

**TO THE HONORABLE BOARD OF COMMISSIONERS OF BERRIEN COUNTY:** Your County Personnel and Human Services Committee respectfully recommends the adoption of the following:

**RESOLUTION**

**WHEREAS**, the Berrien County Health Department (BCHD) intends to apply for a mini-grant from the Michigan Public Health Institute as fiduciary for the Michigan Department of Health & Human Services in the amount of \$10,000 to improve its readiness to apply for national accreditation by the Public Health Accreditation Board (PHAB); and

**WHEREAS**, a critical component of PHAB is the completion of Community Health Improvement Plan (CHIP) for the purposes of describing how the health department and community will work together to improve the health of the population served; and

**WHEREAS**, the CHIP is a necessary next step following the completion of a Community Health Needs Assessment, an assessment that BCHD has recently partnered with Spectrum Health Lakeland among other community partners to complete; and

**WHEREAS**, BCHD plans to use this grant funding over the 6-month project timeframe of March 6, 2020-August 31, 2020 to support the completion of a Community Health Improvement Plan that brings together community stakeholders, partners and organizations to set priorities, direct the use of resources, and develop and implement community health programs, policies and actions for the improvement of health and wellness in Berrien County; and

**WHEREAS**, the Board of Health endorses the grant application to the Michigan Public Health Institute pending approval of its Corporate Counsel.


**NOW, THEREFORE, BE IT HERBY RESOLVED** that the Berrien County Board of Commissioners authorizes the submission of the grant application to the Michigan Public Health Institute.

Resolution endorsed by the  
BERRIEN COUNTY BOARD OF HEALTH

  
Margaret A. Kohring, Chair

**RESPECTFULLY SUBMITTED,  
BERRIEN COUNTY PERSONNEL AND HUMAN SERVICES COMMITTEE**

  
William J. Chickering, Chairman

  
David Vollrath, Vice-Chairman

Teri Sue Freehling

RESOLUTION APPROVED AS TO FORM	
Administrator <u>W</u>	Date <u>1/8/20</u>
Comments Attached _____	
Corporate Counsel <u>DM</u>	Date <u>1-8-20</u>
Comments Attached _____	