

COUNTY OF SANTA BARBARA

LEGISLATIVE ANALYSIS FORM

BILL NUMBER:	AUTHOR:
INTRO/AMEND DATE:	AUTHOR'S POLITICAL PARTY:
BILL STATUS:	

1) **BILL SUBJECT:**

2) **FROM DEPARTMENT:**

3) **IS THIS ITEM SPECIFICALLY REFERENCED IN THE LEGISLATIVE PLATFORM?**

4) **WHICH POLICY-RELATED MATTER IS OF CONCERN WITH THIS BILL?**

5) **HOW WOULD THIS BILL IMPACT THE COUNTY? (*Current practices, responsibility, authority, pros/cons, affected programs and/or services, etc.*)**

6) **IMPACT ON COUNTY PROGRAM:** Major Minor None
SANTA BARBARA COUNTY IMPACT: Major Minor None
STATEWIDE IMPACT: Major Minor None

Explanation of Impacts:

7) **WOULD THIS BILL IMPACT:**

a. Efficient service delivery and operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Fiscal stability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Inter-agency cooperation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Local control?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Protection of safety net services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Community sustainability/economic stability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Additional Comments:

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8) FISCAL IMPACT ON THE COUNTY:

- | | | |
|---|--|---|
| <input type="checkbox"/> Revenue Increase | <input checked="" type="checkbox"/> Revenue Decrease | <input type="checkbox"/> Unfunded Mandate |
| <input type="checkbox"/> Cost Increase | <input type="checkbox"/> Cost Decrease | <input type="checkbox"/> Undetermined |
| <input type="checkbox"/> None | | |

Additional Comments:

9) OTHER AGENCIES THAT SHOULD REVIEW THIS BILL:

Please list other agencies below:

10) CSAC POSITION ON BILL:

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Support if Amended |
| <input type="checkbox"/> Oppose unless Amended | <input type="checkbox"/> Watch | <input type="checkbox"/> No position taken |

11) OTHER LOCAL OR STATEWIDE ORGANIZATIONS THAT HAVE TAKEN A POSITION ON THIS BILL:

(Indicate support or opposition for each)

12) PROPOSED AMENDMENTS: (Attach separate sheet)

13) RECOMMENDATION:

- | | | |
|--|--|---|
| <input type="checkbox"/> Active Support* | <input type="checkbox"/> Passive Support | <input type="checkbox"/> Support if Amended* |
| <input type="checkbox"/> Active Opposition* | <input type="checkbox"/> Passive Opposition | <input type="checkbox"/> Oppose unless Amended* |
| <input type="checkbox"/> Watch | <input type="checkbox"/> Concerns (Why? Explain in #6) | <input type="checkbox"/> No Position (Why?) |
| <input type="checkbox"/> No Change since Last Position | | |

* Indicates that the department believes that the Board of Supervisors should take a formal position on this bill

Additional Comments:



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14) LEGISLATIVE ANALYSIS FORM PREPARED BY:

Telephone extension:

E-mail address:

15) APPROVED BY:

Terri Nisich, Assistant CEO

Signature

Date:

