



**RESOLUTION NO.**

**OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO**

WHEREAS, this Board has designated itself as the Area Agency on Aging of El Dorado County to carry out a program pursuant to the Older Americans Act of 1965, as amended; and

WHEREAS, it is necessary and desirable that the Area Agency on Aging provide support services for seniors, including various Title III, Title VII and Community Based Services Programs (CBSP) programs, and

WHEREAS, an agreement (Contract Number AP-0910-29) has been presented to this Board for its consideration and acceptance whereby the County of El Dorado shall provide support services for seniors, including various Title III, Title VII and State Funded Community Based Services Programs, and

WHEREAS, this Board has examined and approved said Agreement as to both form and content and desires to enter into the Agreement, and

WHEREAS, the Chairman of the Board can act on behalf of the County of El Dorado and will sign all necessary documents required to execute the contract,

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of El Dorado hereby authorizes the Chairman of the Board to execute Contract Number AP-0910-29, and the accompanying Contractor/Vendor Confidentiality Statement, with the California Department of Aging, and further authorizes Janet Walker-Conroy, Director of the El Dorado County Area Agency on Aging, or successor, to execute further documents relating to Contract AP-0910-29, including amendments thereto, contingent upon approval by County Counsel and Risk Management, that do not affect the dollar amount or the term, and to sign subsequent required fiscal and programmatic reports, and to perform any and all administrative and other 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 \_\_\_\_\_, 2009, by the following vote of said Board

**Attest:**  
Suzanne Allen De Sanchez  
Clerk of the Board of Supervisors

**Ayes:**  
**Noes:**  
**Absent:**

By: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Chairman, Board of Supervisors

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

**DATE:** \_\_\_\_\_

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

By: \_\_\_\_\_