



# 2024 Local Agency Biennial Notice

Name of Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Department Head or Director

Contact Person

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Accurate disclosure is essential to monitor whether officials have conflicts of interest and to help ensure public trust in government. The biennial review examines current programs to ensure that the agency's code includes disclosure by those agency officials who make or participate in making governmental decisions.**

This agency has reviewed its Conflict of Interest Code and has determined that (*Check one box*):

☐ **No amendment is required.**

☐ **The following amendments are required:**

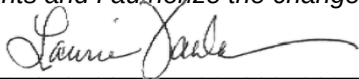
(*Check all that apply.*)

- ☐ Add new positions (including consultants) that must be designated.
- ☐ Delete titles of positions that have been abolished and/or positions that no longer make or participate in making governmental decisions.
- ☐ Revise based on updates to disclosure categories
- ☐ Revise the titles of existing positions.
- ☐ Other (*describe*) \_\_\_\_\_

By signing below, you are attesting to the following:

*To the best of my knowledge, the agency's code accurately designates all positions that make or participate in the making of the governmental decisions. The disclosure assigned to those positions accurately requires that all investments, business positions, interests in real property, and sources of income that may foreseeably be affected materially by the decisions made by those holding the designated positions are reported. The code includes all other provisions required by Government Code Section 87302.*

*I have reviewed the Conflict of Interest Code requirements against the positions within my department and as indicated above, I have either determined the revised Conflict of Interest Code attached meets the filing requirements and I authorize the changes or that no amendment is required.*



\_\_\_\_\_  
Signature of Department Head or Director

\_\_\_\_\_  
Date

☐ **The code is currently under review by the code reviewing body.**

All agencies must complete and return this notice regardless of how recently your code was approved or amended. Please return this notice no later than October 1, 2024 to the following address:

Santa Barbara County  
Clerk of the Board of Supervisors  
Attn: Chelsea Lenzi  
105 E. Anapamu St., Room 407  
Santa Barbara, CA 93101

**PLEASE DO NOT RETURN THIS FORM TO THE FPPC.**