



Memorandum  
Department of Health  
10 County Center Road – 2<sup>nd</sup> Floor  
White Plains, N.Y. 10607

**31127**

**DATE:** January 7, 2013

**TO:** Board of Acquisition and Contract

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

**RE:** Authorization to enter into contract with the New York State Department of Health to accept continued funding for the Public Health Campaign TB Prevention and Control Program Grant, pursuant to an approved budget, as follows:

Contract Period:	March 31, 2013 – March 30, 2014
Contract Amount:	Not-To-Exceed \$588,500

The Westchester County Department of Health seeks authorization to enter into contract with the New York State Department of Health to accept continued funding for the Public Health Campaign TB Prevention and Control Program Grant for the contract period 3/31/13 – 3/30/14, pursuant to an approved budget, in the not-to-exceed amount of \$588,500.

The Public Health Campaign TB Prevention and Control Program promotes the public health and general welfare of the County by providing education, screening, prevention, control, treatment and elimination services to patients with Tuberculosis (“TB”). The goal is to increase the percentage of TB patients who complete a course of curative TB treatment and decrease the incidence of TB exposure among individuals. WCDH provides the medical care for an average of 80 % of all active TB cases in the county; WCDH also provides the needed consultation, supervision, case management and investigation for all other active TB cases as well as their contacts in Westchester County. This program is monitored by reporting all confirmed or suspect TB cases electronically through the Health Information Network (HIN) using the required information/forms and quantifying evaluation and outcome measures.

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.

Your 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 (“WCDH”), is authorized to enter into contract with the New York State Department of Health (the “NYSDOH”) to accept continued funding for the Public Health Campaign TB Prevention and Control Program Grant, pursuant to an approved budget, as follows:

Contract Period:                      March 31, 2013 – March 30, 2014  
 Contract Amount:                      Not-To-Exceed \$588,500;

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  
 10 County Center Road, 2<sup>nd</sup> Floor  
 White Plains, New York 10607  
 January 7, 2013

Original Agreement	\$
First Amendment	\$
Second Amendment	\$
<b>This Amendment</b>	<b>\$</b>
TOTAL	\$ _____

Agreement # \_\_\_\_\_

Account to be Charged/Credited	Fund	Dept	Major Program, Program & Phase or Unit	Object/ Sub-Object	Trust Account	Dollars
	263	27	501N	9854	T501	\$588,500

Budget Funding Year(s) (must match resolution) 2013-2014      Start Date 3/31/13      End Date 3/30/14

Funding Source	Tax Dollars	_____
	State Aid	_____
<b>\$588,500</b>	Federal Aid	_____
(must match resolution)	Other	NYS Grant