		P	rint	SturtOve	Save	
		RECEI	PT NUME	3FR·		
			- 0108		- 724 006	
			STATE CLEARINGHOUSE NUMBER (If applicable)			
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.			90110		ONDER (il applicable)	
LEAD ACENOV	LEADAGENCY EMAIL			DATE		
County of San Bernardino Sheriff's Department				01082021		
COUNTY/STATE AGENCY OF FILING				DOCUMEN		
San Bernardino					THOMBER	
PROJECT TITLE						
Application for state grant to fund training for the	Sheriff's Crime L	aborat	ory pe	rsonnel		
PROJECT APPLICANT NAME	PROJECT APPLICANT E	MAIL		PHONE NU	MBER	
County of San Bernardino Sheriff's Department				(909) 387-3648		
PROJECT APPLICANT ADDRESS	CITY	Y STATE		ZIP CODE		
655 East Third Street	San Bernardino	C	4	92415		
PROJECT APPLICANT (Check appropriate box)	_			,		
✓ Local Public Agency School District	Other Special District		State A	gency	Private Entity	
CHECK APPLICABLE FEES:						
Environmental impact Report (EIR)		\$3,445,2	<i>-</i>		0.00	
☐ Mitigated/Negative Declaration (MND)(ND)		\$2,480.2				
☐ Certified Regulatory Program (CRP) document - payment due di	rectly to CDFW	\$1,171,2				
The second secon	really to obt to	Ψ1,171,2	.o		0.00	
☐ Exempt from fee						
✓ Notice of Exemption (attach)						
☐ CDFW No Effect Determination (attach)						
☐ Fee previously paid (attach previously issued cash receipt copy)						
☐ Water Right Application or Petition Fee (State Water Resources	Control Board only)	\$850.0	0 \$			
County documentary handling fee			\$		50.00	
Other			\$			
PAYMENT METHOD:					50.00	
☐ Cash ☐ Credit ☐ Check ☑ Other	TOTALI	RECEIVE	D \$		50.00	
SIGNATURE AGENC	CY OF FILING PRINTED N	AME AN	D TITLE			
X Lisa	Arredondo, Deput	ty Cler	k			
1700			···	AND	A STATE OF THE PARTY OF THE PAR	

1400 T	of Planning and Research From: enth Street, Room 121 nento, CA 95814	San Bernardino County Sheriff's Department Bureau of Administration 655 East Third Street San Bernardino, CA 92415
County 385 No	of the Board of Supervisors of San Bernardino orth Arrowhead Avenue, Second Floor ernardino, CA 92415-0130	Posted On: 01/08/00 2021 Removed On: 02/20/2021
Out D	577 0 2 1 1 0 1 0 5 0 1 0 1 0 1 0 1 0 1 0 1 0 1	Receipt No: 20.01087071
	Project Description	Applicant
APN: APPLICANT:	N/A County of San Bernardino, Sheriff's	County of San Bernardino Sheriff's Department Name
PROPOSAL:	Department Application for state grant to fund training for the Sheriff's Crime Laboratory personnel.	655 E. Third Street Address
JCS: COMMUNITY:	N/A County-wide	San Bernardino, CA 92415
LOCATION:	Sheriff's Crime Laboratory in San Bernardino ci	(909) 387-3648 Phone
		Representative
		Jenee' Haliburton, Accountant III Name Same as Applicant Address
	pt., SBCSD, Bureau of Admin. Agency Contact Person	
	387-3648 Code/Telephone Number	Same as Applicant Phone
Declared	Ccheck one) al [Sec. 21080(b)(1); 15268]; d Emergency [Sec. 21080(b)(3); 15269(b) ncy Project [Sec. 21080(b)(4); 15269(b)	
	. , . , , , , , , , , , , , , , , , , ,	number: 15321(b) [law enforcement activities] and
15061(b)(3) [no significant impact of activity]	
☐ Statutor	y Exemptions. State code number:	
Other E	xemption:	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
exempt from the pro 15321(b), law enforce	visions of the California Environmental Quality A	. /
Signature John Ade		u of Administration 12/2//2026

☐ Signed by Applicant

Land Use Services Department - Revised November 1997

Signed by Lead Agency
 Date received for filing at OPR: ____