

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

RESOLUTION NO. \_\_\_\_\_

**ADOPT RESOLUTION APPROVING COUNTY OF LAKE HEALTH SERVICES TO APPLY FOR FUNDING IN THE AMOUNT OF \$542,450 THROUGH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) FOR FISCAL YEARS 21/22 THROUGH 26/27 AND AUTHORIZE THE DIRECTOR OF HEALTH SERVICES TO SIGN SAID APPLICATION**

**WHEREAS**, County of Lake, Department of Health Services, Public Health Division has received notification of funding through the California Department of Public Health (CDPH), Sexually Transmitted Diseases (STD) Control Branch, to expand the Disease Intervention Specialist (DIS) workforce to strengthen the capacity local public health departments to mitigate the spread of infectious disease; and

**WHEREAS**, if awarded, funding will be used for implementing key strategies for STD, human immunodeficiency virus (HIV), and other infectious disease prevention and control, by increasing capacity to conduct disease investigation (case investigation and contact tracing), linkage to prevention and treatment, case management, oversight, and outbreak response for STD, HIV, and other infectious diseases. Main strategies will include training new and existing staff in both core public health competencies for STD, and HIV, disease investigation and professional development to support retention.

**NOW THEREFORE, BE IT RESOLVED** that the Chair of the Board of Supervisors of the County of Lake hereby authorizes the Health Services Director to execute in the name of County of Lake, State of California all necessary applications, contracts, payment requests, agreements, and certification statements for the purposes of securing grant funds and to implement and carry out the purposes specified in the application. A copy of this Resolution shall be delivered to the Lake County Auditor/Controller.

**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 \_\_\_\_\_, 2021 by the following vote:

1 **AYES:**

2 **NOES:**

3 **ABSENT OR NOT VOTING:**

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7  
8 **ATTEST: CAROL J. HUCHINGSON**  
9 Clerk of the Board of Supervisors

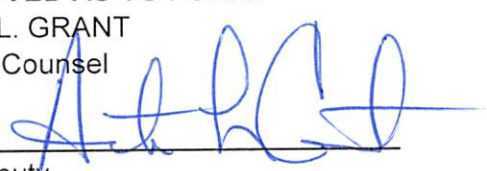
10 By: \_\_\_\_\_  
11 Deputy

**COUNTY OF LAKE**

\_\_\_\_\_  
Chair, Board of Supervisors

12 **APPROVED AS TO FORM:**

13 ANITA L. GRANT  
14 County Counsel

15 By:  \_\_\_\_\_  
16 Deputy