

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

RESOLUTION NO: _____

ADOPT RESOLUTION APPROVING 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 2019 THROUGH 2020, IN THE AMOUNT OF \$284,341.02 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 2019-2020 in the amount of \$284,341.02 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 19/20 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 _____, 2019 by the following vote:

6 **AYES:**

7 **NOES:**

8 **ABSENT OR NOT VOTING:**

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11 COUNTY OF LAKE

ATTEST:

CAROL J. HUCHINGSON

Clerk of the Board of Supervisors

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14 _____
Chair, Board of Supervisors

By: _____
Deputy

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17 APPROVED AS TO FORM:

18 ANITA L. GRANT

19 County Counsel

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21 By: _____
22 Deputy

