

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

**RESOLUTION AUTHORIZING THE AGREEMENT BETWEEN THE COUNTY OF LAKE
AND ADVENTIST HEALTH CLEAR LAKE FOR THE PERIOD OF OCTOBER 11, 2019
THROUGH MARCH 31, 2023 AND AUTHORIZING THE BEHAVIORAL HEALTH
DIRECTOR TO SIGN THE AGREEMENT.**

**RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF LAKE,
STATE OF CALIFORNIA, THAT IT FINDS, DETERMINES AND HEREBY DECLARES**, that the AGREEMENT between the County of Lake (hereinafter referred to as “Contractor”) and the Adventist Health Clear Lake (hereinafter referred to as “AHCL”) for the period October 11, 2019 and March 31, 2023 is hereby agreed upon by both the Contractor and AHCL.

RECITALS

WHEREAS, the Agreement between the County of Lake and Adventist Health Clear Lake for the period of October 11, 2019 through March 31, 2023 includes the following outline items; and

WHEREAS, Authority, Purpose and Scope of Work is outlined, see **Exhibit A**, attached hereto and made part of this Agreement by reference; and

WHEREAS, Budget Detail and Payment Provisions, is outlined, see **Exhibit B**, attached hereto and made part of this Agreement by reference; and

WHEREAS, Terms and Conditions, is outlined, see **Exhibit C**, attached hereto and made part of this Agreement by reference; and

WHEREAS, Special Terms and Conditions is outlined, see **Exhibit D**, attached hereto and made part of this Agreement by reference; and

THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Lake hereby authorizes the Behavioral Health Director to sign said Agreement on behalf of the County of Lake. A certified copy of this resolution shall be delivered to the Lake County Auditor/Controller and Lake County Behavioral Health Department.

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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 _____2020, by the following vote:

AYES:

NOES:

ABSENT OR NOT VOTING:

ATTEST:

CAROL J. HUCINGSON

Clerk of the Board of Supervisors

COUNTY OF LAKE

Chair, Board of Supervisors

By: _____
Deputy

APPROVED AS TO FORM:

ANITA L. GRANT, County Counsel
