

1 BOARD OF SUPERVISORS OF THE COUNTY OF SANTA BARBARA

2 STATE OF CALIFORNIA

3 \_\_\_\_\_ )  
4 IN THE MATTER OF AUTHORIZING THE )  
5 DISTRICT ATTORNEY'S OFFICE TO CONTRACT ) RESOLUTION NO. 2014-  
6 WITH THE STATE VICTIM COMPENSATION )  
7 & GOVERNMENT CLAIMS BOARD )

8 WHEREAS, Government Code 13959 et seq. authorizes the State Victim Compensation & Government  
9 Claims Board to provide compensation to victims of crime for the financial losses they experience as victims of  
10 crime; and

11 WHEREAS, the Board of Supervisors has designated the District Attorney's Victim Witness Program a  
12 provider of major and comprehensive victim and witness services in Santa Barbara County;

13 WHEREAS, the District Attorney's Office has the desire and capability to continue providing claims  
14 verification and eligibility determination; and

15 WHEREAS, the State Victim Compensation & Government Claims Board is authorized to contract with  
16 local Victim Witness Centers to provide claims verification and eligibility determination for expedited payments  
17 of funeral burial expenses, crime scene clean-up and emergency domestic violence and sexual assault relocation  
18 expenses, and to make \$50,000 available for this purpose.

19 IT IS HEREBY RESOLVED that the Santa Barbara County Board of Supervisors authorizes the District  
20 Attorney to enter into agreement with the State Victim Compensation & Government Claims Board to provide  
21 expedient financial assistance to victims of crime and their families.

22 BE IT FURTHER RESOLVED that the State funds received hereunder shall only be disbursed with strict  
23 adherence to State guidelines and regulations.

24 PASSED, APPROVED AND ADOPTED by the Board of Supervisors of the County of Santa Barbara,  
25 State of California, this 19th day of \_August\_, 2014, by the following votes:

- 26 AYES:
- 27 NOES:
- 28 ABSENT:

COUNTY OF SANTA BARBARA

29 BY \_\_\_\_\_  
30 Chair, Board of Supervisors

\_\_\_\_\_  
Approved as to form  
Auditor-Controller

\_\_\_\_\_  
Approved as to form  
County Counsel

ATTEST:

CLERK OF THE BOARD OF SUPERVISORS By: \_\_\_\_\_  
Deputy