

San Antonio Basin Water District

1005 S. Broadway - Santa Maria, California 93454

Phone: (805) 937-0511 - Fax: (805) 754-2874

Meeting Minutes

Board of Directors Regular Meeting

August 18, 2020 at 1:00 P.M.

Dial-in-number - 1-605-472-5736

Access Code – 186891

Consistent with Executive Order N-29-20 suspending provisions of the Brown Act to allow for public meetings to be conducted remotely, the District will hold its regular Board of Directors meeting by teleconference. There will be no meeting site open to the public. Public participation is encouraged using the teleconference information referenced above.

1) Call to Order

The meeting was called to order at 1:04 p.m. by President Merrill.

2) Roll Call

The following directors were present, constituting a quorum for the transaction of business.

Directors Present:

Kevin Merrill

Randy Sharer

Craig Reade

Ken Hunter

Members absent:

Victor Schaff

Craig Reade

Others in attendance: Kari Wagner, Wallace Group, LLC, Donna Glass, District Manager and Carole Fornoff, Westchester Group Investment Management, Inc.

- 3) Public Comment:** This portion of the meeting is set aside to provide the public an opportunity to bring to the attention of the Board members matters that are within the jurisdiction of the Board and that are not on today's agenda. No action will be taken on any matter discussed during this portion of the meeting. The total time allotted for this portion of the meeting may be limited to no more than 3 minutes per speaker.

There were no public comments.

4) Minutes

- a.** July 21, 2020 Board Meeting Minutes – **Board Approval Needed**

Motion was made by Director Sharer to approve the minutes as presented with an amendment to agenda item 10) b. to include the proposed 5 year assessments for option 2. **Motion** seconded by Director Hunter.

A roll call vote was taken and the motion carried.

AYES: Director Hunter, Merrill and Sharer.

NOES: None; **ABSTAIN:** None; **ABSENT:** Director Schaff and Reade.

5) Financial Report

a. Review and Approve July Financial Statement

Donna Glass reported on the Financials. As of July 31, 2020 the SABGWD account has \$137,540.10 in the account. The expenses for July were \$87,509.90. This included the \$75k transferred to the GSA. YTD total expenses were \$87,509.90. Net Income YTD was \$137,540.10.

Motion was made by Director Hunter to approve the Financials as presented and seconded by Director Sharer.

A roll call vote was taken and the motion carried.

AYES: Director Hunter, Merrill and Sharer.

NOES: None; **ABSTAIN:** None; **ABSENT:** Director Schaff and Reade.

b. Review and Approve July GSA Financial Statement

Donna Glass reported on the GSA Financials. As of July 31, 2020 the SABGSA account has \$40,487.21 and \$0.00 in a MMKT account for a total of \$40,487.21. The expenses for July were \$28,684.00. YTD total expenses were \$28,684.00. Net Income YTD was \$46,316.00.

Also noted was the approved June GSA Financials were slightly less by approx. \$5,000. An amended of the Financials was sent out and the District was not copied. The error was discovered at the GSA meeting. Also reported was the District will need to make another transfer of money to the GSA this month or next. Budgeted funds of \$75,000 for the GSA remain of the FSAWB startup funds until some of the 2020 assessments are collected.

A discussion took place about a request by Director Sharer not to continue to include the GSA invoices pertaining to the Financial Statement in the board packet. They could be requested if necessary.

A discussion took place about Director Merrill's requested that a procedure be put in place for the GSA to request funds prior to the Districts board meeting so it can be included on the agenda. All agreed there should be a policy in place if the GSA requires additional funds.

Motion was made by Director Sharer to approve the Financials as presented and no longer include the related invoices in the board packet. **Motion** seconded by Director Merrill.

A roll call vote was taken and the motion carried.

AYES: Director Hunter, Merrill and Sharer.

NOES: None; **ABSTAIN:** None; **ABSENT:** Director Schaff and Reade.

Motion was made by Director Hunter to approve a one-time only, in advance, transfer of \$40,000 when requested by the SABGSA. Future approval of funds must come with a request from the SABGSA prior to the board meeting. **Motion** seconded by Director Sharer.

A roll call vote was taken and the motion carried.

AYES: Director Hunter, Merrill and Sharer.

NOES: None; **ABSTAIN:** None; **ABSENT:** Director Schaff and Reade.

6) **Informational items**

a. **Management/Administration Report**

Donna Glass reported on the report provided in the board packet and attached to the minutes.

b. **Update on San Antonio Basin Groundwater Sustainability Agency**

Director Sharer gave a brief update on the work being done on the GSP.

