



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

40988

DATE: June 23, 2014

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 TB Prevention and Control Program Grant, pursuant to an approved budget, as follows:

Contract Period:	March 31, 2014 – March 30, 2019
Contract Amount:	Not-To-Exceed \$2,879,800

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 TB Prevention and Control Program Grant for the contract period 3/31/14 – 3/30/19, pursuant to an approved budget, in the not-to-exceed amount of \$2,879,800.

The TB Prevention and Control Program promotes the public health and general welfare of the County by providing screening, prevention, control, and treatment services and education to patients with Tuberculosis (“TB”), and those who have been exposed to such individuals. Goals include ensuring that individuals with active infectious TB complete a course of curative TB treatment, decreasing the exposure of others to such individuals, and ensuring that exposed individuals receive appropriate treatment to prevent them from becoming infectious. WCDH provides the medical care for an average of 75% of all active TB cases in the county; WCDH also provides medical consultation, supervision, case management and investigation for all active TB cases as well as their contacts in Westchester County. WCDH reports and investigates all suspected or confirmed TB cases and provides all required information, including data, evaluation and outcome measures using the NYSDOH Health Commerce System (HCS) electronic database.

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 TB Prevention and Control Program Grant, pursuant to an approved budget, as follows:

Contract Period: March 31, 2014 – March 30, 2019
 Contract Amount: Not-To-Exceed \$2,879,800;

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.

Account to be Charged/Credited	Fund	Dept	Major Program, Program & Phase or Unit	Object/ Sub-Object	Trust Account	Dollars
	263	27	501P	9854	T501	\$575,960
	263	27	501Q	9854	T501	\$575,960
	263	27	501R	9854	T501	\$575,960
	263	27	501S	9854	T501	\$575,960
	263	27	501T	9854	T501	\$575,960

Budget Funding Year(s) (must match resolution)	2014-2019	Start Date	3/31/14	End Date	3/30/19
Funding Source	Tax Dollars				
	State Aid		\$2,879,800		
\$2,879,800	Federal Aid				
(must match resolution)	Other				