

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

2 **RESOLUTION NO. _____**

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5 **RESOLUTION APPROVING THE COUNTY OF LAKE HEALTH SERVICES**
6 **DEPARTMENT'S APPLICATION TO THE CALIFORNIA DEPARTMENT OF PUBLIC**
7 **HEALTH, CHILDHOOD LEAD POISONING PREVENTION BRANCH (CLPPP) GRANT**
8 **PROGRAM FOR FISCAL YEARS 2020/2021 THROUGH 2022/2023, AND AUTHORIZING**
9 **THE DIRECTOR OF HEALTH SERVICES TO SIGN SAID APPLICATION AND GRANT**

10 **WHEREAS,** the County of Lake Health Services Department received notice of available
11 funds up to a maximum of \$74,112 from the California Department of Public Health for the
12 Childhood Lead Poisoning Prevention Program (CLPPP) grant and;

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

16
17 **THEREFORE,** the Chair of the Board of Supervisors of the County of Lake hereby
18 authorizes the Health Services Director to execute in the name of County of Lake, State of
19 California all necessary applications, contracts, payment requests, agreements, certification
20 statements and amendments attached hereto for the purposes of securing grant funds for the
21 three annual funding applications during the 3 year grant period and to implement and carry out
22 the purposes specified in the application. A copy of the Resolution shall be delivered to the
23 Lake County Auditor/Controller.

1 **THIS RESOLUTION** was passed and adopted by the Board of Supervisors of the County
2 of Lake at a regular meeting thereof on the _____ day of _____, 2020 by
3 the following vote:

4
5
6 **AYES:**

7 **NOES:**

8 **ABSENT OR NOT VOTING:**
9
10

11 **ATTEST: CAROL HUCHINGSON**
12 Clerk of the Board of Supervisors

13
14 By: _____
15 Deputy
16

17 **COUNTY OF LAKE**
18

19 _____
20 Chair, Board of Supervisors
21

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

25 By:  _____
26 Deputy
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