



## Legislation Details (With Text)

**File #:** 20-337      **Version:** 1      **Name:**  
**Type:** Letter      **Status:** Agenda Ready  
**File created:** 4/8/2020      **In control:** BOARD OF SUPERVISORS  
**On agenda:** 4/14/2020      **Final action:**  
**Title:** Approve Letter of Support for Hope Rising's Center for Transformation and authorize Supervisor Scott to sign on behalf of our Board  
**Sponsors:** Tina Scott  
**Indexes:**  
**Code sections:**  
**Attachments:** 1. Hope Rising LOS Board of Supervisors 041420

Date	Ver.	Action By	Action	Result
4/14/2020	1	BOARD OF SUPERVISORS		

### Memorandum

**Date:** April 14, 2020  
**To:** The Honorable Moke Simon, Chair, Lake County Board of Supervisors  
**From:** Tina Scott, 4th District Supervisor  
**Subject:** Approve Letter of Support for Hope Rising's Center for Transformation and authorize Supervisor Scott to sign on behalf of our Board

**Executive Summary:** (include fiscal and staffing impact narrative):

As our Board's appointee to Hope Rising, I am requesting our Board consider and approve the attached letter of support and commitment for Hope Rising's Center for Transformation for Persons Experiencing Homelessness, authorizing me to sign.

**If not budgeted, fill in the blanks below only:**

Estimated Cost: \_\_\_ N/A \_\_\_ Amount Budgeted: \_\_\_\_\_ Additional Requested: \_\_\_\_\_ Future Annual Cost: \_\_\_\_\_

**Consistency with Vision 2028 and/or Fiscal Crisis Management Plan** (check all that apply):

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> Well-being of Residents | <input type="checkbox"/> Public Safety               | <input type="checkbox"/> Infrastructure   | <input type="checkbox"/> Not applicable      |
| <input type="checkbox"/> Economic Development               | <input type="checkbox"/> Disaster Recovery           | <input type="checkbox"/> County Workforce | <input type="checkbox"/> Technology Upgrades |
| <input checked="" type="checkbox"/> Community Collaboration | <input type="checkbox"/> Business Process Efficiency | <input type="checkbox"/> Clear Lake       | <input type="checkbox"/> Revenue Generation  |
|   |  |   | <input type="checkbox"/> Cost Savings        |

**If request for exemption from competitive bid in accordance with County Code Chapter 2 Sec. 2-38, fill in blanks below:**

Which exemption is being requested?  
How long has Agreement been in place?  
When was purchase last rebid?  
Reason for request to waive bid?

**Recommended Action: Approve Letter of Support for Hope Rising's Center for Transformation and authorize Supervisor Scott to sign on behalf of our Board.**