



Santa Barbara County Education Office

4400 Cathedral Oaks Rd, PO Box 6307, Santa Barbara, CA 93160-6307
Telephone: (805) 964-4711 • FAX: (805) 964-4712 • sbceo.org

Susan C. Salcido, Superintendent of Schools

October 14, 2020

SBAS-9383

TO: Community Colleges
K-12 School Districts

ATTENTION: Presidents/Superintendents
Chief Business Officials

FROM: Denice Cora, Administrator
School Business Advisory Services

Action Required

SUBJECT: **Annual Governing Board Organizational Meeting & Authorized Signature Forms, Board Resolutions**

Education Code Sections 35143 and 72000 require the governing board of each school district and community college district to hold an annual organizational meeting within 15 days of the second Friday in December 2020. At that meeting, the board schedules next year's regular meetings, selects officers, and adopts board authorized signatures. The steps listed below outline what is necessary to meet requirements.

Please complete all documents and return to our office by the due dates shown below:

1. Select the day and time of the annual organizational meeting – *Attachment A*

Please advise our office when the annual organizational meeting will be held this year.

This year: 2020 Dec. 11 through Dec. 25, 2020

**Due Date:
Fri., Nov. 27
Attachment A**

For calendar planning purposes, please take note of the dates below for scheduling organizational meetings in upcoming years.

Upcoming years: 2021 Dec. 10 through Dec. 24, 2021
2022 Dec. 9 through Dec 23, 2022
2023 Dec 8 through Dec 22, 2023

Important Note - EC 43509(a)(1) For the 2020-21 school year, the governing board of a school district...and the governing body of a charter school shall adopt...by December 15, 2020, with the First Interim Report required pursuant to Sections 1240, 42131, and 47604.33, the local control funding formula budget overview for parents required pursuant to Section 52064.1

2. Governing Board Meeting Schedule – *Attachment B*

One function of the annual organizational meeting is to set the date, time, and place for all regular board meetings in the upcoming year. After the organizational meeting, please complete the schedule and return.

Due Date:
Thurs., Dec. 31
Attachments B-H

3. Governing Board Member Organization – *Attachment C*

Another purpose of the annual organizational meeting is to elect officers. The governing board of each high school district, union high school district, and joint union high school district shall organize by electing a president from its members and a clerk. The governing board of each community college shall organize by electing a president from its members, and a secretary. Please complete this form and return.

4. School Board Representative to the Santa Barbara County Committee on School District Organization – *Attachment D*

Our office also needs the name of your representative to the County Committee on School District Organization. The sole function of the board representative is to nominate and elect the eleven members of the Santa Barbara County Committee on School District Organization. Education Code Section 35023 specifies that the representative must be a member of your governing board and must be selected at your annual organizational meeting. Board representatives will be directly notified by our office when they need to nominate and elect, with courtesy copies sent to their superintendents. You may name an alternate representative, but there is no requirement that you do so. Please complete this form and return.

5. Authorized Signature Forms and Board Resolutions – *Attachments E through H*

Districts are required to update their authorized signature forms on file with School Business Advisory Services (SBAS) annually. These original wet-ink signatures authorize the individuals to sign orders in the board's name and must therefore be board approved. SBAS uses forms E through H to verify information and validate signatures on the documents we audit and release from our office. In addition, attached are sample resolutions for board delegation of authority to make cash and budget transfers for both K-12 school districts and community colleges. Even if there have been no changes in board membership or staff, we require an annual update. Please complete this form and return.

- **Board Authorized Signatures** - Whenever there is a change in board authorized signatories, please complete new forms and submit to SBAS with the date of board approval.
- **Release of Commercial and Payroll Warrants and Personnel to Act as District agents** - For changes in personnel during the year, please complete *Attachment F(1) or G(1)*.

Timely revisions help prevent delays in SBAS's ability to audit and release district documents. Thank you for submitting promptly.

6. Statement of Facts: Roster of Public Agencies Filing – *Form Attached*

Government Code Section 53051(b) requires public agencies to file an amended Statement of Facts with the Secretary of State within ten days of an annual organizational meeting. Submit directly to the State of California Secretary of State, in accordance with the directions noted on the form.