7) **Other Business Matters**

a. **Consider Approval of the use of Rapid Remote Deposit for Assessment Payments Received by the Wallace Group**

Kari Wagner and Donna Glass gave a brief overview of the deposit option using the Rapid Remote Deposit from the bank at a \$30 monthly fee.

Motion was made by Director Sharer to approve the use of Rapid Remote Deposit for Assessment payments received by the Wallace Group. **Motion** seconded by Director Merrill.

A roll call vote was taken and the motion carried.

AYES: Director Hunter, Merrill and Sharer.

NOES: None; **ABSTAIN:** None; **ABSENT:** Director Schaff and Reade.

b. **Discuss Procedure to Verify Property Change Request Between Irrigated and Non-Irrigated Acreage**

Kari Wagner reviewed and answered questions about the process and various options outlined in the handout provided to the board. The 2020/21 Assessment is now finalized and invoices are being sent out. Change order request will go out to landowners in preparation of the 2021/22 Assessment in Jan/Feb of 2020 and any verification process can be fine-tuned at that time. Handout attached to the minutes.

c. **Consider Approval of Proposal for Comprehensive General Liability Insurance, including Director Errors & Omissions, Worker's Compensation and Crime Bond.**

A brief discussion took place about the insurance proposal.

Motion to approve the proposal for Comprehensive General Liability Insurance, including Director Errors & Omissions, Worker's Compensation and Crime Bond from Golden State Risk Management Authority for the prorated estimate of \$2,288.00 was made by Director Sharer. Seconded by Director Merrill

A roll call vote was taken and the motion carried.

AYES: Director Hunter, Merrill and Sharer.

NOES: None; **ABSTAIN:** None; **ABSENT:** Director Schaff and Reade.

d. Adopt Resolution Approving the Filing of an Application to the California Employment Development Department for State Disability Insurance for Employees of the SABWD

Donna Glass reported that the CPA had discovered a form is required to finalize payroll set up. It asks for board members SS#'s and a signature is needed from a Director. A resolution signed by the Board also needs to be provided and is attached to the minutes.

Motion to adopt a Resolution Approving the Filing of an Application to the California Employment Development Department for State Disability Insurance for Employees of the SABWD was made by Director Sharer and seconded by Director Merrill.

A roll call vote was taken and the motion carried.

AYES: Director Hunter, Merrill and Sharer.

NOES: None; **ABSTAIN:** None; **ABSENT:** Director Schaff and Reade.

e. Discuss Changing Regular Board Meetings to Quarterly Meetings

Donna Glass reported that legal counsel felt it was per-mature to officially reduce the meeting schedule and that it would need to go back to the BOS for approval. It was suggested a better approach would be to just cancel a meeting if it is not necessary and give the board more flexibility with their meeting schedule. Board members agreed to leave meeting schedule as is.

f. Discuss Director Training Requirements

i. Sexual Harassment Training (within 6 months)

Donna Glass reported the 2 hour online harassment training is available to the District after the GSR insurance is approved.

ii. Ethics Training (within 12 months)

This is also available through GSR insurance.

8) New Business— requests for items to be placed on next agenda.

No new business was requested.

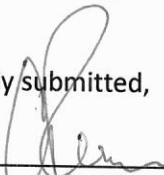
9) Next Meeting Date – September 15, 2020

Motion was made and seconded to set the next meeting date for September 15, 2020. It was also mentioned that the FSAWB will be holding their meeting immediately following the SABWD meeting.

10) Adjournment

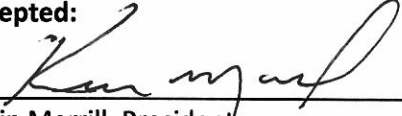
Meeting was adjourned by Director Merrill at 1:58pm.

Respectfully submitted,



Craig Reade, Secretary

Accepted:



