



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

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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

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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

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**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**





## GOVERNING BOARD AUTHORIZED SIGNATURE FORM

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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**

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**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**

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**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

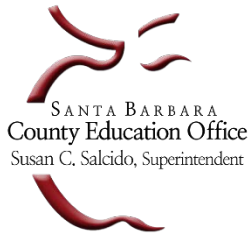
I certify that the above individuals are authorized to act as agents of the governing board.

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**

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**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**

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**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)