

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

RESOLUTION NO. _____

RESOLUTION APPROVING THE LAKE COUNTY HEALTH SERVICES DEPARTMENT TO SUBMIT ACCEPTANCE PAPERWORK AND A CERTIFICATION CLAUSE FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) TUBERCULOSIS CONTROL BRANCH (TBCB) FOR REAL-TIME ALLOTMENT FUNDING FOR TUBERCULOSIS (TB) CASES IN LAKE COUNTY IN THE AMOUNT OF \$3,937 FOR FY2017- 2018 AND AUTHORIZING THE BOARD CHAIR TO SIGN SAID CERTIFICATION CLAUSE

WHEREAS, the Public Health Division of the Lake County Health Services Department has received a letter for a local assistance award of real-time allotment funding to support TB prevention and control activities in Lake County; and

WHEREAS, this funding is being awarded with the understanding that the Public Health Division will work with the California Department of Public Health Tuberculosis Control Branch in carrying out TB control efforts; and

WHEREAS, the Public Health Division will use this funding for allowable expenditures for TB patients which will include among other things, assistance with food, shelter, transportation as necessary to enhance treatment adherence, prevent homelessness and/or promote least restrictive alternatives that decrease or obviate the need for detention;

NOW THEREFORE, BE IT RESOLVED THAT, the Chair of the Board of Supervisors of the County of Lake is hereby authorized to sign said Certification Clause on behalf of the County of Lake.

BE IT FURTHER RESOLVED that the Director of Health Services is hereby authorized and empowered to execute in the name of County of Lake, State of California the acceptance of allotment paperwork, all necessary payment requests, hereto for the purposes of securing these funds to implement and carry out the purposes specified in the paperwork.

1 Certified copies of this Resolution shall be delivered to the Lake County Auditor and
2 to the Department of Health Services which will forward it onto the California Department of
3 Public Health.
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5 **THIS RESOLUTION** was passed and adopted by the Board of Supervisors of the
6 County of Lake at a regular meeting thereof on the _____ day _____ of
7 2017 by the following vote:

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10 **AYES:**
11 **NOES:**
12 **ABSENT OR NOT VOTING:**

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14 **ATTEST:**
15 **CAROL J. HUCHINGSON**
16 Clerk of the Board of Supervisors

COUNTY OF LAKE

17 By: _____

Chair, Board of Supervisors

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19 **APPROVED AS TO FORM:**
20 **ANITA L. GRANT**
21 County Counsel

22 By:  _____
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