

HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(408) 454-4066 FAX: (408) 454-4770
TDD: (408) 454-4123

March 30, 1999

AGENDA: April 13, 1999

BOARD OF SUPERVISORS

Santa Cruz County
701 Ocean Street
Santa Cruz, CA 95061

RE: ACCEPT CHILDHOOD LEAD POISONING PREVENTION SPECIAL PROJECT FUNDS

Dear Board Members:

The Health Services Agency has been awarded \$91,237 in State funds over eighteen months for a special project to prevent childhood lead poisoning. The attached resolution accepts and appropriates \$26,824 for this fiscal year. The balance of the grant award will be included in HSA's 1999-2000 budget request. Also attached is the related State revenue agreement.

The 1998-99 State budget includes \$2.5 million in one-time funds to be used throughout the State to identify high-risk neighborhoods and to focus screening efforts toward those children most at risk of lead exposure. These funds derive from paint industry regulatory fees and lawsuit settlements and are now available for distribution to counties currently conducting State-funded Childhood Lead Poisoning Prevention (CLPP) programs. These funds are intended to further the development of CLPP program components, including strengthening coordination and cooperation between counties and other local children's health and social service programs and organizations.

The Santa Cruz County project will develop and implement an outreach plan in collaboration with Head Start, Food and Nutrition, Inc., Growth and Opportunity, Inc., and HSA's Maternal and Child Health (MCH), and Child Health and Disability Prevention (CHDP) programs. Outreach activities will result in increased lead screening of high-risk children and the integration of lead poisoning prevention services into children's health programs. The project's complete goals and objectives are included in the attached State revenue agreement.

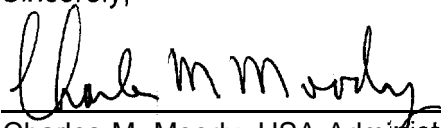
The project covers the period January 1, 1999 through June 30, 2000. A portion of the project funds will support extra help Health Educator and Typist Clerk staffing in HSA's lead poisoning prevention program, extra hours for an existing Public Health Nurse program coordinator, and related office supplies and expenses. Beginning in July 1999, HSA will contract with various local agencies for outreach, screening, and program evaluation activities. HSA is in the

process of meeting with participating agencies and will return to your Board for approval of those agreements when they are finalized. 262

It is therefore RECOMMENDED that your Board:

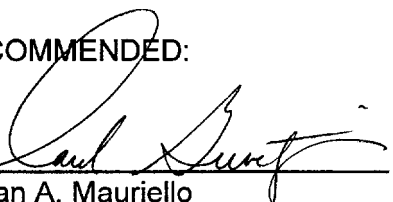
1. Adopt the attached resolution accepting and appropriating \$26,824 in unanticipated revenue for the Childhood Lead Poisoning Prevention project; and
2. Authorize the Health Services Agency Administrator to sign the attached multi-year State Standard Agreement for the Childhood Lead Poisoning Prevention Project in the amount of \$91,237; and
3. Authorize the Health Services Agency Administrator to negotiate agreements, effective July 1, 1999, with various contractors providing services in the lead poisoning prevention outreach project, and direct the HSA Administrator to return for approval of said agreements.

Sincerely,



 Charles M. Moody, HSA Administrator

RECOMMENDED:



 for Susan A. Mauriello
 County Administrative Officer

- cc: County Administrative Office
 Auditor-Controller
 County Counsel
 HSA Administration
 HSA Personnel

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

RESOLUTION NO. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted:

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds from State of California for Lead Poisoning Prevention program; and

WHEREAS, the County is recipient of funds in the amount of \$ 26,824 which are either in excess of those anticipated or are not specifically set forth in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds may be made available for specific appropriation by a four-fifths vote of the Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County Auditor-Controller accept funds in the amount of \$ 26,824 n t o

Department Health Services Agency

T/C	Index Number	Revenue Subject Number	Account Name	Amount
-----	--------------	------------------------	--------------	--------

- SEE ATTACHED SHEET -

and that such funds be and are hereby appropriated as follows:

T/C	Index Number	Expenditure Subject Number	PRJ/UCD	Account Name	Amount
-----	--------------	----------------------------	---------	--------------	--------

- ' SEE ATTACHED SHEET -

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been researched and that the Revenue(s) (has been) (will be) received within the current fiscal year.

