



# SONOMA COUNTY

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

## Legislation Details (With Text)

**File #:** 2021-1383  
**Type:** Regular Calendar Item **Status:** Passed  
**File created:** 11/22/2021 **In control:** Board of Supervisors  
**On agenda:** 12/21/2021 **Final action:** 10/12/2022  
**Title:** Test regular pm item #3  
**Sponsors:**  
**Indexes:**  
**Attachments:**

Date	Ver.	Action By	Action	Result
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**To:** Click or tap here to enter text.  
**Department or Agency Name(s):** Click or tap here to enter text.  
**Staff Name and Phone Number:** Click or tap here to enter text.  
**Vote Requirement:** Choose an item.  
**Supervisory District(s):** Click or tap here to enter text.

**Title:**  
Test regular pm item #3

**Recommended Action:**  
Test regular item #3 rec action.

**Executive Summary:**  
Click or tap here to enter text.

**Discussion:**  
Click or tap here to enter text.

**Strategic Plan:**  
*INSTRUCTIONS: If this item directly supports implementation of an objective in the County's Five-year Strategic Plan briefly describe how the activity or project will help to achieve the desired outcomes associated with the objective. If this item does not directly support the Strategic Plan delete the full text under this header and input "N/A."*

This item directly support the County's Five-year Strategic Plan and is aligned with the following pillar, goal, and objective.

**Pillar:** Choose an item.  
**Goal:** Choose an item.  
**Objective:** Choose an item.

**Prior Board Actions:**

Click or tap here to enter text.

**FISCAL SUMMARY**

<b>Expenditures</b>	<b>FY 21-22 Adopted</b>	<b>FY22-23 Projected</b>	<b>FY 23-24 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:**

Click or tap here to enter text.

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

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

Click or tap here to enter text.

**Attachments:**

Click or tap here to enter text.

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

Click or tap here to enter text.