Kevin Merrill, President

9-15-2020

Date

San Antonio Basin Water District

Management/Administration Status Report: July 22, 2020 - August 18, 2020

Date: August 14, 2020

To: San Antonio Basin Water District Board of Directors

From: Donna Glass, District Manager

1. The results of the Assessment Ballot Proceeding and the Assessment Levels for Fiscal Year 2020/2021 were posted to the SABWD Website.
2. All of the necessary documents for the Assessment Book were prepared, signed and sent to the District Treasurer, Assessor and Tax Collector, Victor Schaff, on August 8, 2020. This included:
 - a. Signed Corrected Integrated Roll
 - b. Signed Results & Final Levy and Collection Resolution
 - c. Signed 2020/2021 District Budget
 - d. 2020/2021 Assessment Roll
3. The Notice of Assessment required to be published within 10 days of the Assessor receiving the Assessment Book will run in the Santa Maria Times on August 16, 2020.
4. The Wallace Group will be sending out the 2020/2021 Assessment Invoice to landowners next week. We are requesting it be paid by October 7, 2020. It will be delinquent if not paid by February 8, 2021. Upon delinquent a penalty of 5% will be added.
5. The signed/approved May 19, 2020 Board Meeting Minutes were provided to Community Bank to finalize the required documents for setting up the bank account.
6. Alan Doud sent LAFCO a letter pertaining to the Satisfaction of Prop 218 Assessment Condition of Approval and the Signed Results & Final Levy and Collection Resolution on August 3, 2020.
7. Lisa Rico from Craig Bernard's office informed us the check for the letter/invoice for the California State Board of Equalization for LAFCO Application No. 18-01 was being returned. They claim it was mailed to the wrong address, however Lisa has confirmed it was send to the address on the invoice. Claification on where to mail the check was provided by Jacquelyne Alexander, Chief Deputy Clerk of the Board of Supervisors. The check has been mailed again. Our Certificate of Completions is pending until this process is completed.
8. As of August 14, 2020, the account balances for the FSAWB, assuming all checks had cleared, are:

GSA	\$19,805.66
<u>WD</u>	<u>\$21,284.48</u>
TOTAL	\$41,090.14
9. As of August 14, 2020 the Friends of the San Antonio Water Basin have received 17 Dissolution Ballots for the September 15, 2020 board meeting. We needed 12 of the 34 returned to make quorum.

San Antonio Basin Water District

Board of Directors Regular Meeting
August 18, 2020 at 1:00 P.M.

Discussions Points for Agenda Item 7) b.

Discuss Procedure to Verify Property Change Request Between Irrigated and Non-Irrigated Acreage

1. 2020/2021 Assessment Roll is finalized. No new change orders will be considered until preparation for 2021/2022 Assessment Roll.
2. January/February 2021 Change Order Request sent to landowners
3. March-May review/verify change requests and update 2021/2022 Assessment Roll
 - a. What amount of acre changes would prompt further investigation?
 - i. +/- more than 10% of original assessment
 - ii. Other, provide recommendation
 - b. Options to verify owner submitted changes
 - i. No verification required – Accept based on change request submitted
 - ii. Require property owner to provide verification
 - iii. SABWD and/or WG staff field verify using GIS handheld survey device
 - c. Costs of investigation to verify
 - i. Minimal cost is b.i or b.ii are pursued
 - ii. Could be costly if WG is to complete field survey
4. May/June 2021- Approve 2021/2022 Budget/Assessment Roll
5. July 2021 the Assessment Invoices 2021/2022 are mailed out



State of California
Department of Industrial Relations
OFFICE OF SELF-INSURANCE PLANS

**APPLICATION FOR CERTIFICATE OF CONSENT
TO SELF-INSURE AS A PUBLIC AGENCY EMPLOYER SELF-INSURER**

All questions must be answered. If not applicable, enter "N/A".

To the Director of the Department of Industrial Relations: The public agency employer identified below submits the following information to obtain a Certificate of Consent to Self-Insure the payment of workers' compensation under California Labor Code Section 3700.

LEGAL NAME OF APPLICANT (Show exactly as on Charter or other official documents):

San Antonio Basin Water District

Address: 1005 S. Broadway

City: Santa Maria State: CA Zip + 4: 93454 -

Federal Tax ID # of Group: 85-1380283

CONTACT - Who Should Correspondence Regarding This Applicant Be Addressed To:

Name: Scott Schimke Title: Executive Director

Company Name: Golden State Risk Management Authority

Address: P.O. Box 706

City: Willows State: CA Zip + 4: 95988 -

Phone: (530) 934-5633 E-Mail: memberservices@gsrma.org

TYPE OF PUBLIC ENTITY (Check one):

City and/or County School District Police and/or Fire District Hospital District

Joint Powers Authority Other (describe): California Water District

TYPE OF APPLICATION (Check one):

New Application Reapplication (Merger/Unification) Reapplication (Name Change)

Other (describe):

Date Self-Insurance Program will begin: 09/01/2020

CURRENT WORKERS' COMPENSATION PROGRAM

- Currently Insured with State Fund Policy # _____ Expiration Date: _____
- Currently Self Insured, Certificate # _____
- Other (describe): Newly formed entity - not currently insured

CLAIMS ADMINISTRATION

Who will be administering your agency's workers' compensation claims? (Check one)

- JPA will administer
- Third Party Administrator, TPA Certificate # _____
- Public entity will self-administer Insurance Carrier will administer

Name of Third Party Administrator:

Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip + 4: _____ - _____

Phone: _____ E-Mail: _____

of claims reporting locations to be used to handle Agency's claims: 1

Does applicant currently have a California Certificate of Consent to Self-Insure? Yes No

If yes, what is the current Certificate Number: _____

Total Number of Affiliate's California employees to be covered by Group: 1

AGENCY EMPLOYER

Current # of Agency Employees: 1 # of Public Safety Employees (police//fire): _____

If school District, # of certificated employees: _____

Will all Agency employees be covered by this self-insurance plan? Yes No

If 'No', explain who is not covered and how workers' compensation coverage will be provided to the excluded employees:

JOINT POWERS AUTHORITY

Will applicant be a member of a JPA for workers' compensation ?

