

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

A Resolution of the County of Santa Barbara, California Authorizing the Sheriff to Execute an Agreement with the State Department of Alcoholic Beverage Control (ABC) for a grant to fund increased enforcement against crime involving alcohol.

RESOLUTION NO. \_\_\_\_\_

WHEREAS, The County of Santa Barbara Sheriff's Office desires to undertake a certain project to provide enhanced law enforcement against crimes involving alcohol to be funded by a grant from the State Department of Alcohol Beverage Control (ABC); and

BE IT RESOLVED that the Board of Supervisors of the County of Santa Barbara hereby:

Authorizes the Sheriff to execute on behalf of Santa Barbara County the attached contract, including any extensions or amendments thereof and any subsequent contract with the State in relation thereto; and

That grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

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 such liability.

On motion of Supervisor \_\_\_\_\_, seconded by Supervisor \_\_\_\_\_, the foregoing resolution was PASSED AND ADOPTED at a regular meeting of the Board of Supervisors of the County of Santa Barbara, State of California held on this \_\_\_\_\_ day of \_\_\_\_\_ 2016, by the following vote:

AYES:  
NOS:  
ABSTAIN:  
ABSENT:

COUNTY OF SANTA BARBARA

By: \_\_\_\_\_  
PETER ADAM, CHAIR  
BOARD OF SUPERVISORS

Date: \_\_\_\_\_

ATTEST:  
MONA MIYASATO,  
CLERK OF THE BOARD

By: \_\_\_\_\_  
Deputy

Date: \_\_\_\_\_

APPROVED AS TO FORM:  
MICHAEL C. GHIZZONI  
COUNTY COUNSEL

By: \_\_\_\_\_  
Michelle Montez  
Deputy County Counsel

Date: \_\_\_\_\_

SHERIFF'S OFFICE

By: \_\_\_\_\_  
BILL BROWN, SHERIFF

Date: \_\_\_\_\_

APPROVED AS TO ACCOUNTING FORM:  
THEO FALLATI, CPA, CPFO  
AUDITOR-CONTROLLER

By: \_\_\_\_\_  
Deputy

Date: \_\_\_\_\_

APPROVED AS TO FORM:  
RAY AROMATORIO  
RISK PROGRAM ADMINISTRATOR

By: \_\_\_\_\_

Date: \_\_\_\_\_