

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

RESOLUTION NO. _____

1 RESOLUTION APPROVING THE APPLICATION AND CERTIFICATION STATEMENT FOR THE
2 STATE DEPARTMENT OF HEALTH SERVICES, CMS BRANCH'S CHILD HEALTH AND DISABILITY
3 PREVENTION PROGRAM (CHDP), HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE
4 (HCPCFP), MONITORING OVERSIGHT OF FOSTER CHILDREN TREATED WITH PSYCHOTROPIC
5 MEDS (HCPCFC-PMMO), AND CASELOAD RELIEF (HCPCFP-CR) RENEWAL GRANT FOR FY
6 2019/2020

7 AND AUTHORIZE THE BOARD CHAIR TO SIGN SAID CERTIFICATION STATEMENT

8 BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF LAKE, STATE OF
9 CALIFORNIA, THAT IT FINDS, DETERMINES AND HEREBY DECLARES, that the certification statement
10 stating that the County of Lake's CHDP, HCPCFC, HCPCFC-PMMO, and HCPCFC-CR Programs will
11 comply with all state and federal regulations for the Fiscal Year (FY) 2019/2020 for the period July 1, 2019
12 through June 30, 2020, is hereby approved and the Chair of the Board of Supervisors of the County of Lake
13 is hereby authorized to sign said Certification Statement on behalf of the County of Lake.

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

18 THIS RESOLUTION was passed and adopted by the Board of Supervisors of the County of Lake at
19 a regular meeting thereof on the _____ day of _____, 2019 by the following
20 vote:

21 AYES:

22 NOES:

23 ABSENT OR NOT VOTING:

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

COUNTY OF LAKE

26 By: _____
27 Deputy

Chair, Board of Supervisors

28 APPROVED AS TO FORM:

ANITA L. GRANT
County Counsel

By: 
Deputy