

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, everyone living in Michigan deserves to live a long and healthy life in a safe environment; and

WHEREAS, the Berrien County Health Department (BCHD) works to safeguard community health by protecting the food and water supplies, by monitoring and reducing infectious disease outbreaks, by educating the public about potential health risks, and by mobilizing colleagues to improve the environmental and community conditions that effect their well-being; and

WHEREAS, in the past year, the COVID-19 pandemic has threatened the health and well-being of Berrien County residents in unprecedented ways; and

WHEREAS, the BCHD, with the help of many volunteers, worked tirelessly to vaccinate the residents of Berrien County; and

WHEREAS, the BCHD received a generous donation (from a private citizen who volunteered many hours working the vaccination clinics) in the amount of \$10,289.14; and

WHEREAS, the donor requested that the donated funds be used for PPE equipment, an appreciation celebration for all of the staff and volunteers, or additional needs as determined by the BCHD staff.

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Berrien County Board of Commissioners approves the acceptance of the donaton of \$10,289.14 and directs the BCHD to work with the Financial Services Department to properly deposit and expend the donated funds in accordance with applicable polices and procedures.

BE IT FURTHER RESOLVED that the BCHD will seek prior parent committee approval before expending the donated funds.

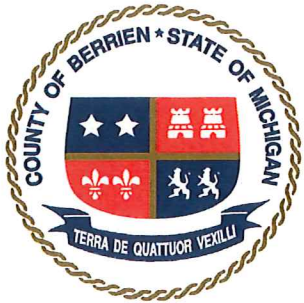
**RESPECTFULLY SUBMITTED,
BERRIEN COUNTY PERSONNEL AND HUMAN SERVICES COMMITTEE**

Robert P. Harrison, Chairperson

Michael J. Majerek, Vice Chairperson

Rayonte D. Bell

RESOLUTION APPROVED AS TO FORM	
Administrative _____	Date 6-23
Committee Attached _____	
Corporate Counsel _____	Date
Comments Attached _____	



DONATED FUNDS
DISTRIBUTION REQUEST

REQUEST DATE:

DEPARTMENT:

PARENT COMMITTEE:

AMOUNT REQUESTED:

DESCRIPTION OF HOW FUNDS WILL BE USED:

COMMITTEE REVIEW DATE:

COMMITTEE ACTION :

DEPARTMENT SIGNATURE:

CHAIRPERSON SIGNATURE: