

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

RESOLUTION NO. _____

1 **ADOPT RESOLUTION APPROVING LAKE COUNTY HEALTH SERVICES DEPARTMENT**
2 **TO APPLY FOR A RURAL CUPA (CERTIFIED UNIFIED PROGRAM AGENCY) GRANT**
3 **THROUGH CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY (CALEPA) NOT TO**
4 **EXCEED \$100,000 AND AUTHORIZE THE HEALTH SERVICES DIRECTOR TO SIGN**

5 **WHEREAS**, the Rural CUPA Support Grant has been made available to eligible Rural
6 County CUPAs to assist in the full implementation of the Unified Program within their
7 jurisdictions, and

8 **WHEREAS**, the mission of the Unified Program is to protect public health and safety, to
9 restore and enhance environmental quality, and to sustain economic vitality through effective
10 and efficient implementation of the Unified Program, and

11 **WHEREAS**, the County of Lake has a CUPA Program and is authorized to carry out
12 various hazardous materials regulatory programs administered by the State.
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14 **NOW THEREFORE BE IT RESOLVED THAT**, the Chair of the Board of Supervisors of
15 the County of Lake, State of California authorizes the Health Services Department to apply for
16 the Rural CUPA Support Grant.
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18 **BE IT FURTHER RESOLVED**, that the Director of Health Services is also hereby
19 authorized to sign said Application and Grant on behalf of the County of Lake. A copy of this
20 Resolution shall be delivered to the Lake County Auditor/Controller.

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1 **THIS RESOLUTION** was passed and adopted by the Board of Supervisors of the County of
2 Lake at a regular meeting thereof on the _____ day of _____, 2017
3 by the following vote:
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6 **AYES:**

7 **NOES:**

8 **ABSENT OR NOT VOTING:**
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11 **ATTEST: CAROL J. HUCHINGSON**
12 Clerk of the Board of Supervisors

COUNTY OF LAKE

13 By: _____
14 Deputy

Chair, Board of Supervisors

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17 **APPROVED AS TO FORM:**
18 ANITA L. GRANT
19 County Counsel

20 By:  _____
21 Deputy