By C. Moody Department Head

Date 3/26/99

COUNTY ADMINISTRATIVE OFFICER

Handwritten mark

Recommended to Board ,

264

Not Recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz, State of California, this _____ day of _____ 19____ by the following vote (requires three-fifths vote for approval):

AYES: SUPERVISORS

NOES: SUPERVISORS

ABSENT: SUPERVISORS

CHAIR OF THE BOARD

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

Handwritten signature of Paul Garcia
County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

Handwritten signature of Linda Chau 3, 30/99
Auditor-Controller

Distribution:

- Auditor-Controller
- County Council
- County Administrative. Officer
- Originating Department

HEALTH SERVICES AGENCY
 AUD-60 ATTACHMENT
 CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM

FISCAL YEAR 1998/99

ESTIMATED REVENUES:

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	362501	0690	ST AID - LEAD CONTROL	\$ 26,824

Total				\$ <u>26,824</u>
-------	--	--	--	------------------

APPROPRIATIONS:

T/C	Index Number	Expenditure Subobject Numb&	PRJ/UCD	Account Name	Amount
0 2 1	362501	3105		OVERTIME	14,361
021	362501	3110		EXTRA HELP	2,374
021	362501	3150		FICA	1,281
021	362501	3493		OFFICE EXP	6,700
021	362501	3975		MISCELLANEOUS	1,308
021	362501	4168		TRANS/TRAVEL - OTHER	800

Total					\$ <u>26,824</u>
-------	--	--	--	--	------------------

COUNTY OF SANTA CRUZ

REQUEST FOR APPROVAL OF AGREEMENT

266

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HEALTH SERVICES AGENCY (Dept.)

[Handwritten Signature]

(Signature) 3/26/99 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

1. Said agreement is between the COUNTY OF SANTA CRUZ (Health Services Agency) (Agency)
STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES
and 714 P Street, Sacramento, CA 95814 (Name & Address)

2. The agreement will provide funding for the Childhood Lead Poisoning Prevention program (multi-year agreement for Special Projects). State contract number 98-15883.

3. The agreement is needed to provide for the above funding.

4. Period of the agreement is from January 1, 1999 to June 30, 2000

5. Anticipated cost is n/a - revenue agreement (Fixed amount; Monthly rate; Not to exceed)

6. Remarks: Total contract amount is \$91,237; 1998-99 revenue is \$26,824; 1999-00 revenue is \$64,413; budgeted in rev acct/subobj: 362501/0690.

7. Appropriations are budgeted in n/a - revenue agreement (Index#) (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are not available and have been encumbered. Contract No. R-694 Date 3/30/99
GARY A. KNUTSON, Auditor - Controller
By [Handwritten Signature] Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the HSA Administrator to execute the same on behalf of the County of Santa Cruz Health Services Agency (Agency). County Administrative Officer

Remarks: [Handwritten Signature] (Analyst)

By [Handwritten Signature] Date 3/31/99

Agreement approved as to form. Date

Distribution: Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green
Co. Admin. Officer - Conroy
Auditor-Controller - Pink
Originating Dept. - Goldenrod

State of California)
County of Santa Cruz) ss
ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered in the minutes of said Board on
County Administrative Officer
By Deputy Clerk

48

STANDARD AGREEMENT

STD 2 (REV. 5-91)

CMS
APPROVED BY THE ATTORNEY GENERAL
MASTER COPY

CONTRACT NUMBER 98-15883	AM. NO.
TAXPAYER'S FEDERAL ID. NUMBER 94-6000534	

THIS AGREEMENT, made and entered into this **1st** day of **January**, 19**99** in the State of California, by and between State of California, through its duly elected or appointed, qualified and acting

TITLE OF OFFICER ACTING FOR STATE Chief, Program Support Branch	AGENCY Department of Health Services
---	--

, hereafter called the State, and

CONTRACTOR'S NAME
Health Services Agency of Santa Cruz County, hereafter called the Contractor.

WITNESSETH: That the Contractor for and in consideration of the covenants, conditions, agreements, and stipulations of the State hereinafter expressed, does hereby agree to furnish to the State services and materials as follows: *(Set forth service to be rendered by Contractor, amount to be paid Contractor, time for performance or completion, and attach plans and specifications, if any.)*

This Agreement is entered into pursuant to the provisions of the Childhood Lead Poisoning Prevention Act of 1991.

I. Term of Contract

The term of this Agreement shall be from January 1, 1999 through June 30, 2000, subject to the provisions of Articles II and III.

CONTINUED ON **7** SHEETS, EACH BEARING NAME OF CONTRACTOR AND CONTRACT NUMBER.

The provisions on the reverse side hereof constitute a part of this agreement.

IN WITNESS WHEREOF, this agreement has been executed by the parties hereto, upon the date first above written.

STATE OF CALIFORNIA		CONTRACTOR	
AGENCY Department of Health Services		CONTRACTOR (if other than an individual, state whether a corporation, partnership, etc.) Health Services Agency of Santa Cruz County	
BY (AUTHORIZED SIGNATURE) ▷	For	BY (AUTHORIZED SIGNATURE) ▷	
PRINTED NAME OF PERSON SIGNING Edward Stahlberg		PRINTED NAME OF AND TITLE OF PERSON SIGNING Charles M. Moody, Administrator	
TITLE Chief, Program Support Branch		ADDRESS P.O. Box 962, Santa Cruz, CA 95060	

