



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




**RESOLUTION AUTHORIZING SUBMISSION OF CERTIFICATE
REGARDING LOBBYING; CLAIMS and OTHER FINANCIAL
DOCUMENTATION for the 2009 HOUSING OPPORTUNITIES for PERSONS
WITH AIDS PROGRAM**

WHEREAS, the El Dorado County Board of Supervisors Chairman has signed a proposed Agreement **DHA\CS-ELD-01-09** 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, 2009;

NOW, THEREFORE, BE IT RESOLVED, that only the Chairman or Vice Chairman of the El Dorado County Board of Supervisors is authorized to execute and/or amend the HOPWA Agreement with the County of Sacramento for the 2009 HOPWA Program; that the Director of Health Services Department is authorized to sign the Certificate Regarding Lobbying; 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.

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

<p>Director Of Health Services _____ TITLE</p>	<p>Fiscal Administrative Manager _____ TITLE</p>	<p>Acting Assistant Director of Public Health _____ TITLE</p>
<p>Neda West _____ NAME</p>	<p>Gretchen Bailey _____ NAME</p>	<p>Sharon Elliott _____ NAME</p>
<p> _____ SIGNATURE</p>	<p> _____ SIGNATURE</p>	<p> _____ SIGNATURE</p>

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held on the 31st day of March, 2009, by the following vote of said Board:

Ayes:

ATTEST
SUZANNE ALLEN DE SANCHEZ
Clerk of the Board of Supervisors

Noes:
Absent:

By _____
Deputy Clerk

Chairman, Board of Supervisors
RON BRIGGS

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