Yes No (If 'yes', complete the following)

Effective date of JPA Membership: 09/01/2020 JPA Certificate # 5804

Name of JPA: Golden State Risk Management Authority

AGENCY SAFETY PROGRAM

Does the Agency have a written Injury and Illness Prevention Program (IIPP)? Yes No

Individual responsible for Agency workplace safety and IIPP program:

Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip + 4: _____ - _____

Phone: _____ E-Mail: _____

SUPPLEMENTAL COVERAGE

1.) Will your program be supplemented by any insurance or pooled coverage under a **STANDARD** workers' compensation insurance policy? Yes No (If 'Yes', complete the following):

Name of Excess Pool/Carrier: _____

Policy #: _____ Effective Date of Coverage: _____

2.) Will your program be supplemented by any insurance or pooled coverage under a **SPECIFIC EXCESS** workers' compensation insurance policy? Yes No (If 'Yes', complete the following):

Name of Excess Pool/Carrier: PRISM (Public Risk Innovation, Solutions, and Management)

Policy #: PRISM-PE 20 EWC-02 Effective Date of Coverage: 07/01/2020

Retention Limits: \$300,000

3.) Will your program be supplemented by any insurance or pooled coverage under an **AGGREGATE EXCESS** (stop loss) specific excess workers' compensation insurance policy? Yes No (If 'Yes', complete the following):

Name of Excess Pool/Carrier: _____

Policy #: _____ Effective Date of Coverage: _____

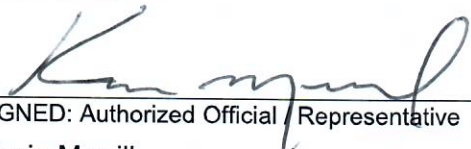
Retention Limits: _____

RESOLUTION FROM GOVERNING BOARD

Attach a properly executed Governing Board Resolution. See attached sample resolution on page 5.

CERTIFICATION

The undersigned on behalf of the applicant hereby applies for a Certificate of Consent to Self-Insure the payment of workers' compensation liabilities pursuant to Labor Code Section 3700. The above information is submitted for the purpose of procuring said Certificate from the Director of Industrial Relations, State of California. If the Certificate is issued, the applicant agrees to comply with applicable California statutes and regulations pertaining to the payment of compensation that may become due to the applicant's employees covered by the Certificate.

X 

SIGNED: Authorized Official Representative

DATE: 8-20-20

Kevin Merrill

Printed Name

Board President

Title

San Antonio Basin Water District

Agency Name

RESOLUTION NO.: 20-06 DATED: 08/18/2020

**A RESOLUTION AUTHORIZING APPLICATION
TO THE DIRECTOR OF INDUSTRIAL RELATIONS, STATE OF CALIFORNIA
FOR A CERTIFICATE OF CONSENT TO SELF-INSURE
WORKERS' COMPENSATION LIABILITIES**

At a meeting of the Board of Directors
(Enter Name of the Board)

of the San Antonio Basin Water District
(Enter Name of Public Agency, District, Etc.)

a California Water District
(Enter Type of Agency, i.e., County, City, School District, etc.) organized and existing under the

laws of the State of California, held on the 18 day of August, 2020,

the following resolution was adopted:

RESOLVED, that the above named public agency is authorized and empowered to make application to the Director of Industrial Relations, State of California, for a Certificate of Consent to Self-Insure workers' compensation liabilities and representatives of Agency are authorized to execute any and all documents required for such application.

IN WITNESS WHEREOF: I HAVE SIGNED AND AFFIXED THE AGENCY SEAL.


