



Legislation Details (With Text)

<b>File #:</b>	24-199	<b>Version:</b>	1	<b>Name:</b>	
<b>Type:</b>	Action Item	<b>Status:</b>		Agenda Ready	
<b>File created:</b>	2/21/2024	<b>In control:</b>		BOARD OF SUPERVISORS	
<b>On agenda:</b>	2/27/2024	<b>Final action:</b>			
<b>Title:</b>	Approve the Bylaws of the Maternal Child Adolescent Health Advisory Board				
<b>Sponsors:</b>	Clerk of the Board				
<b>Indexes:</b>					
<b>Code sections:</b>					
<b>Attachments:</b>	1. MCAH-Approved-By-laws- January 2024_DRAFT				

Date	Ver.	Action By	Action	Result
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Memorandum

**Date:** February 27, 2024

**To:** The Honorable Lake County Board of Supervisors

**From:** Johanna DeLong, Assistant Clerk of the Board

**Subject:** Approve the Bylaws of the Maternal Child Adolescent Health Advisory Board

**Executive Summary:** (include fiscal and staffing impact narrative):

I am requesting your Board consider the recently drafted Bylaws of the Maternal Child Adolescent Health Advisory Board. The Bylaws were adopted by the Advisory Board on January 11, 2024.

**If not budgeted, fill in the blanks below only:**

Estimated Cost: \_\_\_\_\_ Amount Budgeted: \_\_\_\_\_ Additional Requested: \_\_\_\_\_ Future Annual Cost: \_\_\_\_\_

- Consistency with Vision 2028 and/or Fiscal Crisis Management Plan** (check all that apply):  Not applicable
- Well-being of Residents  Public Safety  Infrastructure  *Technology Upgrades*
  - Economic Development  Disaster Recovery  County Workforce  *Revenue Generation*
  - Community Collaboration  Business Process Efficiency  Clear Lake  *Cost Savings*

**If request for exemption from competitive bid in accordance with County Code Chapter 2 Sec. 2-38, fill in blanks below:**

Which exemption is being requested?  
 How long has Agreement been in place?  
 When was purchase last rebid?  
 Reason for request to waive bid?

**Recommended Action: Approve the Bylaws of the Maternal Child Adolescent Health Advisory Board**

