3

Sarita Nair, Chief Administrative Officer

_/__/___ Date