

| Date: January 24, 2023 | Item Number:Resolution Number: | | |
|------------------------|--------------------------------|----------|--|
| | ☐ 4/5 Vote F | Required | |

Resolution Of The Board Of Supervisors Of The County Of Sonoma, State Of California, Authorizing The District Attorney's Office To Enter Into A Grant Award Agreement With The California Department Of Insurance For Prosecution Of Workers' Compensation Fraud Cases In Fiscal Year 2022-23 in the amount of \$319,691

Whereas, the Sonoma County Board of Supervisors desires to undertake a certain program designated *Workers' Compensation Insurance Fraud Program* to be funded in part from funds made available through Workers' Compensation-California Insurance Code Section 1872.83, California Code of Regulations, Title 10, Section 2698.55 et. seq. and administered by the California Department of Insurance.

Now, Therefore, Be It Resolved that the District Attorney of the County of Sonoma is authorized, on its behalf, to accept a grant from the California Department of Insurance and is authorized to execute on behalf of the Board of Supervisors the Grant Award Agreement including any extensions or modifications thereof.

It Is Agreed that any liability arising out of the performance of the Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and the California Department of Insurance disclaim responsibility for any such liability.

Be It Further Resolved that the grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

| Date: January 24, 2 Page 2 | 2023 | | | | |
|-------------------------------|---------------|----------|-------------|---|--|
| • | Board of Supe | | • • | Resolution adopted by the held on January 24, 2023, | |
| Supervisors: | | | | | |
| Gorin: | Rabbitt: | Hopkins: | Gore: | Coursey: | |
| Ayes: | Noes: | Ab | sent: | Abstain: | |
| | | So | So Ordered. | | |
| Signature: | | | D | ate: | |
| Name and Title: | | | | | |
| ATTEST: Signatur | e: Date: | | | | |
| Name and Title: | | | | | |
| | | | | | |

Resolution #21-