

RESOLUTION NO. _____

**RESOLUTION OF THE BOARD OF SUPERVISORS OF NAPA COUNTY,
STATE OF CALIFORNIA, AS GOVERNING BOARD OF THE NAPA
COUNTY IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY,
ADOPTING THE RECOMMENDED BUDGET FOR THE PUBLIC
AUTHORITY FOR FISCAL YEAR 2024-2025**

WHEREAS, the Napa County In-Home Supportive Services Public Authority (hereafter “Authority”) was created by ordinance as authorized by Welfare and Institutions Code section 12301.6; and

WHEREAS, that ordinance provides in relevant part that the Authority is required to adopt its budget under the same laws, rules, and policies that control the budget process for Napa County; and

WHEREAS, the recommended budget of the Authority for fiscal year 2024-2025 was prepared, made available for distribution, and distributed on or about May 30, 2024, according to law; and

WHEREAS, notice of the availability of the budget and the date of the hearing on the budget was published on May 30, 2024, pursuant to Government Code Section 29080; and

WHEREAS, hearings were held by the Governing Board of the Authority, at the time and place designated in the published notice, to consider and discuss items of the recommended budget; and

WHEREAS, no requests or applications are on file with the Governing Board requesting further hearings, and the Governing Board has declared the hearings concluded; and

WHEREAS, it is now the time to adopt the recommended budget for the Authority for fiscal year 2024-2025.

NOW, THEREFORE, BE IT RESOLVED by the Governing Board of the In-Home Supportive Services Public Authority of Napa County, State of California, as follows:

1. The Board hereby finds and determines that the foregoing recitals are true and correct.

2. The recommended budget, including any changes adopted by the Governing Board during the budget hearings, is hereby adopted as the budget of the Authority for fiscal year 2024-2025, including the approved appropriations by general class, capital assets, and reserves by funds and purpose, and the documents which by reference show in detail such approved appropriations, revenues, and other methods of financing in the budget as finally determined are hereby approved and incorporated by reference herein.

3. The total financing requirement, including decreases and increases to obligated fund balance, for fiscal year 2024-2025 is as follows:

Fund 2700	Napa County In-Home Supportive Public Authority	\$1,439,922
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4. Pursuant to California Government Code section 29125, the Napa County Executive Officer is authorized to approve transfers and revisions of appropriations as detailed in Napa County Policy for Budgetary Control, and that the following internal service charges shall be controlled by line item:

51405	Workers Compensation
51605	Other Post Employment Benefit Charges
52130	Information Technology Service (ITS) Charges
52131	ITS Communication Charges
52132	ITS Records Management Charges
52510	Maintenance – B&I, Public Works Charges
52700	Liability Insurance
52906	Fleet Charges
56200	Indirect Cost Allocation

5. Any capital asset(s) not authorized by the Authority during the budget hearing process will, prior to acquisition, be presented to the Governing Board by the Executive Director of the Authority for approval.

6. Pursuant to California Government Code section 29093, a copy of the adopted budget for fiscal year 2024-2025 shall be filed with the Secretary of the Authority and with the State Controller by the Authority's Auditor as required by law.

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THE FOREGOING RESOLUTION WAS DULY AND REGULARLY ADOPTED
 by the Governing Board of the In-Home Supportive Services Public Authority, at a regular
 meeting of the Authority Board held on the 25th day of June 2024, by the following vote:

AYES: DIRECTORS _____

NOES: DIRECTORS _____

ABSTAIN: DIRECTORS _____

ABSENT: DIRECTORS _____

 JOELLE GALLAGHER, Chair of the
 Governing Board of the In-Home Supportive
 Services Public Authority

<p>APPROVED AS TO FORM Office of Authority Counsel</p> <p>By: <u>/S/ Sheryl L. Bratton</u> County Counsel</p> <p>Date: <u>6/13/2024</u></p>	<p>APPROVED BY THE NAPA COUNTY BOARD OF SUPERVISORS</p> <p>Date: _____</p> <p>Processed By: _____</p> <p>_____ Deputy Secretary of the Authority</p>	<p>ATTEST: NEHA HOSKINS Secretary of the Authority</p> <p>By: _____</p>
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