



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 12.1h

**Meeting Date:** April 8, 2021

**Subject:** Approve Resolution No. 3195: Delegating Signature Authority for the Mental Health Curriculum for High School Students Agreement with Sacramento County Department of Health Services

- Information Item Only
- Approval on Consent Agenda
- Conference (for discussion only)
- Conference/First Reading (Action Anticipated: \_\_\_\_\_)
- Conference/Action
- Action
- Public Hearing

**Division:** Business Services

**Recommendation:** Approve Resolution

**Background/Rationale:** For the past 10 years Health Professions High School and the County Department of Health Services have worked together to develop and implement an integrated mental/behavioral health program of study and associated activities for students in grades 9 – 12 that meets the Workforce, Education and Training (WET) component of the Mental Health Services Act (MHSA). The school receives reimbursement from the County for time spent on the project. The attached resolution authorizes the Chief Business Officer to sign the agreement for the 2021/22 school year once it's drafted and authorizes the principal to submit claims for reimbursement.

**Financial Considerations:** The potential reimbursement amount is \$30,000.

**LCAP Goal(s):** College, Career and Life Ready Graduates

**Documents Attached:**

1. Resolution No. 3195

<p><b>Estimated Time of Presentation:</b> N/A</p> <p><b>Submitted by:</b> Rose Ramos, Chief Business Officer Jessica Sulli, Contract Specialist</p> <p><b>Approved by:</b> Jorge A. Aguilar, Superintendent</p>
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**“BOARD OF EDUCATION RESOLUTION / SIGNATURE AUTHORITY”**

WHEREAS, a proposed contract with the COUNTY OF SACRAMENTO for the delivery of services by this organization has been determined to be in the best interest of the Sacramento City Unified School District by its duly constituted Board of Education:

NOW, THEREFORE, BE IT RESOLVED: That the persons named below are authorized to negotiate and execute, on behalf of the above stated entity, said contract and any and all documents pertaining to this contract, and to submit claims for reimbursement and other financial reports required by said contract;

AND FURTHERMORE: That the signatures recorded below are the true and correct signatures of the designated individuals.

**AUTHORIZED TO EXECUTE CONTRACT:**

Chief Business Officer  
Title

Rose Ramos  
Name

\_\_\_\_\_  
Signature

**AUTHORIZED TO SUBMIT CLAIMS:**

Principal, A. A. B. Health Professions High School  
Title

Leticia Bucio  
Name

\_\_\_\_\_  
Signature

**CERTIFICATION**

I certify that I am the duly qualified and acting Secretary to the Board of Education of the Sacramento City Unified School District. The foregoing is a true copy of a Resolution adopted by the Board of Education of said School District at a meeting legally held on April 8, 2021, and entered into the minutes of such meeting, and is now in full force and effect.

\_\_\_\_\_  
Date

Jorge A. Aguilar  
Name

\_\_\_\_\_  
Signature