AMOUNT ENCUMBERED BY THIS DOCUMENT \$ 91,237.00	PROGRAM/CATEGORY (CODE AND TITLE) Local Assistance	FUND TITLE CLPP		<i>Department of General Services Use Only</i>
PRIOR AMOUNT ENCUMBERED FOR THIS CONTRACT \$ 0	(OPTIONAL USE) 4260-1 11-001	ITEM above	CHAPTER 324	
		STATUTE 1998	FISCAL YEAR 98/99	
TOTAL AMOUNT ENCUMBERED TO DATE \$ 91,237.00	OBJECT OF EXPENDITURE (CODE AND TITLE) 4539-702-03-51495			
<i>I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.</i>		T.B.A. NO.	B.R. NO.	
SIGNATURE OF ACCOUNTING OFFICER ▷		DATE		

CONTRACTOR STATE AGENCY DEPT. OF GEN. SER. CONTROLLER

NOTE: For all contracts between a County and the State of California, the County is required to agree to a series of Standard Additional Provisions. These Additional Provisions are the same in all contracts. In order to reduce the Board's agenda packet (as these pages number approximately 40), they are not reprinted here, but are on file with the Clerk of the Board.

II. Limitation of State Liability.

1. The maximum amount payable for the 1998-1999 Fiscal Year ending June 30, 1999, shall not exceed \$26,824.00.
2. The maximum amount payable for the 1999-2000 Fiscal Year ending June 30, 2000 shall not exceed \$64,413.00, subject to the availability of funds.
3. The maximum amount payable under this contract shall not exceed \$91,237.00.

III. Funding or Funding Reduction in Subsequent Fiscal Years

1. Funds are presently not available for performance under this Agreement beyond June 30, 1999. The State's obligation for performance of this Agreement beyond that date is contingent upon the availability of funds in the Childhood Lead Poisoning Prevention Fund and the availability of appropriated funds by the Legislature from which payment for contract purposes can be made. No legal liability on the part of the state for any payment may arise for performance under this Agreement beyond June 30, 1999, until funds are made available to the state for performance and until the contractor receives notice of availability, to be confirmed in writing by the State. If funding for any fiscal year after June 30, 1999, is reduced or deleted by the legislature, for purposes of this Program, the State shall have the option to either:
 - A. Cause this Agreement to be cancelled pursuant to paragraph XVI, "Cancellation".
 - B. Offer a contract amendment to the Contractor to reflect the reduced funding for this Agreement.

IV. Exhibits

The following exhibits are incorporated herein and made a part hereof by this reference:

1. The attached Exhibit A entitled "Scope of Work", consisting of three (3) pages.
2. The attached Exhibit A(S) entitled "Additional Provisions", consisting of fourteen (14) pages.
3. The attached Exhibit A-1 entitled "Current Contract Year Equipment Purchased with State Funds", consisting of one (1) page.
4. The attached Exhibit A-2 entitled "Annual Inventory of State-Furnished Equipment", consisting of one (1) page.
5. The attached Exhibit B entitled "Budget, Fiscal Year 1998-1999", consisting of one (1) page.
6. The attached Exhibit BB entitled "Budget, Fiscal Year 1999-2000", consisting of one (1) page.
7. The attached Exhibit C entitled "Contract Uniformity", consisting of two (2) pages.
8. The attached Exhibit D entitled "Contractor's Release", consisting of one (1) page.

IV. Exhibits (continued)

9. The attached Exhibit E entitled "Travel Reimbursement Information Effective January 2, 1998", consisting of two (2) pages.

V. Primary Parties

1. The primary parties of this contract shall be Health Services Agency of Santa Cruz County and the California State Department of Health Services.
2. For purposes of this Agreement, Carol Sparks shall be designated as Project Coordinator for the Contractor.
3. For purposes of this Agreement, Karen Lea Morgan, Health Program Specialist, Childhood Lead Poisoning Prevention Branch, shall be designated as Contract Officer for the State.
4. Either Contract Officer may be changed by written notice to the other party, without contract amendment.

VI. Scope of Work

1. The Contractor shall perform all of the services described in Exhibit A. "Scope of Work" (SOW).
2. The Contractor or the State may propose changes or revisions to the detailed activities, contract deliverables and/or performance time frames specified in the SOW, provided such changes do not alter the overall goals and basic purpose of the contract.
3. Proposed SOW changes may include the substitution of specified activities or tasks, the alteration or substitution of contract deliverables, and modifications to anticipated completion/target dates.
4. Proposed SOW changes as described herein shall not result in a formal contract amendment provided the contractor's **annual** budget does not increase or decrease as a result of the proposed SOW changes.
5. Unless otherwise stipulated, all requested changes and revisions proposed by the Contractor are subject to the prior written approval of the State.
6. In implementing this provision, the State may prescribe a format for Contractor's use to request SOW changes. If no format is prescribed by the State, the Contractor may devise its own format for this purpose.