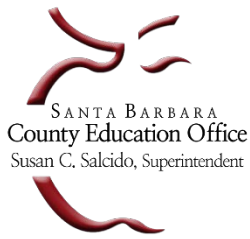
Due Date:
10 days after
organizational
meeting
(form attached)

Please note that all of the forms referred to in this packet are available on our website at <https://www.sbceo.org/domain/93>. You will be prompted for authentication. The user name is *districts* and the password is *Escape*. If you have questions, please contact me ext. 5237 or dcora@sbceo.org.

ad

attachments

c Dr. Susan C. Salcido
County Superintendent of Schools



SELECTION OF DATE AND TIME FOR THE ANNUAL GOVERNING BOARD ORGANIZATIONAL MEETING

Today's date: ____/____/____

District: _____

Completed by: _____

Title: _____

Annual Governing Board Organization Meeting

- Date of meeting: _____
- Time of meeting: _____

**Note: Meeting must
be scheduled
between Dec. 11-25**

Return completed form to:

School Business Advisory Services
Santa Barbara County Education Office

REFERENCE:
EC§35143; 72000(B)(5)(C)(2)A,B,C

ATTACHMENT A



GOVERNING BOARD MEETING SCHEDULE

Today's date: ____/____/____

District: _____

Completed by: _____

Title: _____

BOARD MEETING LOCATION

Site Name: _____

Room Name/No.: _____

Address: _____

DATE(S) / TIME(S) OF MEETINGS (E.G. 1ST MONDAY OR 2ND AND 4TH TUESDAYS EACH MONTH)

Day(s): _____

Time(s): _____

PLEASE NOTE ANY MEETING EXCEPTIONS:

Alternate dates: _____

Alternate times: _____

Alternate locations: _____

Return completed form to:

School Business Advisory Services
Santa Barbara County Education Office

REFERENCE:
EC§35143; 72000(B)(5)(C)(2)A,B,C

ATTACHMENT B



GOVERNING BOARD MEMBER ORGANIZATION

DISTRICT: _____

Name: _____ Title: **Board President**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Vice President**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Clerk**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

The below named individual is the Secretary to the Board.

Name: _____ Title: **Secretary**
Address: _____ Zip: _____
Phone No.: _____

I certify that all the information provided herein is true and correct.

Board President's Signature: _____ Date: ____/____/____

REFERENCE:
EC§ 1010, 35025, 35250, 35143, 72000(B)(5)(C)(2)A,B,C
CSBA BOARD BYLAWS 9100, 9121, 9122

ATTACHMENT C



**SCHOOL BOARD REPRESENTATIVE TO THE
COUNTY COMMITTEE ON SCHOOL DISTRICT ORGANIZATION**

Our office needs the name of the governing board member that has been selected as your district’s representative to the Santa Barbara County Committee on School District Organization (“County Committee”).

Education Code Section 35023 specifies that the representative must be a member of your governing board and must be selected at your annual organizational meeting. The board representative will **not** be a member of the County Committee. **The singular function of the board representative is to nominate and elect the eleven members of the County Committee.** Elections are held in the fall. Board representatives will be directly notified by our office, with courtesy copies sent to their superintendents. You may name an alternate representative, but there is no requirement that you do so.

Today’s date: ___/___/___

District: _____

Completed by: _____

Title: _____

Name of representative: _____

E-mail address: _____

Name of alternate representative: _____

E-mail address: _____

Return completed form to:

School Business Advisory Services
Santa Barbara County Education Office

REFERENCE:
EC§35023

ATTACHMENT D



GOVERNING BOARD AUTHORIZED SIGNATURE FORM

Today's date: ___/___/___ Number of Board Members: _____

District: _____

Completed by: _____

Title: _____

Board Member Signature	Typed Name

Return completed form to:

School Business Advisory Services
Santa Barbara County Education Office

REFERENCE:
EC§ 17604; 35161; 42632; 42633;
70902; 85232; 85233; & 81655

ATTACHMENT E



AUTHORIZED SIGNATURES
DISTRICT PERSONNEL APPROVED BY THE SUPERINTENDENT
FOR RELEASE OF COMMERCIAL AND PAYROLL WARRANTS

DISTRICT: _____

Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll

I certify that the names and signatures above are authorized district personnel who may receive warrants on behalf of our district.

