RESOLUTION NO.

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

WHEREAS, the people of the State of California have authorized via Proposition 99 (Prop 99) the Tobacco Tax and Health Protection Act of 1988, which increases sales tax on cigarettes and other tobacco products and earmarks these new revenues for programs that are designed to reduce smoking, to provide health care services to indigents, to support tobacco-related research, and to fund resource programs for the environment; and

WHEREAS, the California Tobacco Control Program is authorized via Proposition 99 and other enabling legislation, statutes, Health and Safety Code sections, etc., to provide funding authority for programs including health education interventions and behavior change programs at both the state and local levels; and

WHEREAS, the California Tobacco Control Program allocates a portion of said revenues to Local Lead Agencies, which include fifty-eight (58) counties and three (3) cities and are to be used to fund Tobacco Use Prevention Programs in the individual communities; and

WHEREAS, the County of El Dorado Health and Human Services Agency has been designated as the Local Lead Agency for the County and is responsible for developing and implementing programs to reduce smoking within the local community.

NOW, THEREFORE, BE IT RESOLVED that the County of El Dorado Board of Supervisors authorizes and empowers the Director of the Health and Human Services Agency to execute in the name of the County of El Dorado, all necessary applications and financial documents; contracts, agreements, amendments, subject to review and approval by County Counsel, for the purposes of securing State Tobacco Control Program Allocation funds to implement and maintain the Tobacco Use Prevention Program for the period commencing with Fiscal Year 2013-14 to and including Fiscal Year 2016-17.

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 _____, 2013, by the following vote of said Board:

Ayes:
Noes:
Absent:

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

By: _____ Date: _____
Deputy Clerk