



# County of Santa Cruz<sup>016</sup>

---

## HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061-0962  
(831) 454-4066 FAX: (831) 454-4770 TDD: (831) 4544123

AGENCY ADMINISTRATIVE DIVISION

October 5, 1999

AGENDA: October 19, 1999

BOARD OF SUPERVISORS  
County of Santa Cruz  
701 Ocean Street  
Santa Cruz, CA 95060

SUBJECT: APPROVE MULTI-YEAR REVENUE AGREEMENT FOR THE MALE  
INVOLVEMENT PROJECT (MIP) AND RELATED SERVICE CONTRACTS

Dear Board Members:

The Health Services Agency is requesting approval of the attached multi-year State revenue agreement for the Male Involvement Project (MIP). The agreement provides \$100,000 per year in State funding to continue the Male Involvement Project (MIP) for an additional three years. Also attached are the related multi-year service agreements with the Watsonville YWCA and Salud Para La Gente and a resolution accepting \$5,000 in unanticipated project revenue.

This teen pregnancy prevention project focuses on the roles and responsibilities of male teens in pregnancy prevention. The project uses various educational, counseling and outreach activities to achieve its goals and objectives as detailed in the attached State agreement. A portion of the 1999-2000 MIP funds (\$55,000) supports HSA staff and other costs associated with this project. The balance of the funding award covers the renewal service agreements with Salud Para La Gente and the Watsonville YWCA.

The Salud contract (\$22,500 per year) supports a part-time Health Educator to conduct group and individual education sessions at community program sites, migrant camps, and the Salud clinic. The purpose of these sessions is to increase the information and skill level of male teens to help them take responsibility for their actions, raise their self-esteem, and change their behaviors. Youth peer leaders will also conduct educational focus and support groups in several schools located in the Watsonville area. The Watsonville YWCA contract (\$22,500 per year) supports a part-time Program Coordinator to administer the program and a Health Educator to provide education and counseling to males in middle schools and high schools in the project area.

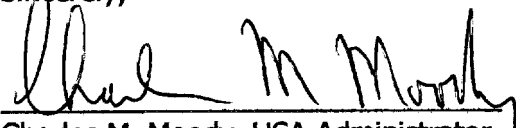
The 1999-2000 adopted County budget contains projected MIP revenue of \$95,000. The State agreement includes an additional \$5,000 to support data system improvements and upgrades. A resolution accepting and appropriating this unanticipated revenue is attached.

HSA is also requesting authority to execute contract amendments as needed to reflect minor program changes or funding adjustments of up to 10% of the original contract amount, as permitted by the State revenue agreement. Such adjustments and changes may be necessary because of revised local priorities or to accommodate State revisions. These service agreements are not County funded, and any changes would be within current State funding limits and State contractual authorization. HSA will return to your Board if there are substantive service changes, changes in contract amount greater than 10%, or if new contractors are to be added.

It is, therefore, RECOMMENDED that your Board:


1. Authorize the HSA Administrator to sign the multi-year State Standard Agreement for the Male Involvement Project (MIP) in the amount of \$100,000 per year and amendments reflecting minor program changes or budget adjustments; and
2. Adopt the attached resolution accepting and appropriating unanticipated revenue of \$5,000 for the Male Involvement Project for FY 199900; and
3. Authorize the HSA Administrator to sign the attached multi-year MIP services contracts with Salud Para La Gente (\$22,500 per year) and the Watsonville YWCA (\$22,500 per year) and to sign amendments to these agreements of up to 10% of the original amount, as described above.

Sincerely,



Charles M. Moody, HSA Administrator

RECOMMENDED:




---

Susan A. Mauriello  
County Administrative Officer

- cc:
- County Administrative Office
  - Auditor-Controller
  - County Counsel
  - HSA Administration
  - Salud Para La Gente
  - Watsonville YWCA

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

0171

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  
Dept of Health Services for Male Involvement Project (MP) program; and

WHEREAS, the County is recipient of funds in the amount of \$ 5,000.00  
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 \$ 5,000.00 into

Department Health Services Agency

T/C	Index Number	Revenue Subject Number	Account Name	Amount
001	362750	0542	ST-FAMILY PLANNING	5,000.00

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

T/C	Index Number	Expenditure Subject Number	PRJ/UCD	Account Name	Amount
021	362750	3975		Misc Exp	5,000.00

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 Charles M. Moody  
Department Head

Date 9/29/99

COUNTY ADMINISTRATIVE OFFICER

<sup>4/5</sup> Recommended to Board

0172

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:

*Ralu Garcia*  
County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

*Ronald J. Silver 10/7/79*  
Auditor-Controller

Distribution:

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

**COUNTY OF SANTA CRUZ**  
**REQUEST FOR APPROVAL OF AGREEMENT**

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

FROM: HEALTH SERVICES AGENCY (Dept.) <sup>0173</sup>  
C. Murphy (Signature) 9/29/99 (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 State funding for the Male Involvement Project (MIP) == multi-year  
revenue agreement. State contract number 99-85530.

3. The agreement is needed to provide for the above State fundino.

4. Period of the agreement is from July 1, 1999 to June 30, 2002

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

5. Remarks: Contract provides \$100,000 per year in State revenue, for a total contract  
amount of \$300,000. FY 1999-00 revenue is budgeted in 362750/0542.

