



RESOLUTION NO.

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

**WHEREAS**, the El Dorado County Sheriff's Office desires to undertake a certain project designated as Enforcement of Department of Alcoholic Beverage Control laws within the County of El Dorado to be funded in part from funds made available through the Grant Assistance Program (GAP) administered by the Department of Alcoholic Beverage Control (hereafter referred to as ABC);

**NOW, THEREFORE, BE IT RESOLVED** that the Board of Supervisors (Governing Body)

OF THE El Dorado County Sheriff's Office THAT  
(Name of Applicant)

Sheriff, OR  
(Name or Title of Authorized Agent)

Chief Fiscal Officer, OR  
(Name or Title of Authorized Agent)

Special Enforcement Detail Sergeant, OR  
(Name or Title of Authorized Agent)

*is hereby authorized to execute for and on behalf of the named applicant, a public entity established under the laws of the State of California, the contract, including any extensions or amendments thereof and any subsequent contract with the State in relation thereto.*

**IT IS AGREED** that any liability arising out of the performance of this contract, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California ABC disclaims responsibility for any such liability.

**BE IT FURTHER RESOLVED** that grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

**IT IS ALSO AGREED** that this award is not subject to local hiring freezes.

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:  
James S. Mitrisin  
Clerk of the Board of Supervisors

Ayes:  
Noes:  
Absent:

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

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

***Certification***

I, \_\_\_\_\_, duly appointed and  
(Name)

\_\_\_\_\_ of the \_\_\_\_\_  
(Title) (Governing Body)

do hereby certify that the above is a true and correct copy of a resolution passed and approved by

the \_\_\_\_\_ of the \_\_\_\_\_ on the  
(Governing body) (Name of Applicant)

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Official Position)

\_\_\_\_\_  
(Signature)