Argument in Favor of Measure A-18 (285 words)

By voting **YES** on measure A-18, you are supporting a lasting improvement to the emergency response capabilities within our community. Cambria Community Services District Fire Department (CCSDFD) has proudly served Cambria for over 140 years and has become an all-hazard emergency agency. CCSDFD responds to fires, emergency medical calls, vehicle accidents, ocean and cliff-side rescue incidents, and non-emergency calls for service. With required entry level training of almost 800 hours, there has been a steady decline in volunteerism. The CCSDFD has taken purposeful steps to provide the most effective and economically efficient emergency services possible within its budget limitations.

In March of 2016, CCSDFD was awarded a federal grant to fund 3 additional firefighters for two years. This has allowed Cambrians the benefit of 3 career personnel plus 1 reserve on duty, for a total of 4. This grant was not renewed, so an additional funding source is needed to maintain the staffing levels.

Your **YES** vote on Measure A-18 will be used exclusively to fund 3 career firefighter positions. This is consistent with:

- National federal and state safety requirements
- Response to recommendation of County of San Luis Obispo Grand Jury
- Recommendation of Multi-Jurisdictional Hazard Mitigation Plan for CCSD and CCHD
- Recommendation of County of San Luis Obispo Emergency Response Plan

We live in an isolated, rural area and face unique challenges in responding to emergencies. CCSDFD is committed to ensuring that we keep up with the increasing public safety needs of the community.

Your **YES** vote on Measure A-18 will be used exclusively to fund 3 career firefighter positions. This staffing model enhances the safety of our community and will support continuation of the wide range of emergency and community services the Fire Department of CCSD provides.
SIGNATURE STATEMENT

All arguments concerning measures filed pursuant to Division 9 of the California Elections Code shall be accompanied by the following form statement, to be signed by each proponent and by each author, if different, of the argument. Only the first five signatures will be printed in the Sample Ballot/Voter Information Pamphlet.

The undersigned proponent(s) or author(s) of the
☐ Argument in Favor of ☐ Argument Against
☐ Rebuttal to the Argument Against ☐ Rebuttal to the Argument in Favor of

ballot measure (insert letter)__________
at the (insert type of election - Primary, General, Special)__________ Election
for the ________________________________ Election
(insert name of jurisdiction - County, Special District, School District)
to be held on (insert election date)________________________ hereby state that such
argument is true and correct to the best of (insert his, her or their) their knowledge and belief.

Signed ________________________________ Date __________________
Print Name ________________________________

Signed ________________________________ Date __________________
Print Name ________________________________

Signed ________________________________ Date __________________
Print Name ________________________________

Signed ________________________________ Date __________________
Print Name ________________________________

Signed ________________________________ Date __________________
Print Name ________________________________

Contact person: ________________________________ Phone # __________________

ARGUMENT/REBUTTAL filed by (check any of the following that apply):
☐ Board of Supervisors or Governing Board
☐ Bona Fide Sponsors or Proponents of the Measure
☐ Bona Fide Association of Citizens- Name of Association: ________________________________

Principal Officers: ________________________________

☐ Individual Voter Eligible to Vote on the Measure