7. Appropriations are budgeted in revenue agreement (Index#) \_\_\_\_\_ (Subobject)

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

Appropriations <sup>are</sup>/<sub>are not</sub> available and <sup>have been</sup>/<sub>will be</sub> encumbered. Contract No. R-628 Date 10 7 99  
N/A  
 GARY A. KNUTSON, Auditor - Controller  
 BY Donald J. Silen 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: CS (Analyst) BY John S. [Signature] Date 10/7/99

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

\*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  
 \_\_\_\_\_ 19 \_\_\_\_\_ By \_\_\_\_\_ Deputy Clerk

**32**

ON FILE With Clerk

4STATE OF CALIFORNIA

STANDARD AGREEMENT

APPROVED BY THE ATTORNEY GENERAL

CONTRACT NUMBER 99-85530 AM. NO. TAXPAYER'S FEDERAL ID. NUMBER 94-2705747 0174

THIS AGREEMENT, made and entered into this 1st day of July, 1999, 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 County of Santa Cruz Health Services Agency, 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 services to be rendered by Contractor, amount to be paid Contractor, time for performance or completion, and attach plans and specifications, if any.)

1. TERM

The term of this agreement shall be from July 1, 1999 through June 30, 2002, subject to the provisions of Paragraph 4. This agreement is of no force and effect unless and until approved by the Department of General Services, if required.

2. INCORPORATED EXHIBITS

- A. The following exhibits are attached, incorporated herein and made a part hereof by this reference: (1) Exhibit A(S), entitled "Additional Provisions", dated May 1996, consisting of 14 pages, excluding provision 15 which is not applicable to this agreement; excluding provision 2 1 which is superseded by alternate contract language;

CONTINUED ON 11 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.) County of Santa Cruz Health Services Agency (Local Governmental Entity) BY (AUTHORIZED SIGNATURE) D For D PRINTED NAME OF PERSON SIGNING Edward Stahlberg PRINTED NAME OF AND TITLE OF PERSON SIGNING TITLE Chief, Program Support Branch ADDRESS 1400 Emeline Ave., P.O. Box 962, Santa Cruz, CA 95061-0962

Table with columns: AMOUNT ENCUMBERED BY THIS DOCUMENT (\$ 100,000), PROGRAM / CATEGORY (CODE AND TITLE) (Cal Assistance), FUND TITLE (General), PRIOR AMOUNT ENCUMBERED FOR THIS CONTRACT (\$ -0-), ITEM (4260-111-0001), CHAPTER (50), STATUTE (1999), FISCAL YEAR (1999-2000), TOTAL AMOUNT ENCUMBERED TO DATE (\$ 100,000), OBJECT OF EXPENDITURE (CODE AND TITLE) (99-52424-4945-702-03)

I hereby certify upon my own personal know/edge that budgeted funds are available for the period and purpose of the expenditure stated above. SIGNATURE OF ACCOUNTING OFFICER D DATE

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

024

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

FROM: HEALTH SERVICES AGENCY

C. Moody (Signature) 9/29/99 (Date)

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

COUNTY OF SANTA CRUZ (Health Services Agency)

1. Said agreement is between the SALUD PARA LA GENTE (Agency)  
and 204 E. Beach St., Watsonville, CA 95076 (Name & Address)

2. The agreement will provide various education and counseling services as part of the Male Involvement Project (MIP) conducted by the County's Health Services Agency.

3. The agreement is needed, to provide for the above services.

4. Period of the agreement is from July 1, 1999 to June 30, 2002

5. Anticipated cost is \$ 22,500 per year for three years (Fixed amount Monthly Not to exceed)

6. Remarks: Total contract amount for three years is \$67,500. Can't Agmt Sec III

7. Appropriations are budgeted in 362753 (Index#) 3665 (Subject)

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

Appropriations are available and have been encumbered. Contract No. CO91248 - 01  
are not available and will be encumbered.

GARY A. KNUTSON, Auditor - Controller  
By Ronald J. Libin 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).

Remarks: LL (Analyst) By Wh County Administrative Officer Date 10/8/99

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.

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 \_\_\_\_\_ 19\_\_\_\_ County Administrative Officer  
By \_\_\_\_\_ Deputy Clerk

**COUNTY OF SANTA CRUZ**  
**Health Services Agency**

Contract Number: 91248 - 01  
Account: **362750**  
Subobject: **3665**  
Amount: **\$22,500/year**

0242

THIS CONTRACT is entered into this 1<sup>st</sup> day of July, 1999, by and between the COUNTY OF SANTA CRUZ, hereinafter called COUNTY and Salud Para La Gente, hereinafter called CONTRACTOR. The parties agree as set forth in the following exhibits which are attached hereto and incorporated herein by this reference.

<u>Exhibit</u>	<u>Title</u>
A	Standard County Provisions
B	Standard Health Services Agency Provisions
<b>c , C-1, c-2</b>	Contractor Information and Scope of Work
D and D-1	Fiscal and Payment Provisions

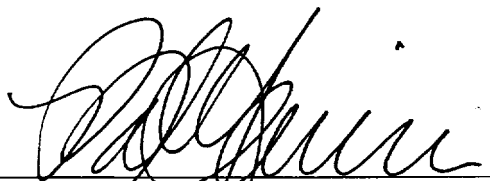
IN WITNESS THEREOF COUNTY and CONTRACTOR have executed this Agreement to be effective upon the date first above written.

**CONTRACTOR:**

**COUNTY OF SANTA CRUZ:**

Name:	Name: Charles M. Moody
Title:	Title: Health Services Agency Administrator
Signature:	Signature:
Date:	Date:

Approved as to form:

  
Assistant County Counsel

Distribution:

County Administrative Office  
Auditor-Controller  
County Counsel  
Health Services Agency  
Contractor



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.