



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

GREG COX  
First District

DIANNE JACOB  
Second District

PAM SLATER  
Third District

RON ROBERTS  
Fourth District

BILL HORN  
Fifth District

**DATE:** March 21, 2001

**TO:** Board of Supervisors

**SUBJECT:** BIOTECHNOLOGY CONFERENCE (District: All)

### SUMMARY:

#### Overview

[Click here & type]

#### Recommendation(s)

**SUPERVISOR JACOB:**

#### Fiscal Impact

[Click here & type]

#### Business Impact Statement

[Click here and type statement, or type N/A if not applicable]

#### Advisory Board Statement

[Click here and type statement, or type N/A if not applicable]

### BACKGROUND:

[Click here & type]

Sincerely,

DIANNE JACOB  
Supervisor 2<sup>ND</sup> District

**SUBJECT:**

**AGENDA ITEM INFORMATION SHEET**

**CONCURRENCE(S)**

<b>COUNTY COUNSEL REVIEW</b>	<input checked="" type="checkbox"/> Yes	
Written disclosure per County Charter § 1000.1 required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>GROUP/AGENCY FINANCE DIRECTOR</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>CHIEF FINANCIAL OFFICER</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Requires Four Votes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>GROUP/AGENCY INFORMATION TECHNOLOGY DIRECTOR</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>CHIEF TECHNOLOGY OFFICER</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>DEPARTMENT OF HUMAN RESOURCES</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

**Other Concurrence(s):** [\[Click here and type, or type N/A if not applicable\]](#)

**ORIGINATING DEPARTMENT:** [\[Click here and type\]](#)

**CONTACT PERSON(S):**

<a href="#">[Click here and type]</a>	<a href="#">[Click here &amp; type, or space bar to delete]</a>
Name	Name
<a href="#">[Click here and type]</a>	<a href="#">[Click here &amp; type, or space bar to delete]</a>
Phone	Phone
<a href="#">[Click here and type]</a>	<a href="#">[Click here &amp; type, or space bar to delete]</a>
Fax	Fax
<a href="#">[Click here and type]</a>	<a href="#">[Click here &amp; type, or space bar to delete]</a>
Mail Station	Mail Station
<a href="#">[Click here and type]</a>	<a href="#">[Click here &amp; type, or space bar to delete]</a>
E-mail	E-mail

**AUTHORIZED REPRESENTATIVE:** \_\_\_\_\_  
[\[Click here & type\]](#)

**SUBJECT:**

**AGENDA ITEM INFORMATION SHEET**  
(continued)

**PREVIOUS RELEVANT BOARD ACTIONS:**

[Click **here** and type action(s), or type N/A if not applicable]

**BOARD POLICIES APPLICABLE:**

[Click **here** and type applicable policies, or type N/A if not applicable]

**BOARD POLICY STATEMENTS:**

[Click **here** and type required statement(s), or type N/A if not applicable]

**CONTRACT NUMBER(S):**

[Click **here** and type numbers, or type N/A if not applicable]

**SUBJECT:**

**FISCAL IMPACT STATEMENT**

**DEPARTMENT:** [Click here and type]

**PROGRAM:** [Click here and type]

**PROPOSAL:** [Click here and type]

FUTURE YEARS ESTIMATED  
BUDGET OF PROPOSAL  
IF ADOPTED

(a)	(b)	(c)	(d)	(e)
Budgeted Amount For Proposal	Proposed Change in Budgeted Amount	Proposed Revised Current Year Budget (a+b)	1st Subsequent Year	2nd Subsequent Year

Direct Cost

Revenue/Other Offset

**NET GENERAL  
FUND COST**

Staff Years

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Sources of Revenue/Other Offset for Proposed Change and Subsequent Years:

**Space-Related Impacts:** Will this proposal result in any additional space requirements?  Yes  N/A

**Support/Other Departmental Impacts:**  Yes  N/A

**Remarks:**  Yes  N/A