



RESOLUTION No. _____
OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

**RESOLUTION AUTHORIZING SUBMISSION OF CLAIMS and OTHER
FINANCIAL DOCUMENTATION for the 2008 HOUSING OPPORTUNITIES for
PERSONS WITH AIDS PROGRAM**

WHEREAS, the El Dorado County Purchasing Agent has signed a proposed Agreement **DHA\CS-ELD-01-08** with the County of Sacramento to provide Housing Opportunities for Persons with AIDS (HOPWA) Program services in El Dorado County for a one year period beginning January 1, 2008;

NOW, THEREFORE, BE IT RESOLVED, that only the Chairman or Vice Chairman of the El Dorado County Board of Supervisors or the Purchasing Agent for El Dorado County is authorized to execute and/or amend the HOPWA Agreement with the County of Sacramento for the 2008 HOPWA Program, and that the persons named below are hereby authorized to execute subsequent financial documents as noted;

AND FURTHERMORE, that the signatures recorded below are the true and correct signatures of the designated individuals.

Public Health Department staff authorized to submit claims for reimbursement and other financial reports required by the County of Sacramento HOPWA Agreement:

Director Of Public Health
TITLE

Fiscal Administrative Manager
TITLE

Assistant Public Health Director
TITLE

Gayle Erbe-Hamlin
NAME

Gretchen Bailey
NAME

Neda West
NAME


SIGNATURE


SIGNATURE


SIGNATURE

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held on the 8th day of January, 2008, by the following vote of said Board:

Ayes:

ATTEST
CINDY KECK
Clerk of the Board of Supervisors

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: CINDY KECK, Clerk of the Board of Supervisors
of the County of El Dorado, State of California.

By _____
Deputy Clerk