



RESOLUTION NO.

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

RESOLUTION APPROVING SUBMITTAL OF AN APPLICATION TO THE CALIFORNIA STATE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT FOR FUNDING UNDER THE ECONOMIC DEVELOPMENT ALLOCATION OF THE STATE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM; AND IF SELECTED, AUTHORIZING THE EXECUTION OF A STANDARD AGREEMENT AND ANY AMENDMENTS THERETO WITH THE STATE OF CALIFORNIA, AND ANY RELATED DOCUMENTS NECESSARY TO PARTICIPATE IN THE CDBG PROGRAM FOR THE PURPOSES OF THIS GRANT.

BE IT RESOLVED by the El Dorado County Board of Supervisors as follows:

Section 1.

The Board has reviewed and hereby approves an application for: State Community Development Block Grant (CDBG Program) for up to \$300,000 from the Enterprise Fund Component:

1) General Administration	\$ 22,500
2) Activity Delivery	41,625
3) Microenterprise Assistance	<u>235,875</u>
	\$300,000

Section 2.

If the grant application is approved, the County will provide local leverage for the Microenterprise Assistance Program as follows:

General Fund	\$2,500
Office of Economic Development	\$1,500

Section 3.

The Director of Human Services is hereby authorized and directed to act on the County's behalf in all matters pertaining to this application.

Section 4.

If the application is funded, the Director of Human Services is authorized to execute and administer the standard agreement with the State of California 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 related documents for the purposes of this grant.

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 _____, 200__, 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: _____