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## OA AGEN A FACT S EET

6/4/19

Sheriff's Office

Department /Agency			Requested Board Date	
1. Request:	Board Approval	X	Information Only/Presentatio	
	Other (specify)		Schedule Hearing Time:	9
2. Requested Action: Type requested action below				
Recognize the Inside/Out College Program as having a significant impact in reducing recidivism in the County of Imperial; and				
	d read for the public the College Program held a			ng the 10th semester for the
3. Cost \$ 0			Source: n/a	
4. If approval of Contract, reviewed/approved by County Counsel on: 5-20-19				
By: ∞ %			Action Reques	Assigned by County Counsel's Office
5. of position allocation change, approved by Human Resources on:				
: 3 6.	copy submittal date: O. N	Mejorad	lo B	<sub>sy</sub> 5/ 19
<b>82</b>	Departme	nt	Representative	
INSTRUCTIONS: Back-up must be submitted 11 BUSINESS days <u>prior</u> to requested date. Back-up submitted must contain an Copies must be submitted double sided and three (3) hole punched. Back-up must be submitted in a PDF format to cobstaff@co.imperial.ca.us.				
CEO/CLERK USE ONLY:		В	DARD DATE:	06/04/18
		Ac	tion	Filing
DE		Co	nsent	Presentation
	Y 21 2019 1:5\am		aring	CEO Approval
County E	xecutive Office	Ot	her (specify)	
				0



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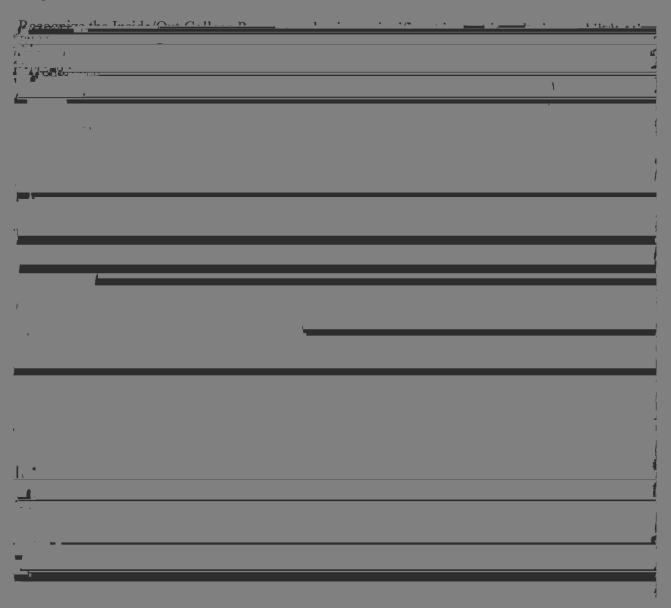
SHERIFF•CORONER•MARSHAL

4, 9

Board of Supervisors County of Imperial 940 W. Main Street, Suite 209 El Centro, CA 92243-2871

Honorable Board Members:

**Requested Board Action:** 



## PROCLAMATION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF IMPERIAL

