

**24643**

**DATE:** February 1, 2012

**TO:** Board of Acquisition and Contract

**FROM:** Sherlita Amler, M.D.  
Commissioner of Health

**RE:** Authorization to enter into Contract to accept Funding from the New York State Department of Health for the Infertility Prevention Project (“IPP”) Program Grant as follows:

Contract Period:	1/1/12 – 12/31/12
Contract Amount:	Not-To-Exceed \$32,999

The Westchester County Department of Health (“WCDH”) requests authorization to enter into contract with the New York State Department of Health (“NYSDOH”) to accept funding for the IPP program grant, for the contract period 1/1/12 through 12/31/12, pursuant to an approved budget, in the not-to-exceed amount of \$32,999.

This program will promote the public health and general welfare of County residents by reducing the incidence and spread of the sexually transmitted disease (“std”), Chlamydia, by laboratory testing screening services.

The goal and objective of this program is to significantly reduce the incidence of Chlamydia related illness among all age groups throughout the County by providing laboratory testing, specifically through the use of nucleic acid amplification test kits recommended by the Centers for Disease Control and the Association of Public Health Laboratories.

This program is tracked and monitored by using the required information/forms to record the case management and investigations of confirmed Chlamydia cases which are electronically entered into NYSDOH’s Health Information Network (HIN). Completion of partner investigations, evaluation, treatment and final disposition of cases reported are also prepared by WCDH staff and sent on a quarterly basis to the NYSDOH.

I certify that my department, a) has copies of, or access to, all applicable laws, rules, regulations, grant applications, and grant agreements (including any master grant agreement), as well as any guidance or instructions received from the agency making the grant (the “Grant Terms”), b) has reviewed the Grant Terms, c) is aware of and understands all of the Grant Terms, and d) can and will comply with all of the Grant Terms.

Approval of the attached resolution is respectfully requested.

/md  
Attachment

**RESOLUTION**

UPON A COMMUNICATION FROM THE COMMISSIONER OF HEALTH, be it hereby

**RESOLVED**, that the County of Westchester, acting by and through its Department of Health, is authorized to enter into contract with the New York State Department of Health to accept funding for the Infertility Prevention Project grant, pursuant to an approved budget as follows:

Contract Period: 1/1/12 – 12/31/12  
 Contract Amount: Not-To-Exceed \$32,999;

and, be it further

**RESOLVED**, that the County Executive or his duly authorized designee be and hereby is authorized and empowered to execute all appropriate contracts or documents necessary to effectuate the purposes of this resolution in the manner prescribed by law

Department of Health  
 County of Westchester  
 145 Huguenot Street, 8<sup>th</sup> Floor  
 New Rochelle, New York 10801  
 February 1, 2012

Original Agreement \$  
 First Amendment \$  
**This Amendment** \$ \_\_\_\_\_  
 TOTAL \$

Agreement #

Account to be Charged/Credited	Fund	Dept	Major Program, Program & Phase or Unit	Object/ Sub-Object	Trust Account	Dollars
		263	27	231M	9854	T231

Budget Funding Year(s) (must match resolution) 2012 Start Date 1/1/12 End Date 12/31/12

Funding Source	Tax Dollars	_____
	State Aid	_____
<b>\$32,999</b>	Federal Aid	<u>Pass-thru NYSDOH</u>
(must match resolution)	Other	_____