

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



**ITEM: 3.5
(ID # 21380)**

MEETING DATE:

Tuesday, March 28, 2023

FROM : DISTRICT ATTORNEY:

SUBJECT: DISTRICT ATTORNEY: Approve Submission of Online Grant Application Documents for the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) Fiscal Year 2023 Prosecuting Cold Cases Using DNA, including Application for Federal Assistance standard form (SF-424) OMB Form Number 4040-0004, Disclosure of Lobbying Activities (SF-LLL) OMB Form Number 4040-0013, and Financial Management and System of Internal Controls Questionnaire OMB Form Number 1121-0329, and authorize the District Attorney, or designee, to electronically submit the same on behalf of the County. All Districts. [\$0].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve submission of the online grant application and related documents for the Bureau of Justice Assistance (BJA) Fiscal Year 2023 National Sexual Assault Kit Initiative Program, including Application for Federal Assistance standard form (SF-424) OMB Form Number 4040-0004, Disclosure of Lobbying Activities (SF-LLL) OMB Form Number 4040-0013, and Financial Management and System of Internal Controls Questionnaire OMB Form Number 1121-0329, and authorize the District Attorney, or designee, to electronically submit the same on behalf of the County; and
2. Authorize the Chairman of the Board to make the certifications in OMB Form Number 4040-0004 and OMB Form Number 1121-0329 on behalf of the County and execute the same and authorize the Chair of the Board to digitally sign the Disclosure of Lobbying Activities (SF-LLL) OMB Form Number 4040-0013.

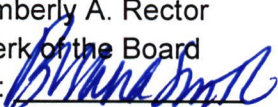
ACTION:Policy


Jared Haringema 3/14/2023

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Spiegel and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez, and Gutierrez
Nays: None
Absent: None
Date: March 28, 2023
xc: D.A.

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: N/A			Budget Adjustment: No	
			For Fiscal Year: 23/24 – 26/27	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

The National Sexual Assault Kit Initiative (SAKI) provides funding to support multidisciplinary community response teams to inventory, track, and expeditiously test previously unsubmitted SAKs; collect and test lawfully owed DNA from offenders/arrestees; produce necessary protocols and policies to improve collaboration among laboratories, police, prosecutors, and victim service providers; provide resources to address the sexual assault investigations and prosecutions that result from evidence and CODIS hits produced by tested SAKs; optimize victim notification protocols and services as well as address the lack of criminal justice resources for other violent crime cold cases.

Approximately \$50,000,000 is available for funding, with each project being awarded up to \$2,500,000. The grant award performance period is 36 months, beginning October 1, 2023 and ending September 30, 2026.

Award documents will be submitted to the Board for approval once the grant funds are awarded. Upon final award, the financial data portion of this form will be completed.

County Counsel has reviewed and approved the attached Application for Federal Assistance standard form (SF-424) OMB Form Number 4040-0004, Disclosure of Lobbying Activities (SF-LLL) OMB Form Number 4040-0013, and Financial Management and System of Internal Controls Questionnaire OMB Form Number 1121-0329 as to form.

Impact on Residents and Businesses

None.

ATTACHMENTS:

- Application for Federal Assistance standard form (SF-424) OMB Form Number 4040-0004
- Disclosure of Lobbying Activities (SF-LLL) OMB Form Number 4040-0013
- Financial Management and System of Internal Controls Questionnaire OMB Form Number 1121-0329

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA

Rebecca S Cortez
Rebecca S Cortez, Principal Management Analyst 3/20/2023

Ryan Yabko
Ryan Yabko 3/14/2023

Aaron Gettis
Aaron Gettis, Deputy County Counsel 3/15/2023

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

F88DAAN239B9

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

County Of Riverside

* b. Employer/Taxpayer Identification Number (EIN/TIN):

956000930

* c. Organizational DUNS:

d. Address:

* Street1:

4080 Lemon Street

Street2:

* City:

Riverside

County/Parish:

* State:

CA

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92501-3643

e. Organizational Unit:

Department Name:

District Attorney's Office

Division Name:

Public Safety

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

James

Middle Name:

* Last Name:

Campos

Suffix:

Title:

Supervising Investigator

Organizational Affiliation:

* Telephone Number:

951-955-0761

Fax Number:

* Email:

Jamescampos@rivcoda.org

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA)

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

O-BJA-2023-171565

* Title:

Bureau of Justice Assistance (BJA) Fiscal Year 2023 National Sexual Assault Kit Initiative

13. Competition Identification Number:

C-BJA-2023-00036-PROD

Title:

Investigation and Prosecution of Cold Case Sexual Assaults

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Investigation and Prosecution of Cold Case Sexual Assaults

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name: Kevin

Middle Name:

