## ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY CBO CONTRACT SIGNATURE AUTHORIZATION

BE IT HEREBY RESOLVED that the Board of Directors of

A	B	C	Ins	titu	te	for	Grov	vth	and	W	ell	ne	200

(Organizational Name)

empowers the individuals designated below to bind this corporation and declares that they are authorized to enter into and execute formal agreements (including contracts) and sign invoices, financial documents and similar binding documents on behalf of the corporation.

Number of signatures required to bind the corporation (i.e., sign	the con	tract): _	1	<b>&gt;</b>				
Mark the appropriate column(s) to indicate the authority for each individual to sign those documents.	FORMAL AGREEMENTS (INCLUDING CONTRACTS AND EXHIBITS A & B)				INVOICES AND OTHER FINANCIAL DOCUMENTS			
mulvidual to sign those documents.	Agency	Alcohol & Drug	Mental Health	Public Health	Agency Admin	Alcohol & Drug	Mental Health	Public
Jane Doe, CEO	X	X	X	x	x	×	X	X
Printed Name and Title  Signature					x	X	x	X
John Smith, CFO Printed Name and Title					x	,	X	
Signature  Mary Johnson, Director Mental Health Services  Printed Name and Title					X	X		
Signature  Joseph Jones, Director Alchohol & Other Drug Services  Printed Name and Title					^	^		
Signature								
Printed Name and Title  } Check here if this is an amendment only.								
his Board resolution shall be in effect until rescinded or amended by the			ectors.			8.		
ABC Institute for Growth and			i d					
Corporate Name as shown on Certific		-				22		
a meeting held in Pleasantville, California of Signature of Board Chairperson	on the_	M	_day of	U	<u>spril</u> ecretary		<u>14</u> .	