



# County of Sonoma

## State of California

Date: November 17, 2020

Item Number: \_\_\_\_\_

Resolution Number: \_\_\_\_\_

☐ 4/5 Vote 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 2020-21 in the amount of \$276,893**

**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.

I hereby certify that the foregoing is a true copy of the Resolution adopted by the Sonoma County Board of Supervisors in a meeting thereof held on November 17, 2020 by the following:

**Supervisors:**

Rabbitt:            Zane:            Gore:            Hopkins:            Gorin:

Ayes:            Noes:            Absent:            Abstain:

**So Ordered.**

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

Typed Name and Title:

\_\_\_\_\_

ATTEST: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name and Title:

\_\_\_\_\_