SIGNED: Board Secretary or Chair

DATE: 8-20-20

Kevin Merrill
Printed Name

Board President
Title

San Antonio Basin Water District
Agency Name

Affix Seal Here

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Santa Barbara)

On 08/20/20 before me, Sylvia McCormack Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared Kevin Merrill * * * *
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

The notary commission extended pursuant to Executive Order N-63-20

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Application for Certificate of Incorporation Document Date: 8/20/20
Number of Pages: 5 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Kevin Merrill Signer's Name: _____
 Corporate Officer — Title(s): Board President Corporate Officer — Title(s): _____
 Partner — Limited General Partner — Limited General
 Individual Attorney in Fact Individual Attorney in Fact
 Trustee Guardian or Conservator Trustee Guardian or Conservator
 Other: _____ Other: _____
Signer Is Representing: _____ Signer Is Representing: _____

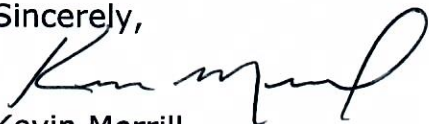
DATE: August 18, 2020

To Whom It May Concern:

I certify that there have been no known losses, accidents or circumstances that might give rise to a claim in the past 10 years. This is in regards to the following lines of coverage:

- Liability
- Workers' Compensation
- Crime
- Cyber

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Merrill". The signature is fluid and cursive, with a large loop at the end.

Kevin Merrill
San Antonio Basin Water District

**AGREEMENT FOR ADMISSION OF NEW MEMBER
TO THE GOLDEN STATE RISK MANAGEMENT AUTHORITY**

Enclosures:

- 1) Golden State Risk Management Authority Joint Exercise of Powers Agreement;
- 2) Golden State Risk Management Authority Bylaws.

RECITALS

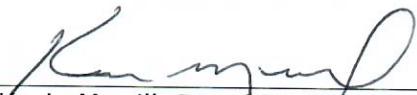
1. San Antonio Basin Water District, a public agency within Santa Barbara County, State of California, has applied for membership in the Golden State Risk Management Authority.
2. Said membership is contingent upon the acceptance of, and agreement to abide by, the Golden State Risk Management Authority Joint Exercise of Powers Agreement (Encl. 1), and the Golden State Risk Management Authority By-Laws (Encl. 2).

AGREEMENT

Therefore, the San Antonio Basin Water District, a public agency, has applied for membership in the Golden State Risk Management Authority. It hereby accepts and agrees to all provisions of the Joint Exercise of Powers Agreement (Encl. 1) and the Bylaws of the Golden State Risk Management Authority (Encl. 2), and agrees to abide by and comply with all the provisions contained therein.

Upon entering this Agreement, the San Antonio Basin Water District is accepted as a new member. Membership is effective as of the date of the prior conditional approval by the Board of Directors of the Golden State Risk Management Authority.

Dated: 8-20-20



Kevin Merrill, Board President
San Antonio Basin Water District

Dated: _____

John Viegas, President of the Board
Golden State Risk Management Authority

Approved as to form:

Leonard G. Krup, General Counsel,
Golden State Risk Management Authority

Reviewed and Approved:

Scott Schimke, Risk Manager
Golden State Risk Management Authority

**BEFORE THE BOARD OF DIRECTORS OF
SAN ANTONIO BASIN WATER DISTRICT**

IN THE MATTER OF:

Resolution NO. 20-07

**RESOLUTION APPROVING THE FILING OF AN APPLICATION TO CALIFORNIA'S
EMPLOYMENT DEVELOPMENT DEPARTMENT FOR STATE DISABILITY INSURANCE
FOR EMPLOYEES OF THE SAN ANTONION BASIN WATER DISTICT**

WHEREAS, under provisions in the California Unemployment Insurance Code, employers may elect State Disability Insurance coverage for their employees; and

WHEREAS, the District desires to enable its employees to obtain State Disability Insurances; and

WHEREAS, the employees will be responsible for any payments into the State Disability Insurance fund.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE SAN ANTONIO BASIN WATER DISTRICT that the Accountant is hereby authorized to file an application to the California's Employment Development Department for State Disability Insurance for employees of the San Antonio Basin Water District.

All the foregoing being on motion of Director Sharer seconded by Director Merrill and authorized by the following vote, to wit:

AYES: Director Hunter, Merrill and Sharer

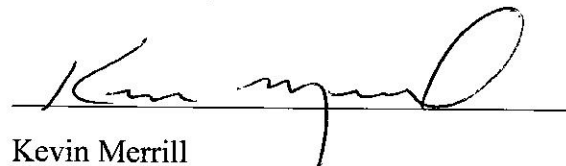
NOES: None

ABSTAIN: None

ABSENT: Director Reade and Schaff

I HEREBY CERTIFY that the foregoing resolution is the resolution of said District as duly passed and adopted by said Board of Directors on August 18, 2020.

WITNESS my hand and seal of said Board of Directors, August 18, 2020.



Kevin Merrill
President of the Board of Directors