



## Legislation Details (With Text)

**File #:** 17-350      **Version:** 1      **Name:**  
**Type:** Resolution      **Status:** Agenda Ready  
**File created:** 3/29/2017      **In control:** BOARD OF SUPERVISORS  
**On agenda:** 4/11/2017      **Final action:**  
**Title:** Adopt Resolution Approving a Request from Lake County Health Services Department to Submit a Grant Application for the California Tobacco Control Program for Fiscal Year 2017-2018 and Authorize the Director of Health Services to Sign Application and Grant  
**Sponsors:** Health Services  
**Indexes:**  
**Code sections:**  
**Attachments:** 1. Resolution Approving a Request from Lake Co Health Dept to Submit a Grant Application for the Ca. Tobacco Control Program

Date	Ver.	Action By	Action	Result
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## MEMORANDUM

**TO:** BOARD OF SUPERVISORS  
**FROM:** Denise Pomeroy, Health Services Director  
**DATE:** April 11, 2017

**SUBJECT:** Adopt Resolution Approving a Request from Lake County Health Services Department to Submit a Grant Application for the California Tobacco Control Program for Fiscal Year 2017-2018 and Authorize the Director of Health Services to Sign Application and Grant

### EXECUTIVE SUMMARY:

The Health Services Department has received notification from the State of California, Tobacco Control Program, that grant funding for Fiscal Year 2017-2018 is available.

During the course of this grant, the Health Services Department will be working alongside our community and school partners to, among other things, collaborate, identify and plan educational activities, focus on changing strategies rather than individual behaviors and continue to promote the statewide toll-free number for the California Smoker's Helpline and the Stop Tobacco Access to Kids Enforcement (STAKE) Act.

Health Services, as the Local Lead Agency, is required under California's Health and Safety Code to provide a Tobacco Education Program. We are requesting Board approval to submit a grant application for Fiscal Year 2017-2018 and authorize the Director of Health Services to sign.

If you should have any questions, please contact me at 263-1090.

**FISCAL IMPACT:** ☒ None ☐ Budgeted ☐ Non-Budgeted

Estimated Cost:

Amount Budgeted:

Additional Requested:

Annual Cost (if planned for future years):

**FISCAL IMPACT (Narrative):** None

**STAFFING IMPACT (if applicable):** None

**RECOMMENDED ACTION:** Adopt Resolution Approving a Request from Lake County Health Services Department to Submit a Grant Application for the California Tobacco Control Program for Fiscal Year 2017-2018 and Authorize the Director of Health Services to Sign Application and Grant.