

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

2 **RESOLUTION NO. _____**

3
4 **ADOPT RESOLUTION AUTHORIZING THE HEALTH SERVICES DIRECTOR TO SIGN**
5 **FIVE-YEAR GRANT AGREEMENT**
6 **# 19-10422 IN THE AMOUNT OF \$50,015 BETWEEN THE CALIFORNIA DEPARTMENT**
7 **OF PUBLIC HEALTH HIV/AIDS SURVEILLANCE PROGRAM AND HEALTH SERVICES**
8 **DEPARTMENT FOR FY2019 - FY2024**

9 **WHEREAS**, the Health Services Department has been awarded a five year grant funding
10 agreement renewing the HIV/AIDS Surveillance Program for FY 2019-2024 in the amount of
11 \$50,015 from the State of California, Department of Public Health; and

12 **WHEREAS**, the Department of Health Services will operate this program in accordance
13 with the State of California, Department of Public Health Branch Policies to maintain
14 infrastructure for HIV surveillance, to collect and submit accurate, complete, and timely HIV
15 surveillance data, to maintain data security and confidentiality, and to provide program
16 management and coordination.

17 **THEREFORE BE IT RESOLVED THAT**, the Chair of the Board of Supervisors of the
18 County of Lake hereby authorizes the Health Services Director to execute in the name of
19 County of Lake, State of California all necessary, applications, agreements, payment requests,
20 certification statements, and amendments hereto for the purposes of securing grant funds in the
21 amount of \$50,015 for the five-year-grant period and to implement and carry out the purposes
22 specified in the grant agreement. A copy of the Resolution shall be delivered to the Lake County
23 Auditor/Controller.

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THIS RESOLUTION was passed and adopted by the Board of Supervisors of the County of Lake at a regular meeting thereof on the _____ day of _____, 2019 by the following vote:

AYES:

NOES:

ABSENT OR NOT VOTING:

ATTEST: CAROL J. HUCHINGSON
Clerk of the Board of Supervisors

COUNTY OF LAKE

By: _____
Deputy

Chair, Board of Supervisors

APPROVED AS TO FORM:
ANITA L. GRANT
County Counsel

By: 
Deputy