

**COUNTY OF SANTA BARBARA**  
LEGISLATIVE ANALYSIS FORM

*This form is required for the Legislative Program Committee to consider taking an advocacy position on an issue or legislative item*

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

**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 (*Legislative Principles*):**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Job growth and Economic Vitality?                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Efficient service delivery and operations?             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Fiscal stability?                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Inter-agency cooperation?                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Local control?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Health and human services?                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g. Community sustainability and environmental protection? | <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 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:**

**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"/> Support | <input type="checkbox"/> Recommend Support to Board*     | <input type="checkbox"/> Support if Amended    |
| <input type="checkbox"/> Oppose  | <input type="checkbox"/> Recommend Opposition to Board*  | <input type="checkbox"/> Oppose unless Amended |
| <input type="checkbox"/> Watch   | <input type="checkbox"/> Send to Board with No Position* | <input type="checkbox"/> No Position (Why?)    |

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

*Additional Comments:*

**14) LEGISLATIVE ANALYSIS FORM PREPARED BY:**

Telephone extension:

E-mail address:



OPTION A  
**COUNTY OF SANTA BARBARA**  
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**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-Positive     Minor-Positive     None  
     Major-Negative     Minor-Negative     None

**7) SANTA BARBARA COUNTY IMPACT:**     Major-Positive     Minor-Positive     None  
     Major-Negative     Minor-Negative     None

**8) STATEWIDE IMPACT:**     Major-Positive     Minor-Positive     None  
     Major-Negative     Minor-Negative     None

*Explanation of Impacts:*

**9) WOULD THIS BILL IMPACT (Legislative Principles):**

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| a. Job growth and Economic Vitality?                      | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative |
| b. Efficient service delivery and operations?             | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative |
| c. Fiscal stability?                                      | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative |
| d. Inter-agency cooperation?                              | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative |
| e. Local control?   | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative |
| f. Health and human services?                             | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative |
| g. Community sustainability and environmental protection? | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative |

*Additional Comments:*



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## LEGISLATIVE ANALYSIS FORM

### 10) FISCAL IMPACT ON THE COUNTY:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Revenue Increase | <input 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:*

### 11) OTHER AGENCIES THAT SHOULD REVIEW THIS BILL:

### 12) 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  |

### 13) OTHER LOCAL OR STATEWIDE ORGANIZATIONS THAT HAVE TAKEN A POSITION ON THIS BILL: (Indicate support or opposition for each)

### 14) PROPOSED AMENDMENTS: (Attach separate sheet)

### 15) RECOMMENDATION:

- |                                  |   |  |
|----------------------------------|---|--|
| <input type="checkbox"/> Support | <input type="checkbox"/> Recommend Support to Board*    | <input type="checkbox"/> Support if Amended    |
| <input type="checkbox"/> Oppose  | <input type="checkbox"/> Recommend Opposition to Board* | <input type="checkbox"/> Oppose unless Amended |
| <input type="checkbox"/> Watch   | <input type="checkbox"/> Concerns (Why? Explain in #6)  | <input type="checkbox"/> No Position (Why?)    |

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

*Additional Comments:*

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

	Very Positive	Slightly Positive	Neutral	Slightly Negative	Very Negative
6) <b>IMPACT ON COUNTY PROGRAM:</b>	<input type="checkbox"/>				
7) <b>COUNTY IMPACT:</b>	<input type="checkbox"/>				
8) <b>STATEWIDE IMPACT:</b>	<input type="checkbox"/>				

*Explanation of Impacts:*

	Very Positive	Slightly Positive	Neutral	Slightly Negative	Very Negative
9) <b>WOULD THIS BILL IMPACT (Legislative Principles):</b>					
a. Job growth and Economic Vitality?	<input type="checkbox"/>				
b. Efficient service delivery and operations?	<input type="checkbox"/>				
c. Fiscal stability?	<input type="checkbox"/>				
d. Inter-agency cooperation?	<input type="checkbox"/>				
e. Local control?	<input type="checkbox"/>				
f. Health and human services?	<input type="checkbox"/>				
g. Community sustainability & environmental protection?	<input type="checkbox"/>				

*Additional Comments:*



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- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Revenue Increase | <input 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:*

### 11) OTHER AGENCIES THAT SHOULD REVIEW THIS BILL:

### 12) 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  |

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

*(Indicate support or opposition for each)*

### 14) PROPOSED AMENDMENTS: (Attach separate sheet)

### 15) RECOMMENDATION:

- |                                  |   |  |
|----------------------------------|---|--|
| <input type="checkbox"/> Support | <input type="checkbox"/> Recommend Support to Board*    | <input type="checkbox"/> Support if Amended    |
| <input type="checkbox"/> Oppose  | <input type="checkbox"/> Recommend Opposition to Board* | <input type="checkbox"/> Oppose unless Amended |
| <input type="checkbox"/> Watch   | <input type="checkbox"/> Concerns (Why? Explain in #6)  | <input type="checkbox"/> No Position (Why?)    |

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

*Additional Comments:*

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