



## Legislation Details (With Text)

**File #:** 19-633      **Version:** 1      **Name:**

**Type:** Resolution      **Status:** Agenda Ready

**File created:** 6/19/2019      **In control:** BOARD OF SUPERVISORS

**On agenda:** 7/9/2019      **Final action:**

**Title:** Adopt Resolution Approving County of Lake Health Services Department to submit a Renewal Application and Certification Statement for the Maternal, Child and Adolescent Health (MCAH) Grant with the State of California, Department of Public Health for Fiscal Year 2019 through 2020, in the amount of \$284,341.02 and Authorizing the Board Chair to sign said Certification

**Sponsors:** Health Services

**Indexes:**

**Code sections:**

**Attachments:** 1. MCAH Grant Renewal Resolution, 2. Certification Statement \_\_, 3. FY 19.20 MCAH Budget Template, 4. FY 19.20 MCAH SOW Template, 5. CDPH Application Announcement Letter, 6. Agency Information-Funding Application Certification

Date	Ver.	Action By	Action	Result
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## MEMORANDUM

**TO:** BOARD OF SUPERVISORS

**FROM:** Denise Pomeroy, Health Services Director

**DATE:** July 9, 2019

**SUBJECT:** Adopt Resolution Approving County of Lake Health Services Department to submit a Renewal Application and Certification Statement for the Maternal, Child and Adolescent Health (MCAH) Grant with the State of California, Department of Public Health for Fiscal Year 2019 through 2020, in the amount of \$284,341.02 and Authorizing the Board Chair to sign said Certification

**EXECUTIVE SUMMARY:** Attached for your review and approval is a request to adopt a Resolution for the above-referenced MCAH Grant Program. This program identifies the needs of the mother and child population and attempts to improve existing services. This grant allows the Public Health Division to work on identifying, coordinating and providing health services to pregnant women and children through collaborative planning, development and the assurance of quality prenatal and infant health care.

Should you have any questions or require additional information, 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 County of Lake Health Services Department to submit a Renewal Application and Certification Statement for the Maternal, Child and Adolescent Health (MCAH) Grant with the State of California, Department of Public Health for Fiscal Year 2019 through 2020, in the amount of \$284,341.02 and Authorizing the Board Chair to sign said Certification