VII. Payment and Recovery of Funds

1. In consideration of the services described in "Scope of Work", (Exhibit A) performed in a manner acceptable to the State, the State **shall** make quarterly payment in arrears, of the funds, specified in Article II, Limitation of State Liability, to the Contractor, upon receipt and processing of an invoice as described in Article VIII, Invoicing.

VII. Payment and Recover-v of Funds (continued)

2. The State shall recover any funds provided from the Childhood Lead Poisoning Prevention Fund, which are not expended in accordance with this Agreement. Recovery of funds will be accomplished through reduction of the final payment to the Contractor from the Childhood Lead Poisoning Prevention fund under this Agreement. The recovery shall be limited to the amount not expended in accordance with this Agreement.

VIII. Invoicing

1. Invoices shall be submitted in arrears, quarterly, in quadruplicate, and shall bear the contract number, invoice number, the period of time covered by the invoice and the amount.
2. Invoices shall be mailed to Karen Lea Morgan, Health Program Specialist, Childhood Lead Poisoning Prevention Branch, California State Department of Health Services, 1515 Clay Street, Suite 1801, Oakland, CA 94612.

Ix. Timelv Submission of Final Invoice

1. A final undisputed invoice shall be submitted for payment as soon as practical, following the contract expiration or termination date and, in no case, later than ninety (90) calendar days following the expiration or termination date of this contract, unless a later or alternate deadline is negotiated and agreed upon in writing by the State. Said invoice should be clearly marked "Final Invoice", to indicate that all payment obligations of the Sate under this contract have ceased and that no further payments are due or outstanding.
2. The State, at it's discretion, may elect not to honor any delinquent **final** invoice if the Contractor fails to obtain prior written Sate approval of an alternate **final** invoice submission deadline. Written State approval to extend the **final** invoice submission deadline shall be sought prior to the expiration or termination date of this contract.
3. The Contractor is hereby advised of its obligation to submit, with the **final** invoice, a "Contractor's Release (Exhibit E)" acknowledging submission of the **final** invoice to the State and certifying the approximate percentage amount, if any, of recycled products used in performance of this contract.

X. Fiscal Assurances

The Contractor agrees that State funds provided from the Childhood Lead Poisoning Prevention Funds, under this Agreement, will be used for no other purpose than financing the services described in "Scope of Work", (Exhibit A).

XI. Equipment

1. All equipment purchased from funds reimbursed or furnished by the State under terms of this Agreement shall be in accordance with the provisions of "Additional Provisions", (Exhibit A(S)). "Equipment Purchased with State Funds", (Exhibit A-i) shall be completed and submitted to the State prior to the payment of invoices for such equipment by the State.

XI. Equipment (continued)

2. During the final month of each fiscal year during the term of this contract, the Contractor shall submit an inventory of equipment furnished or purchased during the fiscal year under the terms of this contract. Such inventory shall be submitted on "Inventory of State Furnished Property", (Exhibit A-2).

XII. Fiscal Control

1. Payments are not permitted for construction, renovation, alteration, improvement, or repair of privately owned property, which would enhance the value of such property to the benefit of the owner.
2. Reasonable direct, indirect, and overhead costs, including employee fringe benefits, may be expended under this contract.
3. The Contractor may make changes, without contract amendment, in an individual line item in the Budget (Exhibit B) provided that the following criteria are observed:
 - A. Cumulative line item shifts of up to \$10,000 per line item may be made, provided no line item is increased or decreased by more than \$10,000 and the annual contract total is unchanged.
 - B. Line item shifts meeting these criteria shall not require a formal contract amendment.
 - C. The Contractor shall adhere to State requirements regarding the process to follow in requesting approval of line item shifts. All line item shifts require the prior approval of the State.
 - D. Line item shifts may be proposed/requested by either the State or the Contractor.

The State reserves the right to deny any request for approval of such line item budget changes.

4. No more than one formal amendment per year will be approved by the State for purposes of making line item shifts greater than the limits stated in item 3A, above.
5. The budget detail shown for all subcontractors, if any, in the Budget (Exhibit B) is displayed for information purposes only. Changes to a subcontractor's identification or budget will not cause or result in a formal amendment to the Contract provided the criteria in item 3, above, are met.

XIII. Authority to Make Adjustments to Additional Budget Detail

The Contractor is granted delegated authority to make adjustments to the additional budget detail supporting the line item budgets, referenced in paragraph IV, "Exhibits", provided such adjustments do not result in an increase or decrease to any line item total appearing in the contract budget. Such adjustments may be made without formal contract amendment provided the following conditions are observed:

XIII. Authority to Make Adjustments to Additional Budget Detail (continued)

1. The Contractor shall adhere to the State requirements regarding approval and timely submission of additional budget detail for the line items appearing in the contract budget.
2. The Contractor **shall** notify the State of adjustments made to the additional budget detail within 30 calendar days of the effective date of such adjustments. Failure to provide the State with timely notification may result in disapproval of expenditures and/or audit exceptions and withdrawal of delegated authority to make such changes.
3. If the Contractor initiated adjustment to additional budget detail increases or decreases any line item total under the terms of Paragraph XII, "Fiscal Control", Section 3, the Contractor must obtain prior State review and written approval before making such adjustments.

