

RESOLUTION No. 02-33

RESOLUTION OF THE BOARD OF DIRECTORS OF THE PALM DRIVE HEALTH CARE DISTRICT TO AUTHORIZE DRAWS OF ADVANCES OF PARCEL TAX FUNDS

WHEREAS, the Palm Drive Health Care District ("District"), pursuant to the authority conferred by Government Code §53730.01, did establish a special parcel tax, not to exceed \$60.00 per parcel annually on all parcels within the District;

WHEREAS, the voters of the District approved such special tax by more than the required two-thirds vote at an election held June 5, 2001;

WHEREAS, the County of Sonoma ("County") collects all parcel tax revenues on behalf of the District and then disburses it to the District after receipt; and

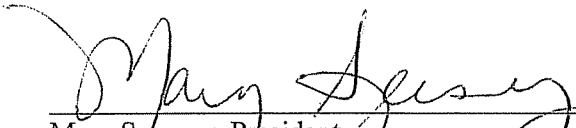
WHEREAS, the County may advance up to eighty-five percent (85%) of revenues estimated to be collected by the parcel tax on an annual basis, provided that (1) the Board of Directors ("Board") of the District authorizes such advances for each such tax year, (2) such advances are repaid to the County on or before the District's receipt of the April tax payments, with interest at the County's earning rate on deposited funds and (3) the Board must specify who is authorized to sign the claim form to draw advances.

NOW, THEREFORE BE IT ORDAINED BY THE BOARD OF DIRECTORS OF THE PALM DRIVE HEALTH CARE DISTRICT:


1. All of the above recitals are true and correct.
2. The Board hereby authorizes an advance for the month of September 2002, not to exceed \$300,000.
3. Any two members of the Board, properly elected or appointed, are authorized to sign such documentation as the County may require in order to draw advances in accordance with this Resolution #02-33.

Passed and adopted at a regular meeting of the Board of Directors of Palm Drive Health Care District this 4th day of September, 2002, by the following vote:

AYES	<u>5</u>
NOES	<u>0</u>
ABSENT	<u>0</u>
ABSTAIN	<u>0</u>

  
\_\_\_\_\_  
Mary Szecsey, President  
PALM DRIVE HEALTH CARE DISTRICT

ATTEST:

  
\_\_\_\_\_  
Barbara Graves, Secretary  
PALM DRIVE HEALTH CARE DISTRICT

# COUNTY OF SONOMA CLAIM

- TYPE ONLY -

**\* INSTRUCTIONS TO CLAIMANTS \***  
All claims against the County must be itemized, giving date and character of service rendered or work performed, quantities, description and unit price of articles furnished or delivered.

All claims should be presented to the authorizing department for certification and filed with the County Auditor-Controller, 585 Fiscal Drive, Santa Rosa, CA 95403, immediately upon completion of service or delivery of articles ordered.

PAY TO: VENDOR NAME (ONLY)  
PALM DRIVE HEALTH CARE DISTRICT

VENDOR NUMBER 035073	DOCUMENT NUMBER
TREAS. NO./WARRANT NO.	BOARD AUTHORIZATION

WARRANTS WILL BE MAILED TO CLAIMANT UNLESS SPECIFIED OTHERWISE BELOW:

(MARK IN RED) PICK UP BY SECT.  COURIER MAIL

DATE: \_\_\_\_\_ SECTION NAME: \_\_\_\_\_

BATCH DATE: \_\_\_\_\_ BATCH NO.: \_\_\_\_\_ BATCH KEYS BY: \_\_\_\_\_

SEQ. NO.	LINE NO.	QUANTITY	UNIT PRICE	TOTAL	DESCRIPTION
A	220	782201	8000		ADVANCE PAYMENT OF TAXES FOR PALM DRIVE
B				\$300,000.00	HEALTH CARE DISTRICT FOR SEPTEMBER
C					
D					
E					
F					
G					
H					
I					
J					
				<b>TOTAL</b>	<b>\$300,000.00</b>

The undersigned, under the penalty of perjury states:  
That the above and the items as therein set out are true and correct; that no part thereof has been heretofore paid, and that the amount hereon is justly due, and that the same is presented within one year after the last item thereof has occurred.

Signed: *X. [Signature]* Claimant

For value received I hereby sell, assign, transfer and set over to \_\_\_\_\_ all my right, title and interest in the above claim.

Signed: *X*  
Dated: \_\_\_\_\_

I have examined the within claim and assuming the facts therein stated to be a legal claim against the county for the sum of \_\_\_\_\_

APPROVED AND ORDERED PAID

From: \_\_\_\_\_ Fund: \_\_\_\_\_

CHAIRPERSON OF THE BOARD OF SUPERVISORS

I hereby certify that the items or services herein indicated were ordered by me; that the items indicated were received or the services as set forth in the above were performed.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

By: \_\_\_\_\_ COUNTY COUNSEL

I hereby certify that the above computations are correct and the above claim is therefore approved in the sum of \$ \_\_\_\_\_

By: \_\_\_\_\_ COUNTY AUDITOR

DEPUTY COUNTY AUDITOR