



## COUNTY OF SONOMA

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

### SUMMARY REPORT

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**Agenda Date:** 10/22/2019

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**To:** Board of Supervisors

**Department or Agency Name(s):** Board of Supervisors

**Staff Name and Phone Number:** Supervisor Zane, (707) 565-2241

**Vote Requirement:** Majority

**Supervisorial District(s):** Third District

**Recommended Action:**

Approve a Gold Resolution Recognizing National Disability Employment Awareness Month, October, 2019. (Third District)

**Executive Summary:**

Approve a Gold Resolution Recognizing National Disability Employment Awareness Month, October, 2019. (Third District)

**Discussion:**

**Prior Board Actions:**

**FISCAL SUMMARY**

| <b>Expenditures</b>                | <b>FY 19-20<br/>Adopted</b> | <b>FY20-21<br/>Projected</b> | <b>FY 21-22<br/>Projected</b> |
|------------------------------------|-----------------------------|------------------------------|-------------------------------|
| Budgeted Expenses                  |                             |                              |                               |
| Additional Appropriation Requested |                             |                              |                               |
| <b>Total Expenditures</b>          |                             |                              |                               |
| <b>Funding Sources</b>             |                             |                              |                               |
| General Fund/WA GF                 |                             |                              |                               |
| State/Federal                      |                             |                              |                               |
| Fees/Other                         |                             |                              |                               |
| Use of Fund Balance                |                             |                              |                               |
| Contingencies                      |                             |                              |                               |
| <b>Total Sources</b>               |                             |                              |                               |

**Narrative Explanation of Fiscal Impacts:**

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**Agenda Date:** 10/22/2019

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**Staffing Impacts:**

| <b>Position Title (Payroll Classification)</b> | <b>Monthly Salary Range<br/>(A-I Step)</b> | <b>Additions<br/>(Number)</b> | <b>Deletions<br/>(Number)</b> |
|--|--|-------------------------------|-------------------------------|
|  |  |                               |                               |
|  |  |                               |                               |
|  |  |                               |                               |

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

**Attachments:**

Click or tap here to enter text.

**Related Items “On File” with the Clerk of the Board:**