

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

RESOLUTION NO. _____

ADOPT RESOLUTION APPROVING THE APPLICATION AND CERTIFICATION STATEMENT FOR THE STATE DEPARTMENT OF HEALTH CARE SERVICES, CMS BRANCH'S CALIFORNIA CHILDREN'S SERVICES (CCS) ADMINISTRATION PLAN RENEWAL GRANT IN THE AMOUNT OF \$243,469 FOR FY 2017-2018 AND AUTHORIZE THE BOARD CHAIR TO SIGN SAID CERTIFICATION STATEMENT

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 certification statement stating that the County of Lake's CCS Program will comply with all state and federal regulations for the Fiscal Year (FY) 2017-2018 for the period July 1, 2017 through June 30, 2018, is hereby approved and the Chair of the Board of Supervisors of the County of Lake is hereby authorized to sign said Certification Statement on behalf of the County of Lake.

BE IT FURTHER RESOLVED, that the Board of Supervisors of the County of Lake hereby authorizes the Director of Health Services to sign said application and Grant and any necessary amendments to this Grant on behalf of the County of Lake. A copy of this Resolution shall be delivered to the Lake County Auditor/Controller.

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 _____, 2017 by the following vote:

AYES:

NOES:

ABSENT OR NOT VOTING:

ATTEST: CAROL J. HUCHINGSON
Clerk of the Board of Supervisors

COUNTY OF LAKE

By: _____
Deputy

Chair, Board of Supervisors

APPROVED AS TO FORM:

ANITA L. GRANT
County Counsel

By: 
Deputy