



RESOLUTION NO.

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

APPROVING THE REVISED EL DORADO COUNTY PROGRAM INCOME REUSE PLAN GOVERNING ELIGIBLE COMMUNITY DEVELOPMENT BLOCK GRANT-ASSISTED ACTIVITIES

WHEREAS, it is necessary to revise the El Dorado County Program Income Reuse Plan for the purpose of ensuring ongoing compliance with changes to statutes and regulations pursuant to the Community Development Block Grant (CDBG) Program under CFR Section 570.489 (e)(1) [CDBG Final Rule 2012]; and

WHEREAS, the State of California CDBG Program has developed a State approved revised Program Income Reuse Plan template that jurisdictions are required to use in revising their Program Income Reuse Plans; and

WHEREAS, the revised Program Income Reuse Plan template contains revisions that reflect the statutory and regulatory changes to the CDBG Program; and

WHEREAS, the revised Program Income Reuse Plan template establishes policies and procedures for the administration and utilization of program income received as a result of activities funded under the CDBG Program; and

WHEREAS, a Public Hearing has been conducted on this date to allow public comment and input on the proposed Program Income Reuse Plan revisions; and

WHEREAS, the Director of the Health and Human Services Agency, or successor, is the official designated to oversee the use of CDBG program income received by the County.

NOW THEREFORE BE IT RESOLVED, by the El Dorado County Board of Supervisors to adopt the revised CDBG Program Income Reuse Plan, and that the Director of the Health and Human Services Agency, or successor, is authorized and directed to sign the Revised Program Income Reuse Plan on behalf of the County and submit same to the California Department of Housing and Community Development.

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 _____, 2012 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

I CERTIFY THAT:

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

DATE: _____

Attest: James S. Mitrison, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: _____