



CEO-Legislative Affairs Office Grant Authorization eForm

Attachment A

Board Resolution Required? (Please attach document to eForm)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Deputy County Counsel Name: (Please list the Deputy County Counsel that approved the Resolution)		
Recommended Action/Special Instructions (Please specify below)		
The HCA respectfully requests that the Board takes the following action: 1. Approve and execute the amended Grant Agreement Number 21-10573 upon County Counsel review and authorize the Health Care Agency Director, or designee, to sign and execute the Agreement and related documents.		
Department Contact:	List the name and contact information (telephone, e-mail) of the staff person to be contacted for further information.	
Dr. Regina Chinsio-Kwong rchinsiokwong@ochca.com		
Name of the individual attending the Board Meeting:	List the name of the individual who will be attending the Board Meeting for this Grant Item:	
Debra Baetz dbaetz@ochca.com		