

**IN THE BOARD OF SUPERVISORS**  
COUNTY OF SAN LUIS OBISPO, STATE OF CALIFORNIA

\_\_\_\_\_ day \_\_\_\_\_, 2015

PRESENT: Supervisors

ABSENT:

RESOLUTION NO. \_\_\_\_\_

**RESOLUTION RECOGNIZING COMMUNITY ACTION PARTNERSHIP OF  
SAN LUIS OBISPO COUNTY, INC. ON ITS 50<sup>TH</sup> ANNIVERSARY**

The following resolution is hereby offered and read:

**WHEREAS**, Community Action Partnership of San Luis Obispo County, Inc. (CAPSLO) was established by Congressional decree and by action of the County Board of Supervisors on December 8, 1965 as San Luis Obispo County's official Community Action Agency; and

**WHEREAS**, CAPSLO is a private nonprofit committed to eliminating the causes of poverty by empowering low-income individuals and families to achieve self-sufficiency through a wide array of community-based collaborations and programs; and

**WHEREAS**, CAPSLO is directly responsible for community programs including Early Head Start, Head Start, Migrant and Seasonal Head Start, State Migrant Child Care, State Preschool, State General Child Care, Child Care Resource Connection, Energy Conservation/Weatherization Services, Health Services, Homeless Services, Adult Day Services, Fatherhood Programs, Parent Education and Child Abuse Prevention Services and Supportive Service for Veterans and Families; and

**WHEREAS**, CAPSLO annually serves over 40,000 low-income person by working in partnership with volunteers, county government, city government, the private sector, and low-income populations throughout San Luis Obispo County.

**NOW, THEREFORE, BE IT RESOLVED** that the County of San Luis Obispo, Board of Supervisors, State of California does hereby recognize Community Action Partnership of San Luis Obispo County, Inc. on the celebration of its 50<sup>th</sup> Anniversary and its continuing valuable role within the community.

Upon motion of Supervisor \_\_\_\_\_, seconded by Supervisor \_\_\_\_\_, and on the following roll call vote, to-wit:

AYES:

NOES:

ABSENT:

The foregoing resolution is hereby adopted:

\_\_\_\_\_  
Chairperson of the Board of Supervisors

ATTEST:

\_\_\_\_\_  
Clerk of the Board of Supervisors

BY: \_\_\_\_\_ Deputy Clerk

By: \_\_\_\_\_  
County Counsel