

**APPENDIX C: COVER SHEET**  
**CMSP COVID-19 EMERGENCY RESPONSE GRANT (CERG) PROGRAM**

**1. CMSP County to Be Served:** LAKE

**2. Funding Request:**

Requested Amount : \$176,856

**3. Lead Agency Applicant:**

Organization: County of Lake Health Services Department Tax ID Number: 94-6000825  
Applicant's Director: Denise Pomeroy  
Title: Health Services Director  
Address: 922 Bevins Court  
City: Lakeport State: CA Zip Code: 95453 County: Lake  
Telephone: (707) 263-1090 Fax: (707) 262-4280  
Email address: Denise.Pomeroy@lakecountycalifornia.gov

**4. Primary Contact Person** (*Serves as lead contact for the project*):

Name: Denise Pomeroy  
Title: Health Services Director  
Organization : County of Lake Health Services Department  
Address: 922 Bevins Court  
City: Lakeport State: CA Zip Code: 95453 County: Lake  
Telephone: (707) 263-1090 Fax: (707) 262-4280  
Email address: Denise.Pomeroy@lakecountycalifornia.gov

**5. Secondary Contact Person** (*Serves as alternate contact*):

Name: Iyesha Miller  
Title: Health Services Program Manager  
Organization : County of Lake Health Services Department  
Address: 922 Bevins Court  
City: Lakeport State: CA Zip Code: 95453 County: Lake  
Telephone: (707) 263-1090 Fax: (707) 262-4280  
Email address: Iyesha.Miller@lakecountycalifornia.gov

**6. Financial Officer** (*Serves as Fiscal representative for the project*):

Name: Josefine Chester  
Title: Health Services Administrative Manager  
Organization : County of Lake Health Services Department  
Address: 922 Bevins Court  
City: Lakeport State: CA Zip Code: 95453 County: Lake  
Telephone: (707) 263-1090 Fax: (707) 262-4280  
Email address: Josefine.Chester@lakecountycalifornia.gov

## CMSP COVID-19 Emergency Response Grant (CERG) Program

### **Agreement:**

By submitting this application for CMSP COVID-19 Emergency Response Grant, the applicant signifies acceptance of the applicant's responsibility to comply with all requirements stated in the Request for application (RFA) authorized by the County Medical Services Program Governing Board (Governing Board). Further, the applicant understands that should the Governing Board award grant funding to the applicant, the Governing Board is not obligated to fund the grant until the applicant submits the correct and complete documents as required for the grant agreement; the Governing Board is otherwise satisfied that the applicant has fully met all Governing Board requirements for receipt of grant funding; and the grant agreement between the Governing Board and the applicant has been fully executed. The Governing Board shall have sole discretion on whether or not to award grant funding of any amount of the applicant.

I declare that I am the authorized representative of the applicant described herein. I further declare under penalty of perjury under the laws of the State of California that the information set forth in this Cover Sheet and the attached response to the CMSP COVID-19 Emergency Response Grant is true and correct.

### ***County Administrative Officer***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Name: Carol J. Huchingson  
Title: Lake County Administrative Officer  
Organization: County of Lake  
Address: 255 North Forbes Street  
City: Lakeport State: CA Zip Code: 95453 County: Lake  
Telephone: (707) 263-2580 Fax: \_\_\_\_\_  
Email address: Carol.Huchingson@lakecountyca.gov

### ***Lead Agency Director***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Name: Denise Pomeroy  
Title: Health Services Director  
Organization: County of Lake Health Services Department  
Address: 922 Bevins Court  
City: Lakeport State: CA Zip Code: 95453 County: Lake  
Telephone: (707) 263-1090 Fax: (707) 262-4280  
Email address: Denise.Pomeroy@lakecountyca.gov