

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT, STATE OF CALIFORNIA

Certified Copy of Portion of Proceedings, Meeting of September 3, 2019

RESOLUTION NO. ____

**ACCEPTING MUTUAL AID AGREEMENT WITH CALIFORNIA DEPARTMENT OF
CORRECTIONS AND REHABILITATION PELICAN BAY STATE PRISON
(AGREEMENT #C5608863) FROM DATE OF APPROVAL THROUGH JUNE 30, 2024.**

WHEREAS, the primary objective of this Mutual Aid Agreement is to agree to share resources between the California Department of Corrections and Rehabilitation, Pelican Bay State Prison and the Humboldt County Sheriff's Office to prevent and combat the effect of disasters that may result from specific incidents, including fire, flood, earthquake, war, sabotage, and riot; and

WHEREAS, each of the parties hereto would agree to voluntarily aid and assist each other in the event that a disaster or other emergency situation that should occur, by the interchange of services and facilities, including but not limited to security, rescue, relief, and communications in order to respond to problems that arise from the disaster; and

WHEREAS, it is necessary and desirable that a cooperative agreement be executed for the interchange of such mutual aid on a local basis; and

WHEREAS, the exact terms and conditions are detailed in the attached Mutual Aid Agreement (attachment A); and

NOW, THEREFORE, BE IT RESOLVED that Humboldt County Board of Supervisors hereby accepts and agrees to abide by the terms and conditions of the Mutual Aid Agreement #C5608863 between the Humboldt County Sheriff's Office and the California Department of Corrections and Rehabilitation from date of approval through June 30, 2024; and

NOW, THEREFORE, BE IT FURTHER RESOLVED that Humboldt County Board of Supervisors hereby authorizes the Board of Supervisor's Chair and the Humboldt County Sheriff to execute and submit all documents including, but not limited to the Mutual Aid Agreement and any amendments, revisions, and extensions for the duration of the project.

Adopted on motion by Supervisor _____, seconded by Supervisor _____,
and the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

STATE OF CALIFORNIA }
County of Humboldt }

Rex Bohn, Chair
Board of Supervisors
County of Humboldt, State of California

I, KATHY HAYES, Clerk of the Board of Supervisors, County of Humboldt, State of California, do hereby certify the foregoing to be a full, true and correct copy of the original made in the above-entitled matter by said Board of Supervisors at a meeting held in Eureka, California as the same now appears of record in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of said Board of Supervisors.

Kathy Hayes
Deputy Clerk of the Board of Supervisors,
County of Humboldt, State of California