

**RESOLUTION OF THE BOARD OF SUPERVISORS**  
**COUNTY OF SANTA BARBARA, STATE OF CALIFORNIA**

**IN THE MATTER OF AUTHORIZING THE DIRECTOR )**  
**OF ENVIRONMENTAL HEALTH SERVICES TO APPLY )**  
**FOR A WASTE TIRE ENFORCEMENT GRANT FROM ) Resolution No. \_\_\_\_\_**  
**THE CALIFORNIA DEPARTMENT OF RESOURCE )**  
**RECYCLING AND RECOVERY )**

**WHEREAS**, Public Resources Code Sections 40000 et seq. authorize the Department of Resources Recycling and Recovery (CalRecycle), formerly known as the California Integrated Waste Management Board, to administer various Grant Programs (grants) in furtherance of the State of California's (State) efforts to reduce, recycle and reuse solid waste generated in the State thereby preserving landfill capacity and protecting public health and safety and the environment; and

**WHEREAS**, in furtherance of this authority CalRecycle is required to establish procedures governing the application, awarding, and management of the grants; and

**WHEREAS**, CalRecycle grant application procedures require, among other things, an applicant's governing body to declare by resolution certain authorizations related to the administration of CalRecycle grants.

**NOW, THEREFORE, BE IT RESOLVED** that the County of Santa Barbara Board of Supervisors authorizes the submittal of an application to CalRecycle for a Waste Tire Enforcement Grant for Fiscal Year 2010/11; and

**BE IT FURTHER RESOLVED** that the Environmental Health Director, or his/her designee is hereby authorized and empowered to execute in the name of the Santa Barbara County all grant documents related to the application.

**PASSED AND ADOPTED** by the Board of Supervisors of the County of Santa Barbara, State of California, this \_\_\_\_\_ day of \_\_\_\_\_ 2011, by the following vote:

**AYES:**

**NOES:**

**ABSENT:**

COUNTY OF SANTA BARBARA

By \_\_\_\_\_  
Chair, Board of Supervisors

ATTEST:  
CHANDRA L. WALLAR  
CLERK OF THE BOARD

By \_\_\_\_\_  
Deputy

APPROVED AS TO FORM:  
DENNIS MARSHALL  
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:  
ROBERT GEIS  
AUDITOR-CONTROLLER

By \_\_\_\_\_  
Deputy County Counsel

By \_\_\_\_\_