

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

IN THE MATTER OF APPROVING AND)
AUTHORIZING THE CHAIRPERSON TO)
EXECUTE THE GOLDEN STATE) RESOLUTION NO _____
FINANCE AUTHORITY JOINT)
EXERCISE OF POWERS AGREEMENT)
)

WHEREAS, in 2019, the County of Santa Barbara, (County) executed the Golden State Finance Authority (GSFA) Joint Exercise of Power Authority Agreement (as Amended and Restated May 5, 2015), thereby becoming an Associate Member of GSFA; and

WHEREAS, the County may become a full voting Member of GSFA by executing the GSFA Joint Exercise of Power Authority Agreement (as Amended and Restated November 1, 2019); and

WHEREAS, the members of the Board of Supervisors of the County of Santa Barbara have each been provided with a copy of the Joint Exercise of Power Authority Agreement for review;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF SANTA BARBARA, as follows:

1. The Board of Supervisors of the County of Santa Barbara hereby approves and authorizes the Chairperson to execute the GSFA Joint Exercise of Power Authority Agreement (as Amended and Restated November 1, 2019, in substantially the form attached hereto as Exhibit 1 and incorporated herein by reference.
2. The Board of Supervisors of the County of Santa Barbara hereby authorizes the County to become a full voting Member of GSFA.
3. The Board of Supervisors of the County of Santa Barbara reserves the right to withdraw as a Member of GSFA pursuant to the terms of the Agreement.
- 4.. The Board of Supervisors authorizes and directs the Clerk of the Board of Supervisors to transmit a copy of this Resolution to the Deputy Director of GSFA.

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Barbara this ____ day of _____ 2022, by the following vote:

AYES:

NOES:

ABSENT:

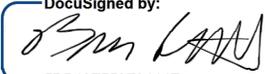
ABSTAIN:

JOAN HARTMANN,
CHAIR, OF THE BOARD OF SUPERVISORS

ATTEST:
MONA MIYASATO
CLERK OF THE BOARD

By: _____
Deputy Clerk

APPROVED AS TO FORM:
RACHEL VAN MULLEM
COUNTY COUNSEL

By:  _____
DocuSigned by:
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APPROVED AS TO FORM:
BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By:  _____
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