

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

**RESOLUTION AUTHORIZING THE)
DIRECTOR OF PUBLIC HEALTH)
TO APPLY FOR, AND ACCEPT AN)
ANNUAL ENFORCEMENT ASSISTANCE)
GRANT PURSUANT TO THE CALIFORNIA)
PUBLIC RESOURCES CODE)**

RESOLUTION NO. _____

WHEREAS, funds have been established by Public Resources Code section 43230 *et seq.*, and are available from the Integrated Waste Management Account through the California Department of Resources Recycling and Recovery (CalRecycle) for grants to Local Enforcement Agencies to support solid waste facilities permit and inspection programs; and

WHEREAS, the Environmental Health Services Division of the Public Health Department is the Local Enforcement Agency in Santa Barbara County; and

WHEREAS, as the Local Enforcement Agency, Environmental Health Services may annually apply for said funds; and

WHEREAS, CalRecycle grant application procedures require, among other things, an applicant's governing body to declare by resolution certain authorizations related to the administration of CalRecycle grants.

NOW, THEREFORE, be it resolved that the Santa Barbara County Board of Supervisors authorizes the submittal of annual applications to CalRecycle for Local Enforcement Agency Grants.

BE IT FURTHER RESOLVED, that the Director of the Public Health Department, or his or her designee, is hereby authorized as signature authority and empowered to execute, in the name of the County of Santa Barbara, all necessary applications, contracts, agreements, amendments and requests for payment, necessary to secure grant funds and to implement and carry out the purposes specified in the application.

BE IT FURTHER RESOLVED, that the authorizations for application submittal and said signature authority are effective for five (5) years from the date of adoption of this resolution.

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

AYES:

NOES:

ABSTAIN:

ABSENT:

COUNTY OF SANTA BARBARA

STEVE LAVAGNINO

Chair, Board of Supervisors

Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

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

By: _____
Deputy

APPROVED
VAN DO-REYNOSO, MPH, PhD
DIRECTOR
PUBLIC HEALTH DEPARTMENT

By: _____