



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 original "wet" ink signature form to:
School Business Advisory Services

GOVERNING BOARD MEMBER ORGANIZATION

DISTRICT: _____

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

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

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

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

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

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

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

The individual below 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 B



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: _____

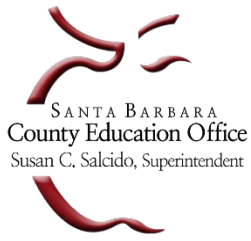
Home Address:

E-mail address: _____

Name of alternate representative: _____

Home Address:

E-mail address: _____



Return completed original “wet” ink signature form to:
School Business Advisory Services

GOVERNING BOARD AUTHORIZED SIGNATURE FORM

Today’s date: ____/____/____ Number of Board Members: ____

District: _____

Completed by: _____

Title: _____

Board Member Signature	Typed Name

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

ATTACHMENT D

Return completed original "wet" ink signature form to:
School Business Advisory Services



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

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:** ____/____/____



Return completed original "wet" ink signature form to:
School Business Advisory Services

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.

Return completed original “wet” ink signature form to:
School Business Advisory Services

**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.