



## COUNTY OF SONOMA

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

### SUMMARY REPORT

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**Agenda Date:** 6/8/2021

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**To:** Board of Supervisors

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

**Staff Name and Phone Number:** Supervisor David Rabbitt, 707-565-2241

**Vote Requirement:** Majority

**Supervisorial District(s):** Second District

**Recommended Action:**

Approve the Reappointment of Todd Mendoza to the Agricultural Preservation & Open Space District Fiscal Oversight Commission for a four-year term starting June 17, 2021 and ending June 16, 2025. (Second District)

**Executive Summary:**

**Discussion:**

**Prior Board Actions:**

**FISCAL SUMMARY**

| Expenditures                       | FY 20-21<br>Adopted | FY21-22<br>Projected | FY 22-23<br>Projected |
|------------------------------------|---------------------|----------------------|-----------------------|
| 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:**

**Staffing Impacts:**

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| <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:**

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