

**ATTACHMENT 1
BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA BARBARA**

A RESOLUTION TO ADOPT THE SANTA BARBARA COUNTY MULTI JURISDICTIONAL HAZARD MITIGATION PLAN INTO THE SAFETY ELEMENT OF THE SANTA BARBARA COUNTY GENERAL PLAN

Resolution No. _____

WHEREAS, the Governor’s Office of Emergency Services (CalOES) Mitigation Division requires a Board Resolution recognizing the adoption by reference of the Santa Barbara County Multi-Jurisdiction Hazard Mitigation Plan into the Safety Element of the Santa Barbara County General Plan , and;

WHEREAS, the Santa Barbara County Board of Supervisors adopted the revised Safety Element to the Santa Barbara County General Plan August 10, 2010 and;

WHEREAS, the Santa Barbara County Board of Supervisors adopted the FEMA approved Multi-Jurisdiction Hazard Mitigation Plan September 23, 2011 and;

WHEREAS, this Resolution enables Santa Barbara County to qualify for additional disaster mitigation funding and;

WHEREAS, the Safety Element of the General Plan incorporates the Multi-Jurisdiction Hazard Mitigation Plan by reference as part of the Safety Element in accordance with the requirements of Government Code Section 8685.9.;

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of Santa Barbara County hereby incorporates the Santa Barbara County Multi-Jurisdiction Hazard Mitigation Plan by reference into and as part of the Safety Element of the Santa Barbara County General Plan in accordance with the requirements of California Government Code Section 8685.9.

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

By: _____
Deputy

Date: _____

APPROVED AS TO FORM:
MICHAEL GHIZZONI
COUNTY COUNSEL

COUNTY OF SANTA BARBARA
OFFICE OF EMERGENCY MANAGEMENT

By: _____
Deputy County Counsel

By: _____
Emergency Operations Chief

Date: _____

Date: _____