

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

2 **RESOLUTION NO. _____**

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5 **ADOPT RESOLUTION AUTHORIZING ACCEPTANCE OF GRANT FUNDING IN THE**
6 **AMOUNT OF \$207,336 FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH,**
7 **CHILDHOOD LEAD POISONING PREVENTION BRANCH (CLPPP) GRANT PROGRAM**
8 **FOR FISCAL YEARS 2017/2018 THROUGH 2019/2020, AND AUTHORIZE THE**
9 **DIRECTOR OF HEALTH SERVICES TO SIGN GRANT ACCEPTANCE PAPERWORK**

10 **WHEREAS**, the County of Lake Health Services Department received notice of approval
11 of an application to receive grant funds up to a maximum of \$207,336 for Fiscal Years
12 2017/2018 through 2019/2020, from the California Department of Public Health for the
13 Childhood Lead Poisoning Prevention Program (CLPPP), and;

14 **WHEREAS**, the Childhood Lead Poisoning Prevention Branch has been working for over
15 a decade building a comprehensive statewide effort to eliminate childhood lead poisoning and
16 to develop a system for testing and caring for lead-poisoned children, and;

17
18 **WHEREAS**, the Lake County Childhood Lead Poisoning Prevention Program utilizes the
19 provided funding to conduct community education and outreach on the risks associated with
20 childhood lead poisoning and the importance of blood lead tests; to provide education and
21 outreach to parents of children with elevated blood lead levels; and to collaborate with medical
22 providers to increase testing and reporting on blood lead levels in Lake County.

23
24 **THEREFORE BE IT RESOLVED THAT**, the Chair of the Board of Supervisors of the
25 County of Lake hereby authorizes the Health Services Director to execute in the name of
26 County of Lake, State of California all necessary applications, payment requests, and
27 certification statements hereto for the purposes of securing said grant funds for the three annual
28 funding applications during the above referenced three-year grant period and to implement and

1 carry out the purposes specified in the application. A copy of the Resolution shall be delivered
2 to the Lake County Auditor/Controller.

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

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8 **AYES:**

9 **NOES:**

10 **ABSENT OR NOT VOTING:**

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13
14 COUNTY OF LAKE

ATTEST:

CAROL J. HUCHINGSON

Clerk of the Board of Supervisors

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16
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18 _____
19 Chair, Board of Supervisors

By: _____
Deputy

20
21 APPROVED AS TO FORM:

22 ANITA L. GRANT

23 County Counsel

24
25
26 By:  _____
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