

**BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA BARBARA**

**A RESOLUTION TO ADOPT THE REVISED
SANTA BARBARA COUNTY EMERGENCY
MANAGEMENT PLAN**

Resolution No. _____

WHEREAS, Chapter 12 of the Santa Barbara County Code requires an Emergency Management Plan, and;

WHEREAS, The Emergency Management Plan provides information regarding the hazards that may impact the health and safety of the people, property or the environment of the county, and provides guidance for County staff to respond to and recover from a disaster or emergency, and;

WHEREAS, the Santa Barbara County Office of Emergency Management serves as the lead agency for emergency planning for the Operational Area, consisting of the County and all political subdivisions within the county and;

WHEREAS, the Santa Barbara County Office of Emergency Management has revised the Emergency Management Plan in accordance with California Government Code Section 8610, et. seq., and met the criteria of the Governor’s Office of Emergency Services plan guidance, and;

WHEREAS, the County Departments with responsibilities in the Plan have concurred with the content of the Plan, and;

WHEREAS, the Governor’s Office of Emergency Services final approval of the Plan is contingent on the County Board of Supervisors adoption, and a copy of the Resolution will be sent to CalOES with a request for final approval of the Plan, and;

WHEREAS, the Emergency Management Plan was available for public review and comment for thirty days, and the comments received have been incorporated into the Plan;

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of Santa Barbara County hereby accepts and adopts the Revised Santa Barbara County Emergency Management Plan.

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Barbara, State of California, this ____th day of 2014, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

COUNTY of SANTA BARBARA

By: _____
Chair, Board of Supervisors

Date: _____

ATTEST:
MONA MIYASATO
CLERK OF THE BOARD

COUNTY OF SANTA BARBARA
OFFICE OF EMERGENCY MANAGEMENT

By: _____
Deputy

By: _____
Emergency Operations Chief

Date: _____

Date: _____

APPROVED AS TO FORM:
MICHAEL GHIZZONI
COUNTY COUNSEL

APPROVED AS TO FORM
RISK MANAGEMENT

By: _____
Deputy County Counsel

By: _____
Risk Program Administrator

Date: _____

Date: _____