

RESOLUTION
OF THE BOARD DIRECTORS OF 2013-9

WHEREAS, On April 9, 2013 the El Dorado County Board of Supervisors heard a presentation from members of the fire service regarding the financial status of fire districts in the County; and

WHEREAS, the Board of Supervisors then directed the formation of a Fire Advisory Committee (FAC) comprised of two (2) Members of the Board of Supervisors, two (2) Members from the Commission for Collaborative Fire Departments (CCFD), two (2) Fire Chiefs, and a Representative from the Local Agency Formation Commission (LAFCO) with the Charter of finding a permanent solution for sustainable fire and Emergency Medical Services (EMS) throughout all El Dorado County Fire Districts; and

WHEREAS, On September 24, 2013 the FAC made a presentation to the Board of Supervisors recommending a two-phase approach, the first of which was a 24 month funding of critical needs for certain rural fire districts capped at approximately \$1.7 million; and

WHEREAS, the Board of Supervisors then directed the Chief Administrative Office to return to the Board with potential funding contracts allowing dispersal of funds based on agreed financial triggers; and further directed the Chief Administrative Office to return to the Board with letters from each Fire Protection District Board in the County indicating their intent to participate in a long term, sustainable funding solution.

NOW, THEREFORE, BE IT RESOLVED, that the Fallen Leaf Lake CSD Board of Directors agrees a permanent, sustainable funding solution for fire protection services in El Dorado County is desirable, and hereby expresses the District's intent to participate in developing a long term delivery of service solution. **PASSED AND ADOPTED** by the Fallen Leaf Lake CSD at a regular meeting of said Board, held the 7th day of December, 2013, by the following vote of said Board:

AYES:

NAYS:

ABSENT:

Signature, Board of Directors Member

Print Name and Title

CERTIFICATION OF RESOLUTION

ATTEST:

I _____ clerk/secretary of the _____

County of _____ California do hereby certify that this is a true and

correct copy of the original Resolution Number _____

WITNESS MY HAND OR THE SEAL OF THE FALLEN LEAF LAKE CSD on this _____ day of
2013.

Signature

OFFICAL SEAL

Title and Name of Local Agency