XIV. Audits

1. The State may audit the records of the Contractor and subcontracts let under this Agreement pursuant to the provisions of "Additional Provisions", (Exhibit A(S)).
2. In the event that the Contractor requests an appeal of all or a portion of any audit findings concerning the program governed under this Agreement, the Department will conduct an informal hearing.

XV. Reports

1. The Contractor agrees that the following reports will be submitted to the State in the form and according to procedures established by the Department:
 - A. Submit progress reports as described in "Scope of Work", (Exhibit A). Progress reports are to be submitted biannually and shall be mailed to Karen Lea Morgan, Health Program Specialist, Childhood Lead Poisoning Prevention Branch, California State Department of Health Services, 1515 Clay Street, Suite 1801, Oakland, CA 94612.
 - B. Submit a **final** analytical, comprehensive report as described in "Scope of Work", (Exhibit A). The **final** report shall be mailed to Karen Lea Morgan, **Health** Program Specialist, Childhood Lead Poisoning Prevention Branch, California State Department of Health Services, 1515 Clay Street, Suite 1801, Oakland, CA 94612.
2. The State shall withhold, in part or in whole, payment of any funds specified in the Agreement if any of the reports requested by this Agreement have not been received from the Contractor by the dates specified herein, unless an extension for submission of such reports is granted, in writing, by the State. The Department shall release any funds withheld from the Contractor pursuant to this Article upon receipt of the required reports.

XVI. Cancellation

This contract may be canceled by either party upon thirty (30) days written notice to the other party.

XVII. Freeze Exemptions

1. The Contractor agrees that any hiring freeze the Contractor may adopt during the term of this Agreement shall not be applied to the positions funded, in whole or in part, by this Agreement. The Contractor further agrees not to implement any personnel policy which may adversely affect performance or the positions, funded in whole or in part, by this Agreement.
2. The Contractor agrees that any travel freeze or travel limitation policy the Contractor may adopt during the term of this Agreement **shall** not restrict travel funded, in whole or part, by this Agreement.

XVIII. Year 2000 Compliance Reuirements

The bidder and/or contractor represents and warrants fault-free performance in processing of date and date related data (including, but not limited to, calculating, comparing, and sequencing) by all hardware, software, and firmware products delivered and used under this contract, individually and in combination, upon installation. Fault-free includes the manipulation of this data with dates prior to, through and beyond January 1, 2000, and shall be transparent to the user.

**SCOPE OF WORK
FISCAL YEAR 1998-1999**

(Contractor) Santa Cruz County CLPPP

(Contract Number) 98-15883

The Contractor shall work toward achieving the following goals and will accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/outcome.

Goal No. 1. Develop an Outreach Plan in Collaboration with MCH, Migrant Head Start, Head Start, CHDP, and WIC

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING PROCESS AND/OR OUTCOME OF OBJECTIVE(S)
<p>1. By 3/30/99 3-5 participating agencies will have identified at least 5 activities to increase screening among the target population.</p>	<p>1. Convene group; meet regularly. 2. Identify obstacles to childhood lead screening. 3. Identify strategies to overcome obstacles to lead screening. 4. Generate activities to reach the target population.</p>	<p>01/99-3/99</p>	<p>Submit list of 5 activities to CLPPB for review and consultation.</p>
<p>2. By 4/30/98 a minimum of 3 agencies will have agreee to develop and implement at least 3 activities.</p>	<p>1. Prioritize and select activities to be developed. 2. Form work groups. 3. Work groups meet independently to develop activities.</p>	<p>4/1/99-5/30/99</p>	<p>Submit list of 3 activities to CLPPB for review and approval.</p>

47

275

47

**SCOPE OF WORK
FISCAL YEAR 1998-1999**

(Contractor) <u>Santa Cruz County CLPPP</u>
(Contract Number) <u>98-15883</u>

Goal No. 1 Develop an Outreach Plan in Collaboration with MCH, Migrant Head Start, Head Start, CHDP, and WIC

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING PROCESS AND/OR OUTCOME OF OBJECTIVE(S)
3. By <u>6/30/99</u> a collaborative outreach plan will have been written and agreed upon by the participating agencies.	1. Work groups report back to the large group with activity plans. 2. Large group confers on all activities and negotiates changes as needed. 3. Large group agrees to implement activities/outreach plan. 4. Large group develops a plan for coordination of activities as needed. 5. CLPPP staff completes CLPPB Progress Report.	<u>6/1/99-6/30/99</u>	Submit outreach plan to CLPPB for review and approval. Complete CLPPB Progress Report by <u>7/15/99</u> .

