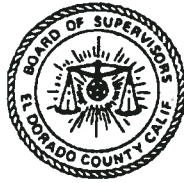


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**RESOLUTION NO. 092-2010**

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

WHEREAS, this Board has designated itself as the Area Agency on Aging for the County of El Dorado, and

WHEREAS, it is necessary and desirable that the Area Agency on Aging provide a Multipurpose Senior Services Program, and

WHEREAS, State of California Standard Agreement Number MS-1011-35 (Agreement) has been presented to this Board for its consideration and acceptance whereby the County of El Dorado shall provide a Multipurpose Senior Services Program to provide case management and support services to at-risk frail seniors, and

WHEREAS, this Board has examined and approved said Agreement as to both form and content and desires to enter into 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 execute said 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 Number MS-1011-35 with the California Department of Aging and the accompanying Contractor/Vendor Confidentiality Statement and Contractor Certification Clauses (CCC307), and further authorizes Janet Walker-Conroy, Director of the El Dorado County Area Agency on Aging, or successor, to execute further documents relating to Agreement MS-1011-35, 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 29th day of June, 2010, by the following vote of said Board

Ayes: Knight, Santiago, Nutting, Sweeney, Briggs

Attest:

Suzanne Allen De Sanchez  
Clerk of the Board of Supervisors

Noes: None  
Absent: None

By:

*Marcie MacFarland*  
Deputy Clerk

*Norma Santiago*  
Chair, Board of Supervisors  
Norma Santiago

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