



RESOLUTION NO. _____

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO TO APPROVE THE CALIFORNIA DEPARTMENT OF TRANSPORTATION'S ANNUAL DISADVANTAGED BUSINESS ENTERPRISE SUBMITTAL FORM FOR EL DORADO COUNTY FOR FEDERAL FISCAL YEAR 2009-2010

WHEREAS, on May 5, 2009, per Resolution 088-2009, the Board approved El Dorado County's new Disadvantaged Business Enterprise (DBE) program and authorized the Board Chairman to sign the new DBE Implementation Agreement (AGMT 09-52635). The State of California Department of Transportation (Caltrans) provided their approval on May 8, 2009. The Transportation Department (Department) established this program in accordance with regulations of the United States Department of Transportation (US DOT) Title 49, Part 26 of the Code of Federal Regulations; and,

WHEREAS, the new DBE program includes both Race-Neutral and Race-Conscious portions as a result of the Caltrans Availability and Disparity Study; and,

WHEREAS, US DOT requires that recipients of US DOT Federal funding establish an Annual Anticipated DBE Participation Level (AADPL) for the new DBE program; and

WHEREAS, AGMT 09-52635 requires that local agencies provide to Caltrans District Local Assistance Engineer a completed Local Agency DBE Submittal Form for the Federal Fiscal Year 2009-2010, which includes an AADPL; the methodology used to establish the AADPL; the name, phone number, and electronic mailing address of the designated DBE Liaison Officer; the Race Neutral measures that the local agency intends to implement in that year; and the choice of the Prompt Pay Provision to be used by El Dorado County for Federal Fiscal Year 2009-2010.

NOW, THEREFORE, BE IT RESOLVED, that the El Dorado County Board of Supervisors authorizes the Board Chairman to sign the Local Agency DBE Annual Submittal Form (AGMT 09-52705).

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held on 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 _____
Deputy Clerk