**SCOPE OF WORK
FISCAL YEAR 1999-2000**

(Contractor) Santa Cruz County CLPPP

(Contract Number) 98-15883

Goal No. 2. Imulement and Evaluate the Outreach Plan Targeting High-Risk Children and their Families

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING PROCESS AND/OR OUTCOME OF OBJECTIVE(S)
<p>1. By 1/31/00 participating agencies will have completed implementation and evaluation of 3 outreach activities.</p> <p>2. By 01/31/00, lead screening rates will have increased by at least 10% compared to a similar time period in 1998.</p> <p>3. By 5/01/00 a report will be completed on the outreach plan and the collaborative planning process.</p>	<p>1. Develop subcontracts with participating agencies for implementation of activities.</p> <p>2. Subcontractors will implement and evaluate activities</p> <p>3. Work groups will reconvene in large group with reports.</p> <p>4. CLPPP staff will complete CLPPP Progress Report.</p> <p>1. Compute baseline screening rate.</p> <p>2. Compute screening rate for period of 8/1/99-1/31/00.</p> <p>3. Compare rates and compute % change.</p> <p>1. Work groups and CLPPP staff will develop a final document describing the collaborative process as well as outreach activities undertaken and effectiveness of these activities.</p> <p>3. Write CLPPP Progress Report</p>	<p>7/1/99-1/31/00</p> <p>2/15-3/1/99</p> <p>3/1-3/15/99</p> <p>3/1/00-5/01/00</p>	<p>Forward subcontracts to CLPP Branch. Complete CLPPB Progress Report. by 01/15/00.</p> <p>Subcontractors will maintain records and submit reports to CLPP staff.</p> <p>Complete and submit all final reports to CLPPP.</p>

27

277

Agency Name: County of Santa Cruz

Exhibit B
278

Federal ID#: 94-6000534

Contract #: 98-15883

BUDGET
Fiscal Period 1/1/99 - 6/30/99

<u>Line Item</u>	<u>Amount</u>
Personnel Costs	<u>\$13,948</u>
Fringe Benefits (29% of Personnel Costs)	<u>\$ 4,068</u>
Operating Expenses	<u>\$ 7 0 0</u>
Equipment Expenses	<u>\$ 0</u>
Travel and Per Diem	<u>\$00</u>
Subcontracts	<u>\$ 0</u>
Other Costs	<u>\$ 0</u>
Direct Overhead Expenses	<u>\$ 0 3</u>
Indirect Costs (5.7% of Personnel Costs)	<u>\$ 805</u>
Total	<u>\$26,824</u>

Agency Name: County of Santa Cruz

Federal ID#: 94-6000534

Contract #: 98-15883

279

BUDGET'
Fiscal Period 7/1/99 - 6/30/00

Line Item	A m o u n t
Personnel Costs	<u>\$23,248</u>
Fringe Benefits (29% of Personnel Costs)	<u>\$6,784'</u>
Operating Expenses	<u>\$5,000</u>
Equipment Expenses	<u>\$ 0</u>
Travel and Per Diem	<u>\$ 1,200</u>
Subcontracts	<u>\$26,000</u>
Other Costs	<u>\$ 0</u>
Direct Overhead Expenses	<u>\$ 3 9</u>
Indirect Costs (5.7% of Personnel Costs)	<u>\$, 3 4 2</u>
Total	<u>\$64,413</u>

CONTRACT UNIFORMITY

Pursuant to the provisions of **Article 7** (commencing with Section 100525) of Chapter 3 of Part 1 of Division **101** of the Health and Safety Code, the Department of Health Services sets forth the following policies, procedures, and guidelines regarding fringe benefits.

1. As used in this agreement with reference to State **and/or** federal funds, fringe benefits **shall mean an employment** benefit given by one's employer to an employee in addition to one's regular or normal wages or **salary**.
2. As used **herein**, fringe benefits do not **include**:
 - a. Compensation for **personal** services paid currently or accrued by the Contractor for services of employees rendered during the **term** of this agreement, which is identified as regular or normal salaries and wages, annual leave, vacation, sick leave, holidays, jury duty, and/or military **leave/training**.
 - b. Director's and executive committee member's fees
 - c. **Incentive** awards and/or bonus incentive pay
 - d. Allowance for off-site pay
 - e. Location allowances
 - f. Hardship pay
 - g. Cost-of-living differentials
3. **Specific** allowable **fringe benefits include**:
 - a. Fringe benefits in the form of employer contributions for the **employer's** portion of payroll taxes (i.e., FICA, **SUI**, SDI), employee health plans (i.e., health, dental, and vision), unemployment insurance, workers compensation **insurance** and the employers portion of pension/retirement plans provided they are granted in accordance with established written organization policies and meet all legal and Internal Revenue Service requirements.
4. To be an allowable **fringe** benefit, the cost must meet the following criteria:
 - a. Be necessary and reasonable for the performance of the contract.
 - b. Be determined in accordance **with generally accepted accounting principles**.
 - c. Be consistent with policies that apply uniformly to all **activities** of the Contractor.
5. It is agreed by both parties that any and all **fringe benefits** shall be at actual cost.
6. **Earned/accrued** Compensation.
 - a. Compensation for vacation, **sick** leave, and holidays is limited to that amount **earned/accrued** within the **contract** term. Unused vacation, **sick** leave, and holidays earned from periods prior to the contract **period** cannot be claimed as allowable costs (See example on page 2).
 - b. For multiple year contracts, vacation and **sick** leave compensation, which is earned/accrued but not paid, due **to** employee(s) not taking time off may be carried over and **claimed** within the overall term of the multiple years of the contract. Holidays cannot be carried over from one contract year to the next. (See example on **page 2**).
 - c. For single year contracts, vacation, **sick** leave, and holiday compensation which is earned/accrued but not **paid**, due to employee(s) not **taking time** off within the contract term, cannot be claimed as an allowable cost (See example on **page 2**).

