

**COMMUNITY SERVICES BLOCK GRANT  
2008/2009 PROGRAM YEAR COMMUNITY ACTION PLAN  
COVER PAGE**

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TO: Department of Community Services and Development  
Attention: Field Operations  
700 North 10th Street, Room 258  
Sacramento, CA 95814

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FROM: Agency: **El Dorado County Department of Human Services**  
Address: **937 Spring Street**  
City: **Placerville, Ca 95667**

**Agency Contact Person Regarding Community Action Plan**

Name: **John Litwinovich**  
Title: **Director of Human Services**  
Phone: **(530) 621-6163**  
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**CERTIFICATION OF COMMUNITY ACTION PLAN AND ASSURANCES**

The undersigned hereby certify that this agency complies with the Assurances and Requirements of this 2008/2009 Community Action Plan and the information in this CAP is correct and has been authorized by the governing body of this organization.

\_\_\_\_\_  
Board Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date