



RESOLUTION NO.

WHEREAS, the State of California Department of Public Health has offered Agreement 11-10461 to the County of El Dorado and has made available funds in the amount of \$3,208,000 for provision of Supplemental Food Program for Women, Infants and Children (WIC) services to eligible residents of El Dorado and Alpine counties during the period October 1, 2011 through September 30, 2014; and

WHEREAS, should El Dorado County accept Agreement 11-10461 from the California Department of Public Health, the County certifies that all uses of funds will be in compliance with Department of Public Health regulations, guidelines and contract provisions; and

WHEREAS, the El Dorado County Board of Supervisors has determined that there is a need for WIC program services and is willing to accept the aforementioned Agreement; and

WHEREAS, the Chair of the Board may act on behalf of the County of El Dorado and shall sign all necessary documents required to complete the Agreement;

NOW, THEREFORE, BE IT RESOLVED THAT the Board of Supervisors of the County of El Dorado hereby authorizes the Chair of the Board to execute Agreement 11-10461 with the California Department of Public Health in the amount of \$3,208,000 for the provision of WIC program services during the term of October 1, 2011 through September 30, 2014 and further authorizes the Director of the El Dorado County Health and Human Services Agency, or successor, or Chief Assistant Director, or successor, to execute further documents relating to said Agreement, including amendments thereto, contingent upon approval by County Counsel and Risk Management, that do not alter the dollar amount or the term, to sign subsequent required fiscal and programmatic reports and to perform any and all administrative responsibilities in relationship to said Agreement.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the ____ day of _____, 20__, by the following vote of said Board:

Attest: Suzanne Allen de Sanchez
Clerk of the Board of Supervisors

Ayes:
Noes:
Absent :

By: _____ Deputy Clerk
John R. Knight, Chair, Board of Supervisors

I CERTIFY THAT:
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

Attest: Suzanne Allen de Sanchez, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: _____ Date: _____
Deputy Clerk