

**MEMORANDUM**

**DATE:** January 11, 2012  
**MEETING OF:** January 24, 2012  
**FROM:** Staff  
**RE:** **DISCUSSION/ACTION ITEM X.9: Workers' Compensation Exempt Statement**

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**BACKGROUND**

CFSA must have a resolution on file from the Fair Board that authorizes the Authority to provide workers' compensation coverage for volunteers working at your fair.

**FISCAL IMPACT**

Unknown, the 2012 assessed fee is estimated based on the reported 2011 figures. Estimates are reconciled at year end to reflect actual year's figures.

**STAFF RECOMMENDATION**

That the board approve a motion that members of the Board of Directors of the 14<sup>th</sup> DAA, Santa Cruz County Fair, and any volunteers donating time for the Fair, will be covered by Workers' Compensation Insurance while performing their volunteer work.

**ATTACHMENTS**

- CFSA memo "Reporting 2011 Workers' Compensation Information"



**DATE:** January 2, 2012  
**TO:** All CFSA Member Fairs  
**FROM:** Rick Wood  
Finance Department

**SUBJECT: Reporting 2011 Workers' Compensation Information**

It's that time of the year again when CFSA needs to verify your 2011 annual reported Workers' Compensation figures. Please use the attached form for submitting your information. Remember, your fee assessed for the year 2012 is estimated based on your reported 2011 figures. Estimates are reconciled at year end to reflect your actual year's figures.

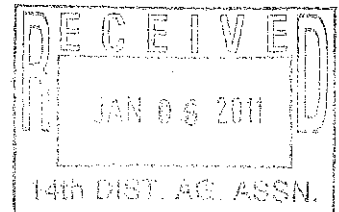
We're also attaching a blank copy of the "Workers' Compensation Exempt Statement" which should be signed by each contractor you do business with who declares no employees or volunteers. This statement should be attached to corresponding standard service agreements where you are unable to obtain, or the contractor has no workers' compensation insurance.

Please complete the attached Reporting Form and return it **NO LATER THAN FEBRUARY 17, 2012** to:

California Fair Services Authority  
Attn: Lianne Lewellen  
1776 Tribute Road, Suite 100  
Sacramento, CA 95815

If you have any questions, please call me at (916)-263-6147.

Attachments



**CFSA Workers' Compensation Reporting Form**  
**2011 Information for 2012 Fee Estimates**

From: \_\_\_\_\_ Fair  
Please submit this completed form by February 17, 2012

1. **2011 IRS Form W-3** \$ \_\_\_\_\_

2011 payroll for full time **and** part-time salaried employees as reported in box 5 "Medicare wages and tips." Include a copy of your W-3(s) with the completed Reporting Form.

2. **2011 Total hours Worked by all Employees** \_\_\_\_\_

2011 total hours worked by all employees as reported on Cal/OSHA Form 300A, Appendix B, "Summary of Work-Related Injuries and Illnesses," employment information section.

3. **2011 Total Volunteer Hours**

Directors Meeting Hours \_\_\_\_\_  
Directors Fair Hours \_\_\_\_\_  
Directors Project Hours \_\_\_\_\_  
Exhibit Department Volunteers \_\_\_\_\_  
Committee Meetings \_\_\_\_\_  
Junior Livestock Meetings \_\_\_\_\_  
Auction Committee at Fair Time \_\_\_\_\_  
Alternative Work Programs \_\_\_\_\_  
Judges not on Contract \_\_\_\_\_  
Other Volunteers \_\_\_\_\_

**Total Hours:** \_\_\_\_\_ X \$8.00 = \$ \_\_\_\_\_  
(Minimum wage)

4. **Board Resolution Covering Volunteers**

CFSA must have a resolution on file from your Fair Board that authorizes the Authority to provide workers' compensation coverage for volunteers working at your fair. To eliminate the need to do this on an annual basis, your Board may authorize coverage for an indefinite period of time. (call Lianne Lewellen at 916-263-6145 to check and see if your Fair has an indefinite resolution on file) The following verbiage may be used:

A motion was made by Director \_\_\_\_\_, seconded by Director \_\_\_\_\_, and carried that members of the Board of Directors of the \_\_\_\_\_ Fair and any volunteers donating time for the Fair, will be covered by Workers' Compensation Insurance while performing their volunteer work.

Date Passed: \_\_\_\_\_ Signed: \_\_\_\_\_

*Please submit copy of resolution and IRS Form W-3.*

\_\_\_\_\_  
Prepared By Title Date