Superintendent's Signature: _____ Date: ____/____/____



CHANGES TO AUTHORIZED SIGNATURES
DISTRICT PERSONNEL APPROVED BY THE SUPERINTENDENT
FOR RELEASE OF COMMERCIAL AND PAYROLL WARRANTS

DISTRICT: _____

ADDITIONS:

Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll

DELETIONS:

Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll

I certify that the above changes to authorized district personnel who may receive warrants on behalf of our district.

Superintendent's Signature: _____ Date: ____/____/____

Note: Please use this form if there are changes that occur after the organizational meeting in December.



**AUTHORIZED SIGNATURES
DISTRICT PERSONNEL APPROVED BY THE BOARD
TO ACT AS DISTRICT AGENTS**

DISTRICT: _____

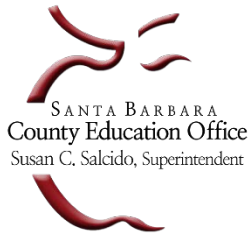
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll

I certify that the above individuals are authorized to act as agents of the governing board.

Board President Signature: _____ Date: ____/____/____

REFERENCE:
 K-12: EC\$42632, 42633, 17604
 COMMUNITY COLLEGE: EC\$85232, 85233, 85655

Note for Escape Financial System Users: The district must have an active employee with access to Escape in order to authorize accounts payable. This form is needed in order to grant activity permissions necessary to authorize payments in Escape.



CHANGES TO AUTHORIZED SIGNATURES
DISTRICT PERSONNEL APPROVED BY THE BOARD
TO ACT AS DISTRICT AGENTS

DISTRICT: _____

ADDITIONS:

Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll

DELETIONS:

Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll

I certify that the above changes to authorized individuals to act as agents of the governing board.

Board President's Signature: _____ Date: ____/____/____

Note for Escape Financial System Users: The district must have an active employee with access to Escape in order to authorize accounts payable. This form is needed in order to grant activity permissions necessary to authorize payments in Escape.

REFERENCE:
 K-12: EC§42632, 42633, 17604
 COMMUNITY COLLEGE: EC§85232, 85233, 85655

Note: Please use this form if there are changes that occur after the organizational meeting in December.

ATTACHMENT G(1)

**RESOLUTION OF THE GOVERNING BOARD
DELEGATION OF GOVERNING BOARD POWERS DUTIES
AUTHORITY TO MAKE CASH AND BUDGET TRANSFERS**

Whereas, Education Code Section 35161 provides that “The governing board of any school district may execute any powers delegated by law to it or to the district of which it is the governing board, and shall discharge any duty imposed by law upon it or upon the district of which it is the governing board...;” and

Whereas, Education Code Section 35161 further provides that the governing board “...may delegate to an officer or employee of the district any of those powers or duties. The governing board, however, retains ultimate responsibility over the performance of those powers or duties so delegated;” and

Whereas, the governing board of the _____ recognizes that, while the authority provided in Education Code Section 35161 authorizes the board to delegate any of its powers and duties, the governing board retains the ultimate responsibility over the performance of those powers and duties; and

Whereas, the governing board further recognizes that where other Education Code provisions authorize a delegation of authority for a specific purpose, but impose restrictions on such delegated authority, these restrictions must be observed;

Now, Therefore, Be It Resolved that, in accordance with the authority provided in Education Code Section 35161, the governing board of the _____ hereby delegates to the following officers or employees of the district, the authority to make cash and budget transfers between and within district funds as necessary for the payment of obligations of the district effective from the date this resolution is passed through the year-end accrual phase without submitting the transfers as part of a specific board resolution.

_____ Authorized District Employee/Officer	_____ Authorized District Employee/Officer
_____ Authorized District Employee/Officer	_____ Authorized District Employee/Officer

Passed and adopted this _____ day of _____, _____ by the following vote:

Ayes:
Noes:
Absent:
Abstain:

Board President’s Signature: _____ Date: ____/____/____

Note for Escape Financial System Users: The district must have an active employee with Escape access authorized to perform cash and budget transfers. This resolution is needed in order to grant activity permissions necessary to authorize certain budget and cash transfers (i.e., interfund cash transfers and deposits) in Escape.

