Check one: ☐ FY 16-20 ☐ FY 17-18 ☐ FY 18-19 ☐ FY 19-20 AAA Name: Contra Costa County Area Agency on Aging PSA:	7
This Area Plan is hereby submitted to the California Department of Aging fo Governing Board and the Advisory Council have each had the opportunity to planning process and to review and comment on the Area Plan. The Govern Council, and Area Agency Director actively support the planning and develop based systems of care and will ensure compliance with the assurances set for the undersigned recognize the responsibility within each community to estate address the care needs of older individuals and their family caregivers in area.	o participate in the ing Board, Advisory pment of community-orth in this Area Plan.
1. John Gioia Signature: Governing Board Chair 1	5/7/19 Date
2. <u>Susan Frederick</u>	
Lusar Traduct Signature: Advisory Council Chair	Date
3. Victoria Tolbert	
Signature: Aging & Adult Services Director	Date

TRANSMITTAL LETTER

2016-2020 Four Year Area Plan/ Annual Update

<sup>1</sup> Original signatures or official signature stamps are required.