

## COUNTY OF LAKE

## Legislation Details (With Text)

File #:	20-178	Version:	1	Name:		
Туре:	Agreement			Status:	Agenda Ready	
File created:	3/3/2020			In control:	BOARD OF SUPERVISORS	
On agenda:	3/17/2020			Final action:		
Title:	Approve California Mutual Aid Region II Intra-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance and authorize Board Chair to Sign					
Sponsors:	Health Services					
Indexes:						
Code sections:						
Attachments:	1. California Mutual Aid Region II Intra- Region Cooperative Agreement for Emergency Medical and Health					
Date	Ver. Action	Ву		Ac	ion	Result

## Memorandum

- Date: March 17, 2020
- To: The Honorable Moke Simon, Chair, Lake County Board of Supervisors
- From: Denise Pomeroy, Health Services Director
- Subject: Approve California Mutual Aid Region II Intra-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance and authorize Board Chair to Sign

**Executive Summary:** Mutual aid agreements allow for the mobilization of resources to and from regions to prevent and combat any type of emergency and are fundamental to public health emergency responses. Having this Agreement in place will streamline and expedite any needed mutual aid during an emergency.

This Agreement will also prevent the time consuming process of drafting individual MOU's and Agreements after disasters. Additionally Mutual Aid Agreements can expedite FEMA reimbursement for services, equipment, and supplies delivered via mutual aid.

At this time out of the 17 Region II counties Lake is the only county not entered into this Agreement. To ensure the rapid response of resources in an emergency, help keep our community safe, and promote the collaborative spirit of Lake County, Health Services Department respectfully asks for approval to enter into the Region II Cooperative Agreement.

Please contact me if any further information is needed at 707-263-1090.

File #: 20-178, Version: 1									
If not budgeted, fill in the b									
Estimated Cost: A	stimated Cost: Amount Budgeted:		equested: Futu	re Annual Cost:					
Consistency with Vision 2	028 and/or <i>Fiscal Crisi</i>	s Management P	<b>lan</b> (check all that apply):	Not applicable					
<ul> <li>☑ Well-being of Residents</li> <li>□ Economic Development</li> <li>☑ Community Collaboration</li> </ul>	⊠ Public Safety ⊠ Disaster Rec ⊡ Business Pro		<ul> <li>☐ Infrastructure</li> <li>☐ County Workforce</li> <li>☐ Clear Lake</li> </ul>	<ul> <li>Technology Upgrades</li> <li>Revenue Generation</li> <li>Cost Savings</li> </ul>					
If request for exemption fr	om competitive bid in	accordance with	County Code Chapter 2	2 Sec. 2-38, fill in blanks below:					
Which exemption is being re How long has Agreement be									

**Recommended Action:** Approve California Mutual Aid Region II Intra-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance and authorize Board Chair to Sign

When was purchase last rebid? Reason for request to waive bid?