

Letter of Intent

Emergency Preparedness Office Public Health and Medical Emergency Preparedness Program Local Implementing Agency Funding Application

Fiscal Years (FY) FY 2022-23 through FY 2026-27
(July 1, 2022 to June 30, 2027)

Complete and email this form by 4:00pm April 19, 2022 to: LHBTProg@cdph.ca.gov

Emergency Preparedness Office
California Department of Public Health

1) Please complete the fields below for your Agency:

Project Representative
Title: Director of Public Health
Agency: Siskiyou County Health and Human Services Agency
Address: 810 S. Main Street, Yreka CA 96097
Telephone: 530-841-2140
Email: sdavis@co.siskiyou.ca.us

2) Please check the boxes below that indicate the funding source your Agency will apply.

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | a) Public Health Emergency Preparedness (PHEP) |
| <input checked="" type="checkbox"/> | b) Hospital Preparedness Program (HPP) |
| <input checked="" type="checkbox"/> | c) Pandemic Influenza (Pan Flu) |
| <input type="checkbox"/> | d) PHEP & Cities Readiness Initiative (CRI) |
| <input type="checkbox"/> | e) PHEP & Laboratory (Lab) |
| <input type="checkbox"/> | f) PHEP, CRI & Lab |

3) Please complete the fields below in order to expedite processing your agreement.

Does your Agency require a board resolution for a new agreement?

Yes

When are your scheduled board meeting dates between May and September 2022?

First and Third Tuesdays

Does your Agency require the contract be in hand to get on the Agenda?

No

When do you need the contract? (i.e. two weeks before, one month before, etc.)

Two weeks before

4) By signing below, your Agency agrees to prepare the required documents for this funding application.



Signature of Project Director or Designee

4/13/22

Date

Shelly Davis

Printed name