

BOARD OF SUPERVISORS, COUNTY OF {COUNTY NAME}, STATE OF CALIFORNIA  
RESOLUTION NO. \_\_\_\_\_

RESOLUTION APPROVING THE MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA)  
PROVIDER PARTICIPATION AGREEMENT BETWEEN THE COUNTY OF {COUNTY  
NAME} AND THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

**RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF {COUNTY NAME}, STATE OF CALIFORNIA, THAT IT FINDS, DETERMINES, AND HEREBY DECLARES,** that: The contract between the County of {County Name} for Medi-Cal Administrative Activities (MAA) and the State of California, Department of Health Care Services, will provide funding for the provision of program services consisting of improving the availability and accessibility of Medi-Cal Services to Medi-Cal eligible and potentially eligible individuals and their families for Fiscal Years {Fiscal Year} through {Fiscal Year} is hereby approved and authorizes the Director of Health Care Services to sign all necessary contracts, agreements, and amendments.

**THEREFORE,** the Board of Supervisors of the County of {County Name} hereby authorizes the Director of Health Care Services to sign said Agreement as stated above and any necessary amendments to said Agreement, on behalf of the County of {County Name}. A copy of this Resolution shall be delivered to the {County Name} Auditor and/or Controller.

**THIS RESOLUTION** was passed and adopted by the Board of Supervisors of the County of {County Name} at a regular meeting thereof on the {Day of the Month} day of {Month}, {Year} by the following vote:

**AYES:** {Names of persons voting 'aye'}

**NOES:** {Names of persons voting 'no'}

**ABSENT/NOT VOTING:** {Name of persons absent/not voting}

**ATTEST:** {Name and Title of person attesting to the vote}

APPROVAL SIGNATURES:

\_\_\_\_\_  
{Name and Title}

\_\_\_\_\_  
{Name and Title}

{COUNTY and/or BOARD SEAL}

APPROVAL AS TO FORM:

\_\_\_\_\_  
{Name and Title}

