

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

RESOLUTION NO: \_\_\_\_\_

**RESOLUTION APPROVING A REQUEST FROM COUNTY OF LAKE  
HEALTH SERVICES DEPARTMENT TO SUBMIT A RENEWAL  
APPLICATION AND CERTIFICATION STATEMENT FOR THE  
MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) GRANT WITH  
THE STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH FOR  
FISCAL YEAR 2017 THROUGH 2018, IN THE AMOUNT OF \$285,272 AND  
AUTHORIZING THE BOARD CHAIR TO SIGN SAID CERTIFICATION**

**WHEREAS**, a request for an application to renew the Maternal, Child and Adolescent Health (MCAH) grant for FY 2017-2018 in the amount of \$285,272 has been received from the State Department of Public Health; and

**WHEREAS**, the County of Lake Health Services Department will operate this MCAH program in accordance with the State of California, Department of Public Health, Maternal Child Health Branch Policies, in reaching the goals and priorities of the California Title V Plan; and

**WHEREAS**, the County of Lake Health Services Department will increase access and utilization of health and social services, improve preconception health by decreasing risk factors for adverse life course events among women of reproductive age, and reduce infant morbidity and mortality.

**NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF LAKE, STATE OF CALIFORNIA, THAT IT FINDS, DETERMINES AND HEREBY DECLARES** that the application for renewal of the MCAH program and FY 17/18 Grant is hereby approved and that the Chair of the Board of Supervisors of the County of Lake is hereby authorized to sign said Certification Statement on behalf of the County of Lake.

**BE IT FURTHER RESOLVED**, that the Board of Supervisors of the County of Lake hereby authorizes the Health Services Director to sign said MCAH application and Grant and any necessary amendments to this Grant on behalf of the County of Lake.

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3 **THIS RESOLUTION** was passed and adopted by the Board of Supervisors of the  
4 County of Lake at a regular meeting thereof on the \_\_\_\_\_ day of  
5 \_\_\_\_\_, 2017 by the following vote:

6 **AYES:**

7 **NOES:**

8 **ABSENT OR NOT VOTING:**

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10  
11 COUNTY OF LAKE

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13 ATTEST:

CAROL J. HUCHINGSON

Clerk of the Board of Supervisors

14 \_\_\_\_\_  
15 Chair, Board of Supervisors

By: \_\_\_\_\_  
Deputy

16  
17 APPROVED AS TO FORM:

18 ANITA L. GRANT

19 County Counsel

20  
21 By:   
22 Deputy