* Last Name: Jeffries

Suffix:

* Title: Chair, Riverside County Board of Supervisors

* Telephone Number: 951-955-1010

Fax Number:

* Email: district1@rivco.org

* Signature of Authorized Representative:



* Date Signed:

ATTEST:
KIMBERLY A. RECTOR, Clerk

By  DEPUTY

FORM APPROVED COUNTY COUNSEL

BY  RYAN D. YABKO

3/14/23
DATE

MAR 28 2023 3.5



<p>26. Is the applicant entity aware of the differences between subawards under federal awards and procurement contracts under federal awards, including the different roles and responsibilities associated with each?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> N/A - Applicant does not make subawards under any OJP awards</p>
<p>27. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from making a subaward under a federal award to any entity or individual is suspended or debarred from such subawards?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> N/A - Applicant does not make subawards under any OJP awards</p>

DESIGNATION AS 'HIGH-RISK' BY OTHER FEDERAL AGENCIES

28. Is the applicant entity designated "high risk" by a federal grant-making agency outside of DOJ? (High risk includes any status under which a federal awarding agency provides additional oversight due to the applicant's past performance, or other programmatic or financial concerns with the applicant.)

Yes No Not Sure

If "Yes", provide the following:

(a) Name(s) of the federal awarding agency:
[Redacted]

(b) Date(s) the agency notified the applicant entity of the "high risk" designation:
[Redacted]

(c) Contact information for the "high risk" point of contact at the federal agency:
Name: [Redacted]
Phone: [Redacted]
Email: [Redacted]

(d) Reason for "high risk" status, as set out by the federal agency:
[Redacted]

CERTIFICATION ON BEHALF OF THE APPLICANT ENTITY

(Must be made by the chief executive, executive director, chief financial officer, designated authorized representative ("AOR"), or other official with the requisite knowledge and authority)

On behalf of the applicant entity, I certify to the U.S. Department of Justice that the information provided above is complete and correct to the best of my knowledge. I have the requisite authority and information to make this certification on behalf of the applicant entity.

Name: Kevin Jeffries [Signature] Date: 3/28/2023

Title: Executive Director Chief Financial Officer Chairman
 Other: [Redacted]

Phone: 951-955-1010

FORM APPROVED COUNTY COUNSEL
BY [Signature] 3/14/23
RYAN D YABKO DATE

ATTEST:
KIMBERLY A. RECTOR, Clerk
BY [Signature]
DEPUTY



Background

Recipients' financial management systems and internal controls must meet certain requirements, including those set out in the "Part 200 Uniform Requirements" (2.C.F.R. Part 2800).

Including at a minimum, the financial management system of each OJP award recipient must provide for the following:

- (1) Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number and year, and the name of the Federal agency.
- (2) Accurate, current, and complete disclosure of the financial results of each Federal award or program.
- (3) Records that identify adequately the source and application of funds for Federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income, and interest, and be supported by source documentation.
- (4) Effective control over, and accountability for, all funds, property, and other assets. The recipient must adequately safeguard all assets and assure that they are used solely for authorized purposes.
- (5) Comparison of expenditures with budget amounts for each Federal award.
- (6) Written procedures to document the receipt and disbursement of Federal funds including procedures to minimize the time elapsing between the transfer of funds from the United States Treasury and the disbursement by the OJP recipient.
- (7) Written procedures for determining the allowability of costs in accordance with both the terms and conditions of the Federal award and the cost principles to apply to the Federal award.
- (8) Other important requirements related to retention requirements for records, use of open and machine readable formats in records, and certain Federal rights of access to award-related records and recipient personnel.

1. Name of Organization and Address:

Organization Name: **County Of Riverside**
 Street1: **4080 Lemon Street**
 Street2:
 City: **Riverside**
 State: **CA**
 Zip Code: **92501-3643**

2. Authorized Representative's Name and Title:

Prefix: **Mr** First Name: **Kevin** Middle Name:
 Last Name: **Jeffries** Suffix:
 Title: **Chair, Riverside County Board of Supervisors**

3. Phone: **951-955-1010** 4. Fax:
 5. Email: **district1@rivco.org**

6. Year Established: **1893** 7. Employer Identification Number (EIN): **956000930** 8. Unique Entity Identifier (UEI) Number: **F88DAAN239B9**

9. a) Is the applicant entity a nonprofit organization (including a nonprofit institution of higher education) as described in 26 U.S.C. 501(c)(3) and exempt from taxation under 26 U.S.C. 501(a)? Yes No

If "No" skip to Question 10.

If "Yes", complete Questions 9. b) and 9. c).