REFERENCE:
K-12: EC§35161

**RESOLUTION OF THE GOVERNING BOARD
DELEGATION OF GOVERNING BOARD POWERS DUTIES
AUTHORITY TO MAKE CASH AND BUDGET TRANSFERS**

Whereas, Education Code Section 70902(d) provides that “Wherever in this section or any other statute a power is vested in the governing board, the governing board of a community college district, by majority vote, may adopt a rule delegating the power to the district’s chief executive officer or any other employee or committee as the governing board may designate...;” and

Whereas, Education Code Section 70902(d) further provides, “However, the governing board shall not delegate any power that is expressly made nondelegable by statute.”, and “Any rule delegating authority shall prescribe the limits of the delegation;” and

Whereas, the governing board of the _____ recognizes that while the authority provided in Education Code Section 70902(d) authorizes the board to delegate its vested powers, the governing board retains the ultimate responsibility over the performance of those vested powers; and

Whereas, the governing board further recognizes that where other statutory provisions make certain powers nondelegable, the governing board shall not delegate those powers, and that any rule delegating authority shall prescribe the limits of the delegation;

Now, Therefore, Be It Resolved that in accordance with the authority provided in Education Code Section 70902(d), the governing board of the _____ hereby delegates to the following officers or employees of the district, the authority to act in consultation with the Superintendent/President on its behalf in performance of the duties and powers granted to the board by law as indicted below and subject to the following limitations and restrictions:

Authorized District Employee/Officer: _____

Delegated Power or Duty: _____

Limitations and Restrictions: _____

Authorized District Employee/Officer: _____

Delegated Power or Duty: _____

Limitations and Restrictions: _____

Passed and adopted this _____ day of _____, _____ by the following vote:

Ayes:

Noes:

Absent:

Abstain:

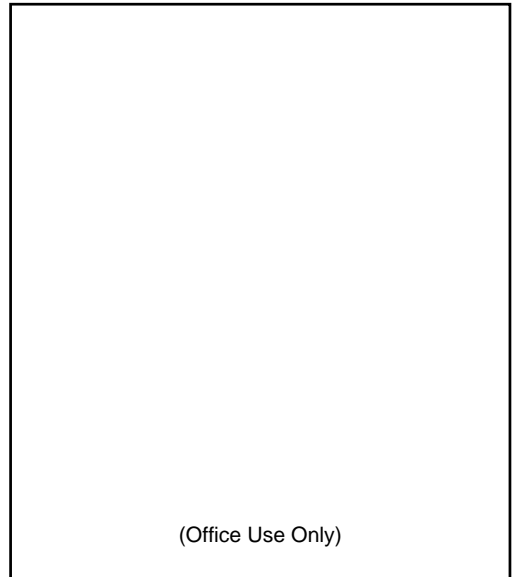
Board President’s Signature: _____ Date: ____/____/____

REFERENCE:
EC§70902(D)



State of California Secretary of State

STATEMENT OF FACTS ROSTER OF PUBLIC AGENCIES FILING (Government Code section 53051)



(Office Use Only)

Instructions:

1. Complete and mail to: Secretary of State,
P.O. Box 942870, Sacramento, CA 94277-2870 (916) 653-3984
2. A street address must be given as the official mailing address or as the address of the presiding officer.
3. Complete addresses as required.
4. If you need additional space, attach information on an 8½" X 11" page, one sided and legible.

New Filing Update

Legal name of Public Agency: _____

Nature of Update: _____

County: _____

Official Mailing Address: _____

Name and Address of each member of the governing board:

Chairman, President or other Presiding Officer (Indicate Title): _____

Name: _____ Address: _____

Secretary or Clerk (Indicate Title): _____

Name: _____ Address: _____

Members:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

RETURN ACKNOWLEDGMENT TO: (Type or Print)

NAME [_____]

ADDRESS [_____]

CITY/STATE/ZIP [_____]

_____ Date

_____ Signature

_____ Typed Name and Title