

RESOLUTION NO. 080413

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

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RESOLUTION AUTHORIZING THE ACCEPTANCE OF GRANT FUNDING FROM CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES UNDER THE CAPACITY AND INFRASTRUCTURE, TRANSITION, EXPANSION AND DEVELOPMENT PROGRAM – INTERGOVERNMENTAL TRANSFER, WHICH IS PART OF THE CALIFORNIA PROVIDING ACCESS AND TRANSFORMING HEALTH (PATH), IN THE AMOUNT OF \$521,583.36.

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, this Board of Supervisors has been presented for consideration and acceptance an Acknowledgement of Grant Terms and Conditions for grant funding from California Department of Health Care Services under the Capacity and Infrastructure, Transition, Expansion and Development Program – Intergovernmental Transfer, which is part of the California Providing Access and Transforming Health, in the amount of \$521,583.36; and

WHEREAS, this Board has been presented with the grant information and has examined these Terms and Conditions and approved them as to both form and content, and desires to accept this grant funding.

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that the President of this Board of Supervisors is hereby authorized and directed to execute said

Acknowledgement of Grant Terms and Conditions for and on behalf of the County of San Mateo, and the Clerk of this Board shall attest the President's signature thereto.

BE IT FURTHER RESOLVED that the Chief of the Health System or designee is authorized to execute contract amendments which modify the County's maximum fiscal obligation by no more than \$25,000 (in aggregate), and/or modify the contract term and/or services so long as the modified term or services is/are within the current or revised fiscal provisions.

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Regularly passed and adopted this 11th day of June, 2024

AYES and in favor of said resolution:

Supervisors: _____ *DAVE PINE*
_____ *NOELIA CORZO*
_____ *RAY MUELLER*
_____ *WARREN SLOCUM*
_____ *DAVID J. CANEPA*

NOES and against said resolution:

Supervisors: _____ *NONE*



*President, Board of Supervisors
County of San Mateo
State of California*

Certificate of Delivery

I certify that a copy of the original resolution filed in the Office of the Clerk of the Board of Supervisors of San Mateo County has been delivered to the President of the Board of Supervisors.



Assistant Clerk of the Board of Supervisors