



# County of Santa Cruz

## HUMAN RESOURCES AGENCY

**CECILIA ESPINOLA, ADMINISTRATOR**

1000 EMELINE ST., SANTA CRUZ, CA 95060

(408) 454-4130 OR 454-4045 FAX: (408) 454-4642

August 30, 1999

AGENDA: September 21, 1999

### BOARD OF SUPERVISORS

County of Santa Cruz

701 Ocean Street

Santa Cruz, California 95060

### AMENDMENT OF CONTRACT WITH COMMUNITY ACTION BOARD

Dear Members of the Board:

As you are aware, the CareerWorks Division of the Human Resources Agency is subcontracting with the Community Action Board (CAB) to provide a work-related emergency payment fund for CalWORKs participants who become employed. The project, funded through the Governor's Discretionary 15% Welfare-to-Work Grant, has been successful in removing barriers to work which could not be handled in any other way. Given the success of this component of the Welfare-to-Work job retention services program, an increase in the CAB contract is required to ensure services beyond August 1999.

Due to unexpected savings within the Welfare-to-Work retention services grant, an additional \$90,604 is available to support the CAB program. The Human Resources Agency is recommending an immediate augmentation to CAB contract #3 1776, retroactive to September 1, 1999, to continue services through June 2000. A contract amendment has been developed and approved by County Counsel and Risk Management, and signed by the contractor. It is attached for your information. An AUD 74 is attached to accomplish the necessary fund transfer and augmentation for CAB. In addition, the AUD 74 transfers funds from under-expended program components to the 3 110 regular pay sub-object, to fund retention services staff work. There is no County cost associated with these transfers.

IT IS THEREFORE RECOMMENDED that your Board approve the contract amendment augmenting the Community Action Board contract (#3 1776) by \$90,604, retroactive to September 1, 1999, approve the necessary transfer of funds, and authorize the Human Resources Agency Administrator to sign the contract amendment on behalf of the County.

Very truly yours,

*Cecilia Espinola (ex)*

CECILIA ESPINOLA

Administrator

CE/GG:pb/cabamend.com

RECOMMENDED:

SUSAN A. MAURIELLO

County Administrative Officer



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Very truly yours,

*Cecilia Espinola (ex)*

CECILIA ESPINOLA

Administrator

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COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

349

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

FROM: Human Resources Agency (Dept.)  
Barbara Coy-Bulicz (Signature) 8/25/99 (Date)

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

- Said agreement is between the Human Resources Agency (Agency) and Community Action Board, 501 Soquel Avenue, Suite E, Santa Cruz CA 95062 (Name & Address)
- The agreement will provide Administration of a work related emergency payment fund from the Governor's 15% Welfare to Work Retention Services grant.
- The agreement is needed to implement a decision of the Board of Supervisors (increase total contract from \$ 57,500 to 148,104.)
- Period of the agreement is from July 1, 1999 to June 30, 2000
- Anticipated cost is \$ 137,309 (99/00) (Fixed amount; Monthly rate, Not to exceed)
- Remarks: Contract term: 1/1/99 to 6/30/00 Welfare to Work 15% Retention grant  
98/99 \$10,795 + 99/00 Existing \$46,705 + 99/00 Increase \$90,604 = \$148,104 Contract total  
Contact: Barbara Coy-Bulicz X 4591
- Appropriations are budgeted in 396000 (Index#) 5250 (Subject)

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

Appropriations are available and will be encumbered. Contract No CO 91776-01 Date 9/13/99  
GARY A. KNUTSON, Auditor - Controller  
By Linda Chow Deputy.

*Pending Aud 74 budget transfer for approval of*

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the \_\_\_\_\_ to execute the same on behalf of the \_\_\_\_\_

Remarks: \_\_\_\_\_ (Agency). \_\_\_\_\_ County Administrative Officer  
By W E Date 9/10/99  
Agreement approved as to form. Date \_\_\_\_\_

Distribution:  
Bd. of Supv. • White  
Auditor-Controller • Blue  
County Counsel • Green •  
Co. Admin. Officer • Canary  
Auditor-Controller - Pink  
Originating Dept. - Goldenrod  
  
\*To Orig. Dept. if rejected.  
  
ADM - 29 (6/95)

State of California )  
County of Santa Cruz ) ss  
I \_\_\_\_\_ 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

60

**COUNTY OF SANTA CRUZ**  
 REQUEST FOR TRANSFER OR REVISION  
 OF BUDGET APPROPRIATIONS AND/OR FUNDS

0350

Department: Human Resources Agency - JTPA Division

Date: 8/25/99

TO: Board of Supervisors / County Administrative Officer / District Board

I hereby request your approval of the following transfer of budget appropriations **and/or** funds in the fiscal year ending June 30, 1999

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
JE 6			

BATCH #	
DATE	Keyed By:

		T/C	INDEX	SUBJECT	USER CODE	AMOUNT	ACCOUNT DESCRIPTION *
T R A N S F E R	T O	0 2 1	3,9,6,0,0,0			1,3,0 6 0 4 0,0	***See Attached***
	F R O M	0 2 2	3,9,6,0,0,0			1,3,0 6,0,4 0,0	***See Attached***

Explanation: To redistribute Welfare to Work 15% Retention Services program funding.

Name Barbara J. Coy-Bulicz Title Sr. Dept. Admin Analyst  
 Barbara Coy-Bulicz

Auditor-Controller's Action: I hereby certify that unencumbered balance(s) is/are available in the appropriations/funds and in the amounts indicated above

Auditor-Controller, by \_\_\_\_\_, Deputy Date \_\_\_\_\_

County Administrative Officer's Action:  Recommended to Board |  Approved |  Not Recommended or Approved

County Administrative Officer [Signature] Date 9/13/99

State of California } As the Clerk of the Board of Supervisors of the County of Santa Cruz, I do hereby certify that the foregoing request  
 County of Santa Cruz } ss. transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by an action duly entered in the minutes of said Board on

\_\_\_\_\_, 19\_\_\_\_, By \_\_\_\_\_, Deputy

(A-C)\* Desc: \_\_\_\_\_ # \_\_\_\_\_ - Budget Transfer

Distribution: BRD. NAME AGENDA DATE ITEM NO.  
 White-Board of Supervisors Green-County Administrative Officer  
 Yellow-Auditor-Controller Pink-Originating Department Goldenrod-Departmental Control Copy

A-C Review		

**Attachment to AUD74: August 25, 1999**

Human Resources Agency  
 CareerWorks  
 Job Training Partnership Act

## TRANSFER FUNDS TO:

TIC #	Index #	Sub-Object Account Name	Amount
<b>021</b>	<b>396000</b>	<b>3110</b> Regular Pay - Extra Help	<b>\$ 40,000</b>
<b>021</b>	<b>396000</b>	<b>5250</b> Community Action Board	<b>\$ 90,604</b>
<b>Total Transfer to:</b>			<b><u>\$ 130,604</u></b>

## TRANSFER FUNDS FROM:

TIC #	Index #	Sub-Object Account Name	Amount
<b>022</b>	<b>396000</b>	<b>3611</b> Health Services Agency	<b>\$ (56,180)</b>
<b>022</b>	<b>396000</b>	<b>5374</b> Santa Cruz Community Counseling Center	<b>\$ (34,215) ✓</b>
<b>022</b>	<b>396000</b>	<b>5425</b> HRA: Individual Referral	<b>\$ (40,209)</b>
<b>Total Transfer from:</b>			<b><u>\$ (130,604)</u></b>

File: bcb:o:\Finance\BrdAttach.w2w