

33940

DATE: May 13, 2013

TO: Board of Acquisition and Contract

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

RE: Authorization to enter into Contract to accept continued funding from the New York State Department of Health for the Immunization Action Plan Grant as follows:

Contract Period: 4/1/13 – 3/31/18
Amount: Not-to-Exceed \$1,650,000

The Westchester County Department of Health (“WCDH”) seeks authorization to enter into contract to accept continued funding from the New York State Department of Health (“NYSDOH”) for the Immunization Action Plan grant, for a five (5) year budget period of 4/1/13 through 3/31/18, pursuant to an approved budget, in the not-to-exceed amount of \$1,650,000.

This Immunization Action Program promotes the public health and general welfare of County residents by promoting childhood and adult immunization and improving the standards of practice at the provider level.

The goals and objectives of this grant is to afford community providers the guidance and assistance needed to improve immunization rates and increase childhood vaccination levels across the county, promote the use of the statewide vaccine registry (NYSIIS); monitor and provide education to community providers to ensure compliance with vaccine storage and handling to prevent ineffective and improperly stored vaccines from being administered to county residents, promote educational programs and community outreach activities to increase awareness on the benefits of immunization for children and adults.

It is anticipated that childhood immunizations will meet or exceed ninety percent (90%) of countywide coverage for two-year old children. Compliance with grant deliverables is tracked and monitored through the submission of quarterly grant reports and monitoring through the state immunization registry (NYSIIS).

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 to accept continued funding from the New York State Department of Health for the Immunization Action Plan grant, for the five (5) year budget period 4/1/13 through 3/31/18, pursuant to an approved budget, in the not-to-exceed amount of \$1,650,000;

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.

Agreement #

Account to be Charged/Credited			Major Program, Program & Phase or Unit	Object/ Sub-Object	Trust Account	Dollars
	Fund	Dept				
	263	27	502N	9853	T502	\$150,000
	263	27	502N	9854	T502	\$180,000
	263	27	502O	9853	T502	\$150,000
	263	27	502O	9854	T502	\$180,000
	263	27	502P	9853	T502	\$150,000
	263	27	502P	9854	T502	\$180,000
	263	27	502Q	9853	T502	\$150,000
	263	27	502Q	9854	T502	\$180,000
	263	27	502R	9853	T502	\$150,000
	263	27	502R	9854	T502	\$180,000

Budget Funding Year(s) (must match resolution)	2013-2018	Start Date	4/1/13	End Date	3/31/18
Funding Source	Tax Dollars				
	State Aid				
\$1,650,000	Federal Aid				
(must match resolution)	Other	NYSDOH & Federal Pass Thru NYSDOH			