



MENDOCINO COUNTY BOARD OF SUPERVISORS

ONLINE AGENDA SUMMARY

BOARD AGENDA # 4 (m)

- Arrangements for public hearings and timed presentations must be made with the Clerk of the Board in advance of public/media noticing
- Agenda Summaries must be submitted no later than *noon* Monday, 15 days prior to the meeting date (along with electronic submittals)
- Send 1 complete original single-sided set and 1 photocopy set – Items must be signed-off by appropriate departments and/or Co. Co.
Note: If individual supporting document(s) exceed 25 pages each, or are not easily duplicated, please provide 10 hard-copy sets)
- Transmittal of electronic Agenda Summaries, records, and supporting documentation must be emailed to: bosagenda@co.mendocino.ca.us
- Electronic Transmission Checklist: ☒ Agenda Summary ☐ Records ☐ Supp. Doc. ☐ If applicable, list other online information below
- Executed records will be returned to the department within one week. *Arrangements for expedited processing must be made in advance*

TO: Board of Supervisors DATE: January 3, 2012

FROM: HHSA - Community Health Services MEETING DATE: January 24, 2012

DEPARTMENT RESOURCE/CONTACT: Stacey Cryer PHONE: 463-7774 Present ☐ On Call ☒

Additional Contact: Doug Gherkin PHONE: 463-7882 Present ☐ On Call ☒

Consent Agenda ☒ Regular Agenda ☐ Noticed Public Hearing ☐ Time Allocated for Item: _____

■ **AGENDA TITLE:** Approve Agreement with the California Department of Public Health (CDPH) in the Amount of \$150,000 to Provide Nutrition Education and Obesity Prevention Services to Eligible Low-Income Families in Mendocino County in Fiscal Year 2011/2012; and Adoption of Resolution Authorizing the HHSA Director to Approve Any Future Renewals or Amendments to the Grant - Health and Human Services Agency (HHSA) - Community Health Services (CHS)

■ **PREVIOUS BOARD/BOARD COMMITTEE ACTIONS:** Board approved acceptance of grant on December 13, 2011.

■ **SUMMARY OF REQUEST:** HHSA, CHS has been given a grant to provide nutrition education and obesity prevention services, Supplemental Nutrition Assistance Program Education (SNAP-Ed) to eligible low-income families in Mendocino County. Grant dollars will be used to provide nutrition education and physical activity promotion to eligible Mendocino County families. Services for this grant will be coordinated through the Prevention and Planning Unit of Community Health Services and direct education will be provided throughout Mendocino County by contractors such as the Family Resource Centers. Nutrition education and physical activity will support families in achieving better health. The program is funded Federally by the United States Department of Agriculture (USDA) and administered at the State level by the California Department of Public Health's (CDPH) Network for a Healthy California. All services will be provided by existing staff and no new staff will be required.

■ **SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT:**

■ **ADDITIONAL INFORMATION ON FILE WITH THE CLERK OF THE BOARD (CHECKED BY COB IF APPLICABLE):** ☐

FISCAL IMPACT:			
Source of Funding	Current F/Y Cost	Annual Recurring Cost	Budgeted in Current F/Y
USDA through CDPH	\$150,000	\$150,000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

■ **Grant Related:** ☒ yes ☐ no If yes, is there a County match? ☐ yes ☒ no Amount: _____

■ **SUPERVISORIAL DISTRICT:** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ All ☒ **VOTE REQUIREMENT:** Majority ☒ 4/5ths ☐

■ **RECOMMENDED ACTION/MOTION:** Approve and authorize the Board Chair to sign the agreement with the California Department of Public Health (CDPH) in the amount of \$150,000 to provide nutrition education and obesity prevention services to eligible low-income families in Fiscal Year 2011/2012; and adopt resolution authorizing the HHSA Director to approve any future renewals or amendments to the grant. Please return all six (6) original signed agreements and 1 minute order.

■ **ALTERNATIVES:** Return to staff for alternate handling.

■ **CEO REVIEW (NAME):** Kristi Furman PHONE: 463-4441

RECOMMENDATION: Agree ☐ Disagree ☐ No Opinion ☐ Alternate ☐ Staff Report Attached ☐

BOARD ACTION (DATE: _____): ☐ Approved ☐ Referred to _____ ☐ Other _____

RECORDS EXECUTED: ☐ Agreement: _____ ☐ Resolution: _____ ☐ Ordinance: _____ ☐ Other _____



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BOARD ACTION

- ☐ Approved _____
☐ Records Executed _____

Date of Meeting _____

- ☐ Referred to _____
☐ Other _____