

## **SONOMA COUNTY**

575 ADMINISTRATION DRIVE, ROOM 102A SANTA ROSA, CA 95403

<b>Agenda Date:</b> 4/9/2019			
To: Board of Supervisors  Department or Agency Name(s): Board of  Staff Name and Phone Number: Superviso  Vote Requirement: Majority  Supervisorial District(s): Second			
Recommended Action: Adopt a Gold Resolution Recognizing Petal	uma for their Desig	gnation as a "Hear	rtSafe" Community.
Executive Summary:			
Discussion:			
Prior Board Actions:			
FISCAL SUMMARY			
Expenditures	FY 18-19 Adopted	FY19-20 Projected	FY 20-21 Projected
Budgeted Expenses			
Additional Appropriation Requested			
Total Expenditures			
Total Expenditures Funding Sources			
Total Expenditures Funding Sources General Fund/WA GF			
Total Expenditures Funding Sources General Fund/WA GF State/Federal			
Additional Appropriation Requested  Total Expenditures  Funding Sources  General Fund/WA GF  State/Federal  Fees/Other  Use of Fund Balance			
Total Expenditures Funding Sources General Fund/WA GF State/Federal Fees/Other			

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Related Items "On File" with the Clerk of the Board:

Position Title (Payroll Classification)	Monthly Salary Range - I Step)		Deletions (number)

Narrative Explanation of Staffing Impacts (If Required):				
Attachments:				