



**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**, Resolution 064-2010 was adopted by this Board on May 25, 2010 authorizing execution of Agreement AP-1011-29 with the California Department of Aging for provision of support services for seniors, including various Title III and Title VII Programs during the term July 1, 2010 through June 30, 2011; and

**WHEREAS**, Amendment 1 to Agreement AP-1011-29 through the transfer of Special Deposit Funds and additional one-time funding from the Skilled Nursing Facility Quality & Accountability Fund increases the amount payable under said Agreement by \$7,507, from \$924,238 to \$931,745, for the Title III Ombudsman program; 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 the 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 Amendment 1 to Agreement Number AP-1011-29 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 Agreement AP-1011-29, including amendments thereto, contingent upon approval by County Counsel and Risk Management, that do not affect the dollar amount or the term, and to continue 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 \_\_\_\_\_, 20\_\_, by the following vote of said Board:

Ayes:

Noes:

Absent:

Attest:

Suzanne Allen de Sanchez

Clerk of the Board of Supervisors

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

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

Deputy Clerk

Date: \_\_\_\_\_