

RESOLUTION NO. 2025-_____

A RESOLUTION OF THE BOARD OF SUPERVISORS OF SAN BERNARDINO COUNTY, STATE OF CALIFORNIA, APPROVING THE GRANT AWARD AGREEMENT WITH THE INSURANCE COMMISSIONER OF THE STATE OF CALIFORNIA AND AUTHORIZING THE CHIEF DEPUTY DISTRICT ATTORNEY TO ELECTRONICALLY SIGN AND SUBMIT ALL DOCUMENTS AND ANY SUBSEQUENT NON-SUBSTANTIVE AMENDMENTS TO THE GRANT AWARD AGREEMENT TO FUND THE SAN BERNARDINO COUNTY WORKERS' COMPENSATION INSURANCE FRAUD PROGRAM FOR FISCAL YEAR 2025-26

On Tuesday September 23, 2025, on motion of Supervisor _____, duly seconded by Supervisor _____ and carried, the following resolution is adopted by the Board of Supervisors of San Bernardino County, State of California.

WHEREAS, the San Bernardino County District Attorney's Office desires to continue to undertake a certain program designated the Workers' Compensation Insurance Fraud Program to be supported from funds made available through the Insurance Commissioner of the State of California, pursuant to California Insurance Code Section 1872.83.

NOW, THEREFORE BE IT RESOLVED, that the Grant Award Agreement is approved and the Chief Deputy District Attorney of San Bernardino County is authorized to electronically sign and submit all documents and any subsequent non-substantive amendments to the Grant Award Agreement, subject to review by County Counsel, on behalf of the Board of Supervisors, San Bernardino County, for fiscal year 2025-26.

IT IS AGREED that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and Department of Insurance disclaim responsibility for any such liability.

BE IT FURTHER RESOLVED that grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

PASSED AND ADOPTED by the Board of Supervisors of San Bernardino County, State of California, by the following vote:

AYES: SUPERVISORS:

NOES: SUPERVISORS:

ABSENT: SUPERVISORS:

* * * * *

STATE OF CALIFORNIA)
) ss.
SAN BERNARDINO COUNTY)

I, **LYNNA MONELL**, Clerk of the Board of Supervisors of San Bernardino County, State of California, hereby certify the foregoing to be a full, true and correct copy of the record of the action taken by the Board of Supervisors, by vote of the members present, as the same appears in the Official Minutes of said Board at its meeting of September 23, 2025.

LYNNA MONELL
Clerk of the Board of Supervisors

By _____
Deputy