

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

RESOLUTION NO. _____

**RESOLUTION APPROVING A REQUEST FROM LAKE COUNTY HEALTH SERVICES
DEPARTMENT TO SUBMIT A GRANT APPLICATION FOR THE CALIFORNIA
TOBACCO CONTROL PROGRAM FOR FISCAL YEAR 2017-2018 AND
AUTHORIZING THE DIRECTOR OF HEALTH SERVICES TO SIGN SAID
APPLICATION AND GRANT**

WHEREAS, a request for an application to renew the California Tobacco Control Program (CTCP) grant for Fiscal Year 2017/2018 has been received from the State Department of Public Health; and

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

WHEREAS, funds are allocated and available from the State of California from the Proposition 99 Tobacco Tax and Health Protection Act of 1988 to local agencies to fund local tobacco control projects.

NOW, THEREFORE, BE IT RESOLVED THAT THE BOARD OF SUPERVISORS OF THE COUNTY OF LAKE, STATE OF CALIFORNIA authorizes the submittal of an application to the California Department of Public Health, Tobacco Control Program Grant for fiscal year 2017-2018.

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 all necessary applications, payment requests, agreements, certifications and amendments hereto for the purposes of securing grant funds during this grant period and to implement and carry out the purposes specified in the application.

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

COUNTY OF LAKE

18 **BY:** _____
19 Deputy

By: _____
Chair, Board of Supervisors

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21 **APPROVED AS TO FORM:**
22 **ANITA L. GRANT**
23 County Counsel

24 **By:**  _____
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