



RESOLUTION NO.

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

APPOINT ASSISTANT CHIEF ADMINISTRATIVE OFFICER, OR DESIGNEE,
AS THE AUTHORIZED OFFICIAL TO EXECUTE AND ADMINISTER HOUSING, COMMUNITY
AND ECONOMIC DEVELOPMENT STATE AND FEDERAL GRANT PROGRAMS

WHEREAS, the Housing, Community and Economic Development Block Grant Programs (HCED), under the Chief Administrative Office, receives and administers Community Development Block Grant (CDBG) grants, Home Investment Partnerships Program (HOME) grants, and other state and federal program grants on behalf of the County; and

WHEREAS, on September 23, 2013, the Board of Supervisors adopted the County fiscal year 2013-14 budget and transferred HCED Programs from the Health and Human Services Agency to the Chief Administrative Office; and

WHEREAS, state and federal grant guidelines require the Board to appoint by resolution an authorized official to act on behalf of the County under the grant agreements; and

WHEREAS, the Director of Health and Human Services Agency, or successor, was previously appointed as the authorized official by the Board;

NOW, THEREFORE, BE IT RESOLVED that the authority for the authorized official for all Housing, Community and Economic Development Program grants (previously appointed by Board resolutions as Director of Health and Human Services Agency, or successor,) be transferred to the Assistant Chief Administrative Officer, or designee, and as the authorized official the Assistant Chief Administrative Officer, or designee, has the authority to execute and administer grant agreements and any subsequent amendments that do not affect the dollar amount or the term, contingent upon approval by County Counsel and Risk Management, and other grant and activity-related documents.

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 _____, 2013 by the following vote of said Board:

Attest:
James S. Mitrison
Clerk of the Board of Supervisors

Ayes:
Noes:
Absent :

By: _____
Deputy Clerk Chair, Board of Supervisors

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

Attest: James S. Mitrison, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: _____ Date: _____
Deputy Clerk