



# County of Santa Cruz

0459

## PARKS, OPEN SPACE & CULTURAL SERVICES

979 17 th AVENUE, SANTA CRUZ, CA 95062

(831) 454-7900 FAX: (831) 454-7940 TDD: (831) 454-7978

BARRY C. SAMUEL, DIRECTOR

December 19, 2001

AGENDA: January 8, 2002

### BOARD OF SUPERVISORS

County of Santa Cruz  
701 Ocean Street  
Santa Cruz, CA 95060

SUBJECT: CALIFORNIA STATE FAIR EXHIBITS ENTRY

Dear Members of the Board:

In order to reserve an exhibit space at the 2002 California State Fair, the attached Counties Exhibits Entry Form must be completed and signed by the Chair of the Board. The submission of this form will insure that a space is reserved for the Santa Cruz County display.

With the approval of your Board, in order to solicit proposals for the fabrication of the 2002 State Fair Display, the Department of Parks, Open Space and Cultural Services (Parks) will send out a Request for Proposals (RFP). The RFP will be sent to all high schools and colleges in the County, the Cultural Council for distribution to their members, and an advertisement will be placed in the newspapers. Upon receipt of the responses, Parks will return to your Board with a recommendation on which entity to select for the fabrication of the display.

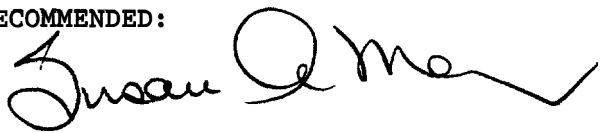
It is therefore **RECOMMENDED** that your Board:

1. Authorize the Chair to sign the 2002 California State Fair Counties Exhibits Entry Form.
2. Direct the Parks Department to send out a Request for Proposals for the fabrication of the Santa Cruz County 2002 State Fair Display and return to your Board on or before March 19, 2002 with a recommended fabricator and associated contract.

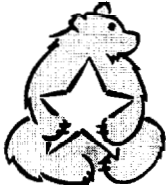
Sincerely,

  
Barry C. Samuel  
Director

RECOMMENDED:

  
Susan A. Mauriello  
County Administrative Officer

cc: CAO, Auditor, County Counsel



# California State Fair

## Counties Exhibits Entry Form

Mailing Address: Counties Exhibits  
California State Fair, PO Box 15649  
Sacramento, CA 95852-1538

Shipping Address: Counties Exhibits  
1600 Exposition Blvd., Sacramento, CA 95852  
(916) 263-3010 entwoffice@calexoo.com

### Entry Form Instructions:

1. Refer to Counties Exhibits Competition Handbook for complete rules, conditions and entry deadlines.
2. Print or type all information where applicable.
3. Complete entire form except "For Office Use."
4. No copies or faxes will be accepted. Deadline is April 8, 2002.
5. Provide Social Security Number or Federal Tax ID Number. **Entries will not be accepted without this information.**
6. **Official Signature must be included.**
7. Mail completed entry form to the address above.

### COUNTIES EXHIBITS AUTHORIZATION AND APPOINTMENT

Please Print

The Board of Supervisors of the County of SANTA CRUZ

by resolution (or minute order) \_\_\_\_\_

### PREMIUM INFORMATION:

- Has authorized any award money for, or on account of, an exhibit representing said county, to be paid by the California Exposition and State Fair, in Sacramento, California, to the following person(s) or organization (for the year 2002 only):

Organization Name TBA Phone ( ) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

All exhibitors MUST provide their: Social Security Number \_\_\_\_\_  
or Federal Tax ID Number \_\_\_\_\_

### EXHIBIT REPRESENTATIVE INFORMATION::

- Has appointed BARRY C. SAMUEL, SANTA CRUZ COUNTY PARKS as official representative(s) of the County to be responsible for the County's exhibit and to make decisions, requests, and any protests on behalf of the County.

Address 979 17th Avenue Phone (831) 454-7900

City Santa Cruz, CA State CA Zip 95062

### BOARD OF SUPERVISOR APPROVAL:

Submission of Entry to this competition implies acceptance of all rules and conditions as stated in the Counties Exhibits Competition Handbook.

- This entry must be signed by the Chairman of the Board, the Clerk of the Board, or the Executive Officer of the Board.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Title Chair of the Board Date \_\_\_\_\_

### EXHIBIT BUILDER INFORMATION:

- Builder TBA Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Office Use Only:

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_ Exhibit Space # \_\_\_\_\_

Ribbon Received: \_\_\_\_\_ Premiums Received \_\_\_\_\_