

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 SERVICES, CMS BRANCH'S CHILD HEALTH AND DISABILITY PREVENTION PROGRAM (CHDP) AND HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFP) RENEWAL GRANT 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 CHDP, and HCPCFC Programs 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 Director of Health Services is also hereby authorized to sign any necessary amendments to this Application and 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