

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

RESOLUTION NO. _____

**A RESOLUTION APPROVING RECEIPT OF A GRANT IN THE
AMOUNT OF \$41,500 FROM DEPARTMENT OF HEALTH CARE
SERVICIES BY THE PROBATION DEPARTMENT FOR
IMPLEMENTATION OF CALAIM ENHANCED CARE MANAGEMENT**

WHEREAS the **COUNTY OF LAKE** desires to participate in CalAim Enhanced Care Management and implement it in the Probation Department with funding from the Department of Health Care Services (DHCS).

NOW, THEREFORE, BE IT RESOLVED that the **CHIEF PROBATION OFFICER** be authorized on behalf of the **COUNTY OF LAKE** to submit the grant proposal for this funding and sign the Grant Agreement with the DHCS, including any amendments thereof.

BE IT FURTHER RESOLVED that grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

BE IT FURTHER RESOLVED that the **COUNTY OF LAKE** agrees to abide by the terms and conditions of the Grant Agreement as set forth by the DHCS.

Passed, approved, and adopted by the **Board of Supervisors of the County Of Lake** in a meeting thereof held on the _____ day of _____ 2024, by the following vote:

Ayes:

Notes:

Absent or Not Voting:

Signature: _____ Date: _____

Typed Name and Title: _____

ATTEST: Signature: _____ Date: _____

Typed Name and Title: _____

APPROVED AS TO FORM:
LLOYD GUINTIVANO
County Counsel

By:  _____