



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

32189

DATE: February 11, 2013

TO: Board of Acquisition and Contract

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

RE: Authorization to enter into a Five (5) Year Contract with the New York State Department of Health to accept funding for the Zoonoses Program (Human Rabies Treatment, Specimen Collection, and Pet Vaccination) Grant as follows:

Contract Period: 4/1/12 – 3/31/17
Contract Amount: Not-To-Exceed \$980,570

The Westchester County Department of Health seeks authorization to enter into a five (5) year contract with the New York State Department of Health to accept funding for the Zoonoses Program (Human Rabies Treatment, Specimen Collection, and Pet Vaccination) Grant for the contract period 4/1/12 – 3/31/17, in the not-to-exceed amount of \$980,570, based on reimbursement rates established by the New York State Department of Health.

The Zoonoses Program will promote the public health and general welfare of the County by investigating incidents regarding people or pets potentially exposed to suspect rabid animals. The goals and objectives of the program are to ensure that there are no cases of human rabies in the County by testing suspect animals for the presence of rabies, by making available no-cost pet clinics so that pets may be given current vaccinations against rabies, and where indicated, by providing preventive treatment (vaccinations) to County residents who were or may have been exposed to a suspect rabid animal. All potential rabies incidents are investigated to determine if there is a need for treatment to prevent the onset of rabies upon exposure to a suspect animal. The program is tracked and monitored through monthly reports and supervisory review of each case investigation. On an annual basis, approximately 600 to 800 animals are rabies tested, approximately 100 animals are rabies vaccinated, 1800 to 2000 bite reports are received, and 400 to 500 Westchester County residents receive a preventive course of treatment.

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 a five (5) year contract with the New York State Department of Health (the "NYSDOH") to accept funding for the Zoonoses Program (Human Rabies Treatment, Specimen Collection, and Pet Vaccination) Grant based on reimbursement rates established by the NYSDOH as follows:

Contract Period: 4/1/12 – 3/31/17
 Contract Amount: Not-To-Exceed \$980,570;

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, 2nd Floor
 White Plains, New York 10607
 February 11, 2013

Agreement #

Account to be Charged/Credited	Fund	Dept	Major Program, Program & Phase or Unit	Object/ Sub-Object	Budget Year	Dollars
	101	27	0010	9734	12- 13	\$196,114
	101	27	0010	9734	13-14	\$196,114
	101	27	0010	9734	14-15	\$196,114
	101	27	0010	9734	15-16	\$196,114
	101	27	0010	9734	16-17	\$196,114

Budget Funding Year(s) (must match resolution) 2012-2017 Start Date 4/1/12 End Date 3/31/17

Funding Source Tax Dollars _____
 State Aid 100%
\$980,570 Federal Aid _____
 (must match resolution) Other _____