

BOARD OF SUPERVISORS OF SANTA BARBARA COUNTY

RESOLUTION NO. 19-193

RESOLUTION OF THE GOVERNING BOARD

WHEREAS, THE Santa Barbara County Sheriff's Office desires to undertake a certain project designated as Minor Decoy/Shoulder Tap to be funded in part from funds made available through the Grant Assistance Program (GAP) administered by the Department of Alcoholic Beverage Control (hereafter referred to as ABC);

NOW, THEREFORE, BE IT RESOLVED that the Santa Barbara County Sheriff is authorized to execute on behalf of the Santa Barbara County Board of Supervisors, the attached contract, including any extensions or amendments thereof and any subsequent contract with the State in relation thereto.

IT IS AGREED that any liability arising out of the performance of this contract, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and ABC disclaim responsibility for any such liability.

BE IT FURTHER RESOLVED that grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

IT IS ALSO AGREED that this award is not subject to local hiring freezes.

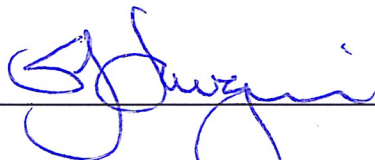
I hereby certify that the foregoing is a true copy of the resolution adopted by the Santa Barbara County Sheriff of the Santa Barbara County Board of Supervisors in a meeting thereof held on 7/9/2019 by the following:

Vote: (9)


Ayes: Supervisor Williams, Hart, Hartmann, Adam, and Lavagnino

Nays: NONE

Absent: NONE

Signature:  (10) July 9, 2019 Date:
(11)

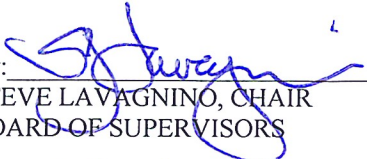
Typed Name and Title: (12) Supervisor Steve Lavagnino

ATTEST: Signature: (13)  Date: (14) July 9, 2019

Typed Name and Title: (15) Deputy Clerk, Sheila de la Guerra

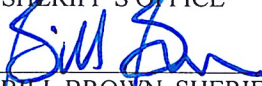
BOARD OF SUPERVISORS OF SANTA BARBARA COUNTY

COUNTY OF SANTA BARBARA

By: 
STEVE LAVAGNINO, CHAIR
BOARD OF SUPERVISORS

Date: 7-9-19

APPROVED AS TO CONTENT:
SHERIFF'S OFFICE

By:  6/18/19
BILL BROWN, SHERIFF

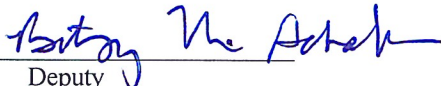
Date: 6/18/19

ATTEST:
MONA MIYASATO,
CLERK OF THE BOARD

By: 
Deputy

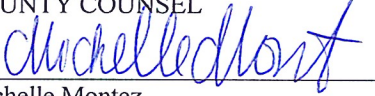
Date: 7-9-19

APPROVED AS TO ACCOUNTING FORM:
BETSY SCHAFFER, CPA
AUDITOR-CONTROLLER

By: 
Deputy

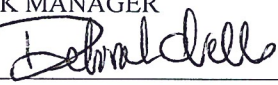
Date: 6/26/19

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: 
Michelle Montez
Senior Deputy County Counsel

Date: 6/17/19

APPROVED AS TO FORM:
RAY AROMATORIO
RISK MANAGER

By: 

Date: 6/26/19

BOARD OF SUPERVISORS OF SANTA BARBARA COUNTY

RESOLUTION INSTRUCTIONS

Note: The resolution must include all of the elements contained in the sample. Unless there is a compelling reason not to do so, ABC strongly suggests that the project follow the exact format and language provided in the sample Resolution. This will assure that the processing of the grant award is not seriously delayed because the language of the Resolution does not meet ABC's requirements.

- (1) Enter the full name of the board or council making the resolution.
- (2) Enter the title of the proposed project. This should be the same as the title of the proposed project on the Proposal Cover Sheet.
- (3) Enter the full title of the administrator or executive who is authorized to submit the application.
- (4) Enter the full title of the organization that will submit the application.
- (5) Enter board or council, whichever is appropriate.
- (6) Enter the same as item (1).
- (7) Enter the same as item (5).
- (8) Enter the date of the meeting in which the resolution was adopted.
- (9) Enter the votes of the members in the appropriate category.
- (10) Enter the signature of the person signing on behalf of the board or council.
- (11) Enter the date of the certification.
- (12) Enter the typed name and title of the person making the certification.
- (13) Enter the signature of the person attesting that this is a true copy of the resolution. This must be a person other than the person who signed on behalf of the board or council (see item (10)).
- (14) Enter the date attested.
- (15) Enter the typed name and title of the person attesting.