

**BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA
RESOLUTION _____**

RESOLUTION OF THE LAKE COUNTY BOARD OF SUPERVISORS OF THE COUNTY OF LAKE AUTHORIZING APPLICATION TO AND PARTICIPATION IN THE BEHAVIORAL HEALTH CONTINUUM INFRASTRUCUTRE PROGRAM (“BHCIP”)

RECITALS

WHEREAS, The California Department of Health Care Services, through its contractor Advocates for Human Potential, Inc., (“Department”) has issued a Request for Applications, dated July 15, 2024 (“RFA”), for the BHCIP Round 1 (2024) Launch Ready Program (“Program”). The Department has issued the RFA for Program grant funds pursuant to California Welfare and Institutions Code sections 5965-5967.01 (“Behavioral Health Infrastructure Bond Act of 2024”); and

WHEREAS, the County of Lake, a Public County Governmental Entity, hereafter referred to as “Applicant”, desires to apply for Program grant funds and has submitted an application for Program grant funds (“Application”) to the Department for review and consideration.; and

WHEREAS, The Department is authorized to administer BHCIP pursuant to the Behavioral Health Infrastructure Bond Act of 2024. Program funding allocations are subject to the terms and conditions of the RFA, the Application, Program Funding Agreement (“Program Funding Agreement”), and all other legal requirements of the Program.

THEREFORE, BE IT RESOLVED THAT the Applicant is hereby authorized and directed to submit an Application to the Department in response to the RFA, and to apply for Program grant funds in a total amount not to exceed \$6,500,000.

BE IT FURTHER RESOLVED If the application is approved, Applicant is hereby authorized and directed to enter into, execute, and deliver a Program Funding Agreement for the total award amount, and all other documents required or deemed necessary or appropriate to secure the Program grant funds from the Department and to participate in the Program, and all amendments thereto (collectively, the “Program Documents”).

Applicant acknowledges and agrees that it shall be subject to the terms and conditions specified in the Program Funding Agreement. Any and all activities, expenditures, information, and timelines represented in the Application are enforceable through the Program Funding Agreement. Funds are to be used for the allowable expenditures and activities identified in the Program Funding Agreement.

The of Director Lake County Behavioral Health Services Department (the “Authorized Signatory”), is authorized to execute the Application and the Program Documents on behalf of Applicant for participation in the Program.

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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 October 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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