



Legislation Details (With Text)

File #: 20-464 **Version:** 1 **Name:**
Type: Letter **Status:** Agenda Ready
File created: 5/14/2020 **In control:** BOARD OF SUPERVISORS
On agenda: 5/18/2020 **Final action:**
Title: 10:15 A.M. - Consideration of Letter of Support for Submission of Lake County's Variance Attestation Form as per the Requirements of Variance to Stage 2 of California's Roadmap to Modify the Stay-at-Home Order: Guidance to County Governments
Sponsors: Administrative Office
Indexes:
Code sections:
Attachments: 1. BOS LOS covid acceleration stage 2 051820

Date	Ver.	Action By	Action	Result
5/18/2020	1	BOARD OF SUPERVISORS	approved	Pass

Memorandum

Date: May 18, 2020
To: The Honorable Moke Simon, Chair, Lake County Board of Supervisors
From: Carol J. Huchingson, County Administrative Officer
Subject: Consideration of Letter of Support for Submission of Lake County's Variance Attestation Form as per the Requirements of *Variance to Stage 2 of California's Roadmap to Modify the Stay-at-Home Order: Guidance to County Governments*

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

As your Board is aware, in accordance with the California Department of Public Health *Variance to Stage 2 of California's Roadmap to Modify the Stay-at-Home Order: Guidance to County Governments*, our Public Health Officer, Dr. Gary Pace will submit an Attestation Form certifying that Lake County meets the state criteria to mitigate the spread of COVID-19 and our readiness and response protocols meet the guidelines for acceleration of Stage 2.

As part of that submission, our Board must also provide a letter of support for Dr. Pace's attestation, addressed to Dr. Sonia Angel, Public Health Officer for the State of California and Director of the California Department of Public Health. The attached draft letter has been prepared for the consideration of your Board, in order to meet that requirement.

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 checked="" type="checkbox"/> Economic Development | <input checked="" type="checkbox"/> Disaster Recovery | <input checked="" type="checkbox"/> County Workforce | <input type="checkbox"/> <i>Technology Upgrades</i> |
| <input 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 Letter of Support, authorizing the Chair to sign.