

**RESOLUTION NO. \_\_\_\_\_**

**(Resolution of the Yolo County Board of Supervisors Delegating Authority to Sign Memorandum of Understanding with Sacramento County for Temporary Health Officer Coverage)**

**WHEREAS**, Yolo County, via its Health and Human Services Agency (HHSA), had a Memorandum of Understanding with the County of Sacramento to provide temporary health officer coverage when either Health Officer is unavailable; and

**WHEREAS**, this Memorandum of Understanding expired on June 30, 2022; and

**WHEREAS**, Yolo County wishes to enter into a new Memorandum of Understanding for this same purpose to provide Health Officer coverage through June 30, 2025; and

**WHEREAS**, this Memorandum of Understanding is in the best interest of Yolo County.

**NOW, THEREFORE, BE IT RESOLVED THAT:**

1. That the person named below, or their designee, is authorized to negotiate and execute, on behalf of the County of Yolo, a MOU, any amendments to the MOU, and any and all documents pertaining to the MOU including documents required for the submission of claims for reimbursement and other financial reports.
2. That the person named below, or their designee, is authorized to negotiate and execute, on behalf of the County of Yolo, any future non-financial agreements regarding health officer coverage including, any renewal agreements, amendments, and all documents pertaining to those agreements, including documents required for the submission of claims for reimbursement and other financial reports.
3. That the signature recorded below is the true and correct signature of the designated individual.

**PERSON AUTHORIZED TO EXECUTE CONTRACT AND TO SUBMIT CLAIMS:**

Nolan Sullivan, Director, Yolo County HHSA  
Name, Title

\_\_\_\_\_  
Signature

**PASSED AND ADOPTED** at a regular meeting of the Yolo County Board of Supervisors this 26th day of July, 2022 by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTENTION:

\_\_\_\_\_  
Angel Barajas, Chair  
Yolo County Board of Supervisors

Attest:  
Clerk, Board of Supervisors

Approved as to Form:  
Philip J. Pogledich, County Counsel

By \_\_\_\_\_  
Deputy (Seal)

By: Hope P. Welton  
Hope P. Welton, Senior Deputy