

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

BE IT HEREBY RESOLVED that the Board of Directors of

(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 contract): \_\_\_\_\_

| Mark the appropriate column(s) to indicate the authority for each individual to sign those documents. | FORMAL AGREEMENTS<br>(INCLUDING CONTRACTS<br>AND EXHIBITS A & B) |                   |                  |                  | INVOICES AND OTHER<br>FINANCIAL DOCUMENTS |                   |                  |                  |
|---|--|-------------------|------------------|------------------|---|-------------------|------------------|------------------|
|   | Agency<br>Admin  | Alcohol<br>& Drug | Mental<br>Health | Public<br>Health | Agency<br>Admin                           | Alcohol<br>& Drug | Mental<br>Health | Public<br>Health |
| _____<br>Signature  |  |                   |                  |                  |   |                   |                  |                  |
| _____<br>Printed Name and Title   |  |                   |                  |                  |   |                   |                  |                  |
| _____<br>Signature  |  |                   |                  |                  |   |                   |                  |                  |
| _____<br>Printed Name and Title   |  |                   |                  |                  |   |                   |                  |                  |
| _____<br>Signature  |  |                   |                  |                  |   |                   |                  |                  |
| _____<br>Printed Name and Title   |  |                   |                  |                  |   |                   |                  |                  |
| _____<br>Signature  |  |                   |                  |                  |   |                   |                  |                  |
| _____<br>Printed Name and Title   |  |                   |                  |                  |   |                   |                  |                  |
| _____<br>Signature  |  |                   |                  |                  |   |                   |                  |                  |
| _____<br>Printed Name and Title   |  |                   |                  |                  |   |                   |                  |                  |

{ } Check here if this is an amendment only.

This Board resolution shall be in effect until rescinded or amended by the Board of Directors.

We certify that the foregoing resolution was adopted by the Board of Directors of

\_\_\_\_\_  
Corporate Name as shown on Certificate of Incorporation

at a meeting held in \_\_\_\_\_, California on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Board Chairperson

\_\_\_\_\_  
Signature of Board Secretary