



Legislation Text

File #: 24-199, Version: 1

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):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Well-being of Residents | <input type="checkbox"/> Public Safety | <input type="checkbox"/> Infrastructure | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Disaster Recovery | <input type="checkbox"/> County Workforce | <input type="checkbox"/> <i>Technology Upgrades</i> |
| <input checked="" type="checkbox"/> Community Collaboration | <input type="checkbox"/> Business Process Efficiency | <input type="checkbox"/> Clear Lake | <input type="checkbox"/> <i>Revenue Generation</i> |
| | | | <input type="checkbox"/> <i>Cost Savings</i> |

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