

**BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA**  
**RESOLUTION \_\_\_\_\_**

**RESOLUTION OF THE LAKE COUNTY BOARD OF SUPERVISORS AUTHORIZING THE  
LAKE COUNTY BEHAVIORAL HEALTH SERVICES DIRECTOR TO SIGN THE  
SUBCONTRACTOR AGREEMENT FOR THE BEHAVIORAL HEALTH MOBILE CRISIS  
AND NON-CRISIS SERVICES GRANT PROGRAM**

**RECITALS**

**WHEREAS**, Lake County Behavioral Health Services Department was awarded a Behavioral Health Mobile Crisis and Non-Crisis Services Grant from the State of California Department of Health Care Services via their subcontractor Advocates for Human Potential in the amount of \$763,177; and

**WHEREAS**, the County of Lake (“County”) must execute and implement the Statement of Work described in Exhibit D as a condition of receiving this funding; and

**WHEREAS**, the County must enter into a Subcontract Agreement (“Agreement”) with Advocates for Human Potential, Inc. in order to receive grant funds.

**THEREFORE BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF LAKE, STATE OF CALIFORNIA, THAT IT FINDS, DETERMINES AND HEREBY DECLARES, that the AGREEMENT** between the County of Lake and Advocates for Human Potential, Inc. for the period of April 1, 2024 through June 30, 2025 attached hereto and incorporated by reference as **Exhibit A** is hereby approved by the County of Lake.

**BE IT FURTHER RESOLVED** that the Board of Supervisors of the County of Lake hereby authorizes the Behavioral Health Director to sign the attached Agreement on behalf of the County of Lake. A certified copy of this Resolution shall be delivered to the Lake County Auditor/Controller and Lake County Behavioral Health Services Department.

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**THIS RESOLUTION** was passed and adopted by the Board of Supervisors of the County of Lake at a regular meeting thereof on the \_\_\_\_ day of \_\_\_\_\_ 2024, by the following vote:

**AYES:**

**NOES:**

**ABSENT OR NOT VOTING:**

**ATTEST:**  
SUSAN PARKER  
Clerk of the Board of Supervisors

**COUNTY OF LAKE**  
\_\_\_\_\_  
Chair, Board of Supervisors

By: \_\_\_\_\_  
Deputy

**APPROVED AS TO FORM:**  
LLOYD GUINTIVANO, County Counsel

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