

**49388**

**DATE:** November 9, 2015

**TO:** Board of Acquisition and Contract

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

**RE:** Authorization to Enter into Contract with Hudson River HealthCare to Accept Funding for the Local Initiatives for Multi-Sector Public Health Action (Local IMPACT) Grant for the contract period 9/01/15 – 9/29/16, pursuant to an approved budget, in a not-to-exceed Amount of \$135,000.

The Westchester County Department of Health seeks authorization to enter into contract with Hudson River HealthCare ("HRHC") to accept funding for the Local Initiatives for Multi-Sector Public Health Action (Local IMPACT) grant for the contract period 9/01/15 through 9/29/16, pursuant to an approved budget, in a not-to-exceed amount of 135,000.

The public purpose of this grant is to promote the public health and general welfare of County residents to address obesity, diabetes, and cardiovascular disease in high need communities.

It is well known that diabetes, cardiovascular disease and obesity are prevalent, costly, and often preventable. Risk factors and conditions frequently associated with diabetes and cardiovascular disease include poor nutrition and lack of physical activity. To address these risk factors, this grant will focus on the implementation of both targeted and general population based interventions in community settings that will promote and reinforce healthful behaviors and practices. The Program's long-term goal is to reduce premature death and disability due to chronic diseases and to reduce health disparities in high need communities.

Program monitoring and performance measurement will be an integral component of this grant. Several community performance measures will be tracked including, but not limited to, the number and type of community settings and venues targeted, number of adults reached, number of policy and/or environmental changes implemented, etc. A NYSDOH web-based system will be used for reporting performance measurement data. Various levels of data will be collected on both a monthly and quarterly basis.

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  
Enc.

## RESOLUTION

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

**RESOLVED,** that the County of Westchester is authorized to enter into contract with Hudson River HealthCare ("HRHC") to accept funding for the Local Initiatives for Multi-Sector Public Health Action (Local IMPACT) grant for the contract period 9/01/15 through 9/29/16, pursuant to an approved budget, in a not-to-exceed amount of 135,000;

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.

Department of Health  
 County of Westchester  
 10 County Center Road, 2<sup>nd</sup> Floor  
 White Plains, New York 10607  
 November 9, 2015

Agreement #

Account to be Charged/Credited	Fund	Dept	Major Program, Program & Phase or Unit	Object/ Sub-Object	Trust Account	Dollars
	263	27	615Q	9853	T615	135,000

Budget Funding Year(s) (must match resolution) 2015-2016 Start Date 9/1/15 End Date 9/29/16

Funding Source	Tax Dollars	
	State Aid	
<b>\$135,000</b>	Federal Aid	<u>Federal pass thru from Hudson River HC</u>
(must match resolution)	Other	