

1 **BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA**

2 **RESOLUTION NO. _____**

3
4 **ADOPT RESOLUTION AUTHORIZING THE LAKE COUNTY HEALTH SERVICES**
5 **DEPARTMENT TO SUBMIT AN APPLICATION FOR THE CALIFORNIA DEPARTMENT**
6 **OF PUBLIC HEALTH'S (CDPH), ORAL HEALTH PROGRAM (OHP) FOR FISCAL**
7 **YEARS 2017 THROUGH 2022 NOT TO EXCEED AN AMOUNT OF \$820,250**

8 **WHEREAS**, the Lake County Health Services Department has received notification from
9 the California Department of Public Health (CDPH), Oral Health Program (OHP) of available
10 funds through Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax
11 Act of 2016 (Prop 56) in the amount of \$164,050 per year for FY 2017-2022 for the purposes of
12 increasing our capacity to support activities to achieve the California Oral Health Plan (COHP
13 goals and objectives; and

14 **WHEREAS**, the Lake County Department of Health Services will operate this program in
15 accordance with the State of California, Department of Public Health Branch Policies to include
16 convening, coordination, and collaboration to support planning, disease prevention,
17 surveillance, education and referral to treatment programs and to provide program management
18 and coordination.

19 **THEREFORE BE IT RESOLVED THAT**, the Chair of the Board of Supervisors of the
20 County of Lake hereby authorizes the Health Services Director to execute in the name of
21 County of Lake, State of California all necessary applications, payment requests, agreements,
22 certification statements and amendments hereto for the purposes of securing grant funds not to
23 exceed \$820,250 for the five-year-grant period and to implement and carry out the purposes
24 specified in the grant agreement. A copy of the Resolution shall be delivered to the Lake
25 County Auditor/Controller.

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1 **THIS RESOLUTION** was passed and adopted by the Board of Supervisors of the County
2 of Lake at a regular meeting thereof on the _____ day of _____, 2017 by
3 the following vote:

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6 **AYES:**

7 **NOES:**

8 **ABSENT OR NOT VOTING:**
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12 **ATTEST: CAROL J. HUCHINGSON**
13 Clerk of the Board of Supervisors

COUNTY OF LAKE

14 By: _____
15 Deputy

Chair, Board of Supervisors

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

21 By:  _____
22 Deputy