Contract Uniformity
Earned/Accrued Compensation Examples

Example No. 1:

If an employee, John Doe, **earns/accrues** three weeks of vacation and twelve days of sick leave each year, then that is the maximum amount that may be claimed during a contract period of one year. If John Doe has five weeks of vacation and eighteen days of sick leave at the beginning of the State contract term, the Contractor during a one-year contract term may only claim up to three weeks of vacation and twelve days of sick leave actually used by the employee. Amounts earned/accrued in periods prior to the beginning of the contract **are** not an allowable cost.

Example No. 2:

If during a three-year (multiple year) contract John Doe does not use his three weeks of vacation in year one, or his **three** weeks in year two, but he does **actually** use nine weeks in year three: the Contractor would be allowed to claim all nine weeks paid for in year three. The total compensation over the three-year period cannot exceed 166 weeks (3 x 52 weeks).

Example No. 3:

if during a single year **contract**, John Doe, **works** fifty weeks and uses one week of vacation and one week of **sick** leave and all fifty-two of these weeks have been billed to the State, the remaining unused two weeks of vacation and seven days of sick leave may not be claimed as an allowable cost.

CONTRACTOR'S RELEASE

Instructions to Contractor:

Submit this for each contract valued at \$ 1,000 or more. With **final** invoice(s) submit one (1) **original** and **two** (2) copies. The **original** must bear the original signature of a person authorized to **bind** the Contractor. The additional copies may bear photocopied signatures,

Submission of Final Invoice

Pursuant to contract number _____ entered into between the State of California Department of **Health** Services and the Contractor (**identified below**), the Contractor does hereby acknowledge that **final** payment has been requested via **invoice number(s)** _____, in the amount(s) of \$ _____ and dated _____. If necessary, enter "See Attached" in the appropriate blocks **and attach a list of invoice numbers**, dollar amounts and invoice dates.

Release of all Obligations

By signing this form, Contractor does hereby release and discharge the State, its officers, agents and employees of and from any and **all liabilities**, obligations, claims, and demands whatsoever arising from the above referenced contract Contractor does further release and discharge the State its **officer**, agents and employees **of** and from any and all liabilities, obligations, claims, and demands **whatsoever arising from** any and all subcontractors and assignees **authorized** pursuant to said contract.

Repayments Due to Audit Exceptions/Record Retention

By signing this form, Contractor acknowledges that expenses authorized for reimbursement does not guarantee final allowability of **said expenses**. Contractor agrees that the amount of any sustained audit exceptions resulting **from** and subsequent audit made after final **payment**, will be refunded to the State.

All expense and accounting records related to the above referenced contract must be maintained for audit purposes for no less than three years beyond the date of final payment, **unless** a longer term is stated in said contract.

Recycled Product Use Certification

By signing this form, Contractor certifies under penalty of perjury that [Enter "percentage value" or "zero"] percent of the materials, goods, supplies or products offered or used in the performance of the above referenced contract meets or exceeds the minimum percentage of recycled material, as **defined** in Public Contract Code Sections 12 16 1 and 12200.

Reminder to Return State Equipment/Property (If Applicable)

(Applies only **if equipment** was provided by DHS or **purchased with** or reimbursed by contract **funds**)

Unless DHS has approved the continued use and possession of State equipment (as defined in the above referenced contract) for use in connection with another DHS agreement, Contractor agrees to promptly initiate arrangements to account for and return said equipment to **DHS**, as **DHS's** expense, if said equipment has not passed its useful **life expectancy** as defined in the above referenced contract.

Patents/Other Issues

By signing this form, Contractor further agrees, in connection with patent matters and with any claims that are not specifically released as set **forth above**, that **it will comply** with all of the provisions contained in the above referenced contract, including, but not limited to, **those** provisions **relating to** notification to the State and related to the defense or prosecution of litigation.

Contractor's Legal Name (As on Contract): _____

Signature of **Contractor** or **Official** Designee: _____ Date: _____

Printed Name/Title of Person Signing: _____

DHS Distribution: **Accounting (Original)** **Program** **CMU contract file**

Travel Reimbursement Information
Effective January 2, 1998

1. The **following** rate policy is to be applied for reimbursing the travel expenses of persons under contract:
 - a. Reimbursement shall be at the rates established for **nonrepresented/excluded** state employees.
 - b. Short Term Travel is defined as a **24-hour** period, and less than 31 consecutive days, and is at least **50** miles from the main **office**, headquarters or primary residence. Starting time is **whenever** contractor leaves his or **her** home or headquarters. 'Headquarters' is defined as the place where contracted personnel spend the largest portion of their regular working time and return to upon the completion of special assignments.
 - c. Contractors on **travel** status for **more** than one **24-hour** period and less than 31 consecutive days may **claim** a fractional part of a period of more than 24 hours. Consult the chart appearing on page 2 of this bulletin to determine the reimbursement allowance. All lodging must be receipted. If contractor does not present receipts, lodging will not be reimbursed.
 - (1) Lodging: Statewide Rate (with receipts) Actual **cost** up to \$79.90 plus tax.

Reimbursement for actual lodging **expenses** exceeding the above amounts may be allowed with the advance written approval of the Deputy Director of the Department of Health Services or his or her designee. Receipts are required.
 - (2) Meal/Supplemental Expenses (with or without receipts): **With** receipts, the contractor will be reimbursed actual amounts spent up to the maximum.

Breakfast	\$6.00	Dinner	\$18.00
Lunch	\$10.00	Incidentals	\$8.00
 - d. Out-of-state travel **may** only **be** reimbursed if such **travel has** been stipulated in the **contract** and has been approved in advance **by** the **program** with which the **contract** is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, **supported** by a receipt, and may be reimbursed for meals and supplemental expenses for each **24-hour** period computed at the rates listed in **c(2)** above. For all **out-of-state** travel, contractors **must** have prior Departmental approval and a budgeted trip authority.
 - e. In computing allowances for continuous periods **of travel** of less than 24 hours, **consult** the chart appearing on page 2 of this bulletin.
 - f. No meal or lodging expenses will **be** reimbursed for any period of **travel** that occurs within normal working **hours**, unless expenses **are** incurred at least 50 miles **from headquarters**.
2. If **any of the reimbursement** rates stated **herein are** changed by the Department of Personnel Administration, no formal contract amendment will **be** required to incorporate the new **rates**. However, DHS shall inform the **contractor**, in writing, of the revised travel reimbursement **rates**.
3. For transportation expenses, the contractor must retain receipts for parking; taxi, **airline, bus, or rail** tickets; car rental; or **any** other travel receipts pertaining **to each** trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking **fees**: bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.
4. Note on **use of autos**: If a contractor uses **his** or her car for transportation, the **rate** of pay will be 31 cents **maximum per mile**. If the **contractor** is a person with a disability who must operate a motor vehicle on official state business and who can operate only **specialty** equipped or modified vehicles may claim a **rate** of 31 cents per **mile without** certification and up to 37 cents per mile with certification. If a contractor uses his or her car 'in lieu **of** air fair, the air coach fair will **be** the maximum paid by the State. The **contractor** must provide a **cost** comparison upon request by the state. Gasoline and routine automobile repair expenses are not reimbursable.

- 5. The contractor **is** required to furnish details surrounding each period of travel. **Travel** detail may **include**, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc.
- 6. Contractors are to consult with the program with which the **contract** is held to obtain specific invoicing procedures.

TRAVEL REIMBURSEMENT GUIDE

IF LENGTH OF TRAVEL IS	IF THIS CONDITION EXISTS	CONTRACTOR MAY CLAIM
Less than 24 hours	<p>Example: A contractor may claim breakfast if, during a period of travel, he or she begins their travel at 6:00 a.m. or earlier and are still traveling at 9:00 a.m.</p>	Breakfast
<p>Less than 24 hours</p> <p>Less than 24 hours</p>	<p>Travel period ends at least one hour after the regularly scheduled work day ends. Start travel prior to or at 5:00 p.m. and remain traveling after 7:00 p.m.</p>	Dinner
<p>24 Hours</p> <p>Last fractional part of more than 24 hours</p> <p>Last fractional part of more than 24 hours</p> <p>Last fractional part of more than 24 hours</p>	<p>A contractor is on travel status for a full 24 hour period (determined begin and end times).</p> <p>Return at or after 8:00 a.m.</p> <p>Example: If a contractor returns the last day of a trip of more than 24 hours at or after 8:00 a.m., a breakfast allowance may be claimed.</p> <p>Return at or after 2:00 p.m.</p> <p>Example: If a contractor returns the last day of a trip of more than 24 hours at or after 2:00 p.m., a lunch allowance may be claimed.</p> <p>Return at or after 7:00 p.m.</p> <p>Example: If a contractor returns the last day of a trip of more than 24 hours at or after 7:00 p.m., a dinner allowance may be claimed.</p>	<p>Breakfast, lunch, and dinner</p> <p>Breakfast</p> <p>Lunch</p> <p>Dinner</p>