

## **RESOLUTION NO. .**

**BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA**

**\* \* \* \* \***

**RESOLUTION AUTHORIZING AN AGREEMENT WITH ZOMO HEALTH LLC TO  
PROVIDE WELLNESS PROGRAM SERVICES FOR THE COUNTY FOR THE TERM  
OF SEPTEMBER 25, 2018 THROUGH DECEMBER 31, 2021, IN AN AMOUNT NOT  
TO EXCEED \$1,948,375**

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**RESOLVED**, by the Board of Supervisors of the County of San Mateo, State of California, that

**WHEREAS**, a request for proposal (RFP) was conducted and the County wishes to enter into an agreement with Zomo Health LLC to provide Wellness Program services for the County; and

**WHEREAS**, the Director of Human Resources recommends that the County execute a three year agreements with Zomo Health LLC for Wellness Program services from September 25, 2018 to December 31, 2021; and

**WHEREAS**, there has been presented to this Board of Supervisors for its consideration the agreement and the Board has approved it as to both form and content and desires to enter such agreement; and

**NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED** that the President of this Board of Supervisors be and is hereby authorized and directed to execute said agreement for and on behalf of the County of San Mateo, and the Clerk of the Board shall attest the President's signature thereto.

**BE IT FURTHER RESOLVED** that the Board of Supervisors authorizes the Human Resources Director or the Director's designee to execute contract amendments with Zomo Health LLC and may further modify to execute contract amendments which modify the County's maximum fiscal obligation by no more than \$25,000 (in aggregate), and/or modify the contract term and/or services so long as the modified term or services is/are within the current or revised fiscal provisions.

\* \* \* \* \*

RESOLUTION NUMBER: .

*Regularly passed and adopted this DAY of MONTH, YEAR*

*AYES and in favor of said resolution:*

*Supervisors:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NOES and against said resolution:*

*Supervisors:* \_\_\_\_\_  
\_\_\_\_\_

*Absent Supervisors:* \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*President, Board of Supervisors  
County of San Mateo  
State of California*

***Certificate of Delivery***

*I certify that a copy of the original resolution filed in the Office of the Clerk of the Board of Supervisors of San Mateo County has been delivered to the President of the Board of Supervisors.*

\_\_\_\_\_  
*Deputy Clerk of the Board of Supervisors*