



Legislation Text

File #: 2020-0352, Version: 1

To: Board of Supervisors, County of Sonoma Department or Agency Name(s): Emergency Management and Health Services Staff Name and Phone Number: Chris Godley/565-1152; Barbie Robinson/565-4700; Dr. Sundari Mase/565-4426 Vote Requirement: Informational Only Supervisorial District(s): All Districts

Title:

9:00 A.M. - Novel Coronavirus/COVID-19 Threat Update

Recommended Action:

Receive a staff update on the Novel Coronavirus threat and current response activities.

Executive Summary:

An informational update on the Coronavirus/COVID-19 Pandemic will be provided by the County Department of Emergency Management and Department of Public Health. A PowerPoint presentation will be provided to the Board.

Discussion:

Prior Board Actions:

April 7, 2020: Received an update on the Coronavirus/COVID-19 emergency and response activities. March 24, 2020: Received an update on the Coronavirus/COVID-19 emergency and response activities. March 17, 2020: Received an update on the Coronavirus/COVID-19 emergency and response activities. March 10, 2020: Received an update on the Coronavirus/COVID-19 threat and approved the Pandemic Annex to the Sonoma County Operational Area Emergency Operations Plan.

March 4, 2020: The Board ratified the proclamation a local emergency and the Public Health Officer declaration of Public Health emergency for COVID-19.

FISCAL SUMMARY

| Expenditures | FY 19-20 Adopted | FY20-21 Projected | FY 21-22 Projected |
|------------------------------------|---------------------|----------------------|-----------------------|
| Budgeted Expenses | | | |
| Additional Appropriation Requested | | | |
| Total Expenditures | | | |
| Funding Sources | | | |
| General Fund/WA GF | | | |
| State/Federal | | | |

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| Fees/Other | | |
|---------------------|--|--|
| Use of Fund Balance | | |
| Contingencies | | |
| Total Sources | | |

Narrative Explanation of Fiscal Impacts:

N/A

| Staffing Impacts: | | | | | |
|---|------------------------------------|-----------------------|-----------------------|--|--|
| Position Title (Payroll Classification) | Monthly Salary Range (A-I Step) | Additions (Number) | Deletions (Number) | | |
| | | | | | |
| | | | | | |
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Narrative Explanation of Staffing Impacts (If Required): None.

Attachments: PowerPoint Presentation

Related Items "On File" with the Clerk of the Board:

None.