AUDIT INFORMATION

9. b) Does the applicant nonprofit organization maintain offshore accounts for the purpose of avoiding paying the tax described in 26 U.S.C. 511(a)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>9. c) With respect to the most recent year in which the applicant nonprofit organization was required to file a tax return, does the applicant nonprofit organization believe (or assert) that it satisfies the requirements of 26 C.F.R. 53.4958-6 (which relate to the reasonableness of compensation of certain individuals)?</p> <p>If "Yes", refer to "Additional Attachments" under "What An Application Should Include" in the OJP solicitation (or application guidance) under which the applicant is submitting its application. If the solicitation/guidance describes the "Disclosure of Process related to Executive Compensation," the applicant nonprofit organization must provide -- as an attachment to its application -- a disclosure that satisfies the minimum requirements as described by OJP.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For purposes of this questionnaire, an "audit" is conducted by an independent, external auditor using generally accepted auditing standards (GAAS) or Generally Governmental Auditing Standards (GAGAS), and results in an audit report with an opinion.

10. Has the applicant entity undergone any of the following types of audit(s)(Please check all that apply):

"Single Audit" under OMB A-133 or Subpart F of 2 C.F.R. Part 200

Financial Statement Audit

Defense Contract Agency Audit (DCAA)

Other Audit & Agency (list type of audit):

[REDACTED]

None (if none, skip to question 13)

11. Most Recent Audit Report Issued: Within the last 12 months Within the last 2 years Over 2 years ago N/A

Name of Audit Agency/Firm: [REDACTED]

AUDITOR'S OPINION

12. On the most recent audit, what was the auditor's opinion?

Unqualified Opinion Qualified Opinion Disclaimer, Going Concern or Adverse Opinions N/A: No audits as described above

Enter the number of findings (if none, enter "0"): 0

Enter the dollar amount of questioned costs (if none, enter "\$0"): 0

Were material weaknesses noted in the report or opinion? Yes No

13. Which of the following best describes the applicant entity's accounting system:

Manual Automated Combination of manual and automated

14. Does the applicant entity's accounting system have the capability to identify the receipt and expenditure of award funds separately for each Federal award? Yes No Not Sure

15. Does the applicant entity's accounting system have the capability to record expenditures for each Federal award by the budget cost categories shown in the approved budget? Yes No Not Sure

16. Does the applicant entity's accounting system have the capability to record cost sharing ("match") separately for each Federal award, and maintain documentation to support recorded match or cost share? Yes No Not Sure



17. Does the applicant entity's accounting system have the capability to accurately track employees actual time spent performing work for each federal award, and to accurately allocate charges for employee salaries and wages for each federal award, and maintain records to support the actual time spent and specific allocation of charges associated with each applicant employee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
18. Does the applicant entity's accounting system include budgetary controls to preclude the applicant entity from incurring obligations or costs that exceed the amount of funds available under a federal award (the total amount of the award, as well as the amount available in each budget cost category)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
19. Is applicant entity familiar with the "cost principles" that apply to recent and future federal awards, including the general and specific principles set out in 2 C.F.R. Part 200?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure

PROPERTY STANDARDS AND PROCUREMENT STANDARDS

20. Does the applicant entity's property management system(s) maintain the following information on property purchased with federal award funds (1) a description of the property; (2) an identification number; (3) the source of funding for the property, including the award number; (4) who holds title; (5) acquisition date; (6) acquisition cost; (7) federal share of the acquisition cost; (8) location and condition of the property; (9) ultimate disposition information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
21. Does the applicant entity maintain written policies and procedures for procurement transactions that -- (1) are designed to avoid unnecessary or duplicative purchases; (2) provide for analysis of lease versus purchase alternatives; (3) set out a process for soliciting goods and services, and (4) include standards of conduct that address conflicts of interest?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
22. a) Are the applicant entity's procurement policies and procedures designed to ensure that procurements are conducted in a manner that provides full and open competition to the extent practicable, and to avoid practices that restrict competition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
22. b) Do the applicant entity's procurement policies and procedures require documentation of the history of a procurement, including the rationale for the method of procurement, selection of contract type, selection or rejection of contractors, and basis for the contract price?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
23. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from entering into a procurement contract under a federal award with any entity or individual that is suspended or debarred from such contracts, including provisions for checking the "Excluded Parties List" system (www.sam.gov) for suspended or debarred sub-grantees and contractors, prior to award?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure

TRAVEL POLICY

<p>24. Does the applicant entity:</p> <p>(a) maintain a standard travel policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) adhere to the Federal Travel Regulation (FTR)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

SUBRECIPIENT MANAGEMENT AND MONITORING

25. Does the applicant entity have written policies, procedures, and/or guidance designed to ensure that any subawards made by the applicant entity under a federal award -- (1) clearly document applicable federal requirements, (2) are appropriately monitored by the applicant, and (3) comply with the requirements in 2 CFR Part 200 (see 2 CFR 200.331)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> N/A - Applicant does not make subawards under any OJP awards
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DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 02/28/2025

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award (Response is A) <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: County Of Riverside * Street 1: 4080 Lemon Street Street 2: _____ * City: Riverside State: CA Zip: 92501 Congressional District, if known: _____		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: 		
6. * Federal Department/Agency: DOJ/OJP/BJA	7. * Federal Program Name/Description: Bureau of Justice Assistance (BJA) Fiscal Year 2023 National Sexual Assault Kit Initiative CFDA Number, if applicable: 16.833	
8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant: Prefix: _____ * First Name: None Middle Name: _____ * Last Name: None Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
b. Individual Performing Services (including address if different from No. 10a) Prefix: _____ * First Name: None Middle Name: _____ * Last Name: None Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: Completed on submission to Grants.gov * Name: Prefix: _____ * First Name: Kevin Middle Name: _____ * Last Name: Jeffries Suffix: _____ Title: Chair, Riverside County Board Of Supervisors Telephone No.: 951-955-1010 Date: Completed on submission to Grants.gov		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

MAR 28 2023 3.5

FORM APPROVED COUNTY COUNSEL
 BY Ryan D Yabko 3/14/23
 DATE

*Received after vote
did not speak*

Riverside County Board of Supervisors Request to Speak

Submit request to Clerk of Board (right of podium), Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: Dan / Terrell

Address: _____

City: _____ Zip: _____

Phone #: _____

Date: 3-28-92 Agenda # 3.5

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

Support Oppose Neutral

Note: If you are here for an agenda item that is filed for "Appeal", please state separately your position on the appeal below:

Support Oppose Neutral

I give my 3 minutes to: _____

BOARD RULES

Requests to Address Board on “Agenda” Items:

You may request to be heard on a published agenda item. Requests to be heard must be submitted to the Clerk of the Board before the scheduled meeting time.

Requests to Address Board on items that are “ NOT” on the Agenda/Public Comment:

Notwithstanding any other provisions of these rules, a member of the public shall have the right to address the Board during the mid-morning “Oral Communications” segment of the published agenda. Said purpose for address must pertain to issues which are under the direct jurisdiction of the Board of Supervisors. **YOUR TIME WILL BE LIMITED TO THREE (3) MINUTES.** Donated time is not permitted during Public Comment.

Power Point Presentations/Printed Material:

Speakers who intend to conduct a formalized Power Point presentation or provide printed material must notify the Clerk of the Board’s Office by 12 noon on the Monday preceding the Tuesday Board meeting, insuring that the Clerk’s Office has sufficient copies of all printed materials and at least one (1) copy of the Power Point CD. Copies of printed material given to the Clerk (by Monday noon deadline) will be provided to each Supervisor. If you have the need to use the overhead “Elmo” projector at the Board meeting, please ensure your material is clear and with proper contrast, notifying the Clerk well ahead of the meeting, of your intent to use the Elmo.

Individual Speaker Limits:

Individual speakers are limited to a maximum of three (3) minutes. Please step up to the podium when the Chairman calls your name and begin speaking immediately. Pull the microphone to your mouth so that the Board, audience, and audio recording system hear you clearly. Once you start speaking, the “green” podium light will light. The “yellow” light will come on when you have one (1) minute remaining. When you have 30 seconds remaining, the “yellow” light will begin to flash, indicating you must quickly wrap up your comments. Your time is up when the “red” light flashes. The Chairman adheres to a strict three (3) minutes per speaker. ***Note: If you intend to give your time to a “Group/Organized Presentation”, please state so clearly at the very bottom of the reverse side of this form.***

Group/Organized Presentations:

Group/organized presentations with more than one (1) speaker will be limited to nine (9) minutes at the Chairman’s discretion. The organizer of the presentation will automatically receive the first three (3) minutes, with the remaining six (6) minutes relinquished by other speakers, as requested by them on a completed “Request to Speak” form, and clearly indicated at the bottom of the form.

Addressing the Board & Acknowledgement by Chairman:

The Chairman will determine what order the speakers will address the Board, and will call on all speakers in pairs. The first speaker should immediately step to the podium and begin addressing the Board. The second speaker should take up a position in one of the chamber aisles in order to quickly step up to the podium after the preceding speaker. This is to afford an efficient and timely Board meeting, giving all attendees the opportunity to make their case. Speakers are prohibited from making personal attacks, and/or using coarse, crude, profane or vulgar language while speaking to the Board members, staff, the general public and/or meeting participants. Such behavior, at the discretion of the Board Chairman, may result in removal from the Board Chambers by Sheriff Deputies.