

## 2024 Local Agency Biennial Notice

Name of Agency: Saratoga Fire Protection District

Mailing Address: 14380 Saratoga Avenue, Saratoga, CA 95070

Contact Person: Trina Whitley Phone No. 408-867-9001

E-mail: twhitley@saratogafire.org Alternate Email: \_\_\_\_\_

Accurate disclosure is essential to monitor whether officials have conflicts of interest and to help ensure public trust in government. The biennial review examines current programs to ensure that the agency's code includes disclosure by those agency officials who make or participate in making governmental decisions.

This agency has reviewed its conflict-of-interest code and has determined that (*check one BOX*):

- An amendment is required. The following amendments are necessary:**  
(Check all that apply)
- Include new positions that must be designated.
  - Revise disclosure categories.
  - Revise the titles of existing positions.
  - Delete titles of positions that have been abolished and/or positions that no longer make or participate in making governmental decisions.
  - Other (*describe*) \_\_\_\_\_
- No amendment is required. (If your code has not been updated in five years, amendments may be necessary.)**

### Verification (to be completed if no amendment is required)

*This agency's conflict of interest code accurately designates all positions that make or participate in the making of governmental decisions. The disclosure categories assigned to those positions accurately requires that all investments, business positions, interests in real property, and sources of income that may foreseeably be affected materially by the decisions made by those holding the designated positions are reported. The code includes all other provisions required by Government Code Section 87302.*

  
Signature of Chief Executive Officer

8/20/2024  
Date

All agencies must complete and return this notice regardless of how recently your code was approved or amended. Please return this notice no later than **September 20, 2024** to:

County of Santa Clara  
Attn: Kim Forrester  
kimberly.forrester@cco.sccgov.org

## List of Amendments to Code Since Last County-Approved Code

### County of Santa Clara

#### Local Agency Conflict of Interest Code 2024 Biennial Amendment

Complete this form in MS Word to submit the MS Word document to Kim Forrester. Use as much space as needed for each item – subsequent questions and answers may move down to additional pages. For each question, compare your last County-approved code (a copy was provided to you) with the amended code you are submitting for the 2024 update. Fill-in Agency Name, check “yes” or “no” for #1, and answer #s 2 through 6 or write N/A.

Agency Name: Saratoga Fire Protection District

1. Did your Agency amend any of the text (any text outside the list of designated positions and disclosure categories) of your conflict of interest code?

Yes  No

2. List any new positions added to your Agency’s list of designated positions and the position’s category number (add additional rows as needed):

Position Title Added	Assigned Disclosure Category No.
N/A	

3. List any positions removed from your Agency’s list of designated positions, and explain the reason why the position was removed (e.g., position no longer exists due to reorganization, position replaced with new position, position’s job description changed such that the agency determined position is not required to file, etc.) (add additional rows as needed):

Position Title Removed	Reason Position Title Was Removed
N/A	

4. List any positions that were already listed in your Agency’s list of designated positions, but whose position title has been revised (list both the prior position title and the new position title) (add additional rows as needed):

This only applies to position title changes. If a position was abolished and a new position was created, please enter those above as a removed position and new position.

Prior Position Title	Revised Position Title
N/A	

5. List the category number of any disclosure category(ies) that was either added to your Agency’s code, or whose text was amended?

Disclosure Category Nos.	N/A
--------------------------	-----

6. List any designated position(s) that had its assigned disclosure category no. changed.

Position Title	Prior Disclosure Category No.	New Disclosure Category No.
N/A		

## List of Amendments to Code Since Last County-Approved Code

### County of Santa Clara

#### Local Agency Conflict of Interest Code 2024 Biennial Amendment

Complete this form in MS Word to submit the MS Word document to Kim Forrester. Use as much space as needed for each item – subsequent questions and answers may move down to additional pages. For each question, compare your last County-approved code (a copy was provided to you) with the amended code you are submitting for the 2024 update. Fill-in Agency Name, check “yes” or “no” for #1, and answer #s 2 through 6 or write N/A.

Agency Name: \_\_\_\_\_

1. Did your Agency amend any of the text (any text outside the list of designated positions and disclosure categories) of your conflict of interest code?

Yes  No

2. List any new positions added to your Agency’s list of designated positions and the position’s category number (add additional rows as needed):

Position Title Added	Assigned Disclosure Category No.

3. List any positions removed from your Agency’s list of designated positions, and explain the reason why the position was removed (e.g., position no longer exists due to reorganization, position replaced with new position, position’s job description changed such that the agency determined position is not required to file, etc.) (add additional rows as needed):

Position Title Removed	Reason Position Title Was Removed

4. List any positions that were already listed in your Agency’s list of designated positions, but whose position title has been revised (list both the prior position title and the new position title) (add additional rows as needed):

**This only applies to position title changes. If a position was abolished and a new position was created, please enter those above as a removed position and new position.**

Prior Position Title	Revised Position Title

5. List the category number of any disclosure category(ies) that was either added to your Agency’s code, or whose text was amended?

Disclosure Category Nos.	

6. List any designated position(s) that had its assigned disclosure category no. changed.

Position Title	Prior Disclosure Category No.	New Disclosure Category No.