

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

2 **RESOLUTION NO. _____**

3
4 **RESOLUTION APPROVING A REQUEST FROM COUNTY OF LAKE HEALTH SERVICES**
5 **DEPARTMENT TO SUBMIT A RENEWAL APPLICATION FOR THE CALIFORNIA**
6 **DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION ASSISTANCE GRANT PROGRAM**
7 **(IAP) FOR FISCAL YEARS 2017/2018 THROUGH 2021/2022 IN THE AMOUNT OF \$197,715**
8 **AND AUTHORIZING THE DIRECTOR OF HEALTH SERVICES TO SIGN**

9 **WHEREAS**, a request for an application to renew the Immunization Assistance Program
10 (IAP) for FY 2017-2022 has been received from the California Department of Public Health;
11 and

12 **WHEREAS**, the County of Lake Health Services Department will operate this program
13 in accordance with the State of California, Department of Public Health Branch Policies, in
14 reaching the goals, and priorities; and

15 **WHEREAS**, the County of Lake Health Services Department will assess and improve
16 coverage levels in the jurisdiction of all vaccines recommended by the Advisory Committee on
17 Immunization Practices to protect the population; and

18 **WHEREAS**, the County of Lake Health Services Department will detect, report, and
19 control vaccine-preventable diseases in the jurisdiction.

20 **NOW THEREFORE BE IT RESOLVED THAT**, the Chair of the Board of Supervisors of
21 the County of Lake hereby authorizes the Health Services Director to execute in the name of
22 County of Lake, State of California all necessary applications, payment requests, agreements,
23 certification statements and amendments hereto for the purposes of securing grant funds in
24 the amount of \$197,715 for the five-year-grant period and to implement and carry out the
25 purposes specified in the grant agreement. A copy of the Resolution shall be delivered to the
26 Lake County Auditor/Controller.

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

7 **NOES:**

8 **ABSENT OR NOT VOTING:**
9

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11 **ATTEST:**
12 **CAROL J. HUCHINGSON**
13 Clerk of the Board of Supervisors

COUNTY OF LAKE

14 By: _____
15 Deputy

Chair, Board of Supervisors

16
17 **APPROVED AS TO FORM:**
18 **ANITA L. GRANT**
19 County Counsel

20 By:  _____
21 Deputy