



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ⁰²⁵⁹

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

December 28, 1999

AGENDA: January 11, 2000

BOARD OF SUPERVISORS

Santa Cruz County
701 Ocean Street
Santa Cruz, CA 95061

RE: ACCEPT FUNDS FOR AIDS EDUCATION AND PREVENTION PROGRAM

Dear Board Members:

The Health Services Agency has been awarded \$33,044 in one-time State Office of AIDS funds to augment AIDS education and prevention activities. HSA is requesting adoption of the attached resolution accepting these funds, authorization to sign the related State revenue agreement amendments, and approval of the attached amendments with three current AIDS service providers.

The additional State funding is designated for specific populations at-risk for HIV infection, including high-risk women, people of color, and youth. The funding will be used to purchase educational materials and supplies in English and Spanish (\$6,866), to obtain consultant services for updated local needs assessment and for identifying new HIV prevention interventions (\$5,600), and to produce a Spanish language videotape for use in HIV education sessions (\$4,130). A portion of the funds (\$12,390) will be used to augment the existing contracts with the Santa Cruz AIDS Project (SCAP), Salud Para La Gente, and the HIV Education and Prevention Project for additional education and prevention services. The balance of the funding (\$4,058) will cover HSA staff costs associated with monitoring the program and with providing technical assistance to contractors.

HSA will receive an amendment to the AIDS Master Agreement and related Education and Prevention Memorandum of Understanding, which are the vehicles used to distribute these funds to counties. HSA is requesting authorization to sign these amendments when they are received.

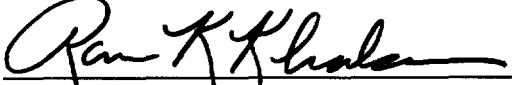
It is therefore RECOMMENDED that your Board:

1. Adopt the attached resolution accepting and appropriating \$33,044 in unanticipated revenue for HIV education and prevention activities; and


2. Authorize the Health Services Agency Administrator to sign the related amendments to the State AIDS Master Agreement and the Memorandum of Understanding for Education and Prevention funds when received; and
3. Approve the attached contracts amendments with the Santa Cruz AIDS Project, Salud Para La Gente, and the HIV Education and Prevention Project in the amount of \$4,130 each, and authorize the HSA Administrator to sign the amendments.

0260

Sincerely,


Rama Khalsa, Ph.D., HSA Administrator

RECOMMENDED:


Susan A. Mauriello
County Administrative Officer

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

DEPARTMENT OF HEALTH SERVICES
7141744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 445-0553



NOV 16 1999

George Wolfe, M.D., M.P.H.
Health Officer
Santa Cruz County
1060 Emeline Street
P.O. Box 962
Santa Cruz, CA 95060

Dear Dr. Wolfe:

The Department of Health Services/Office of AIDS (DHS/OA) has received new funds from the Budget Act of fiscal year 1999-2000. The funds focus on specific populations at risk for contracting HIV. These target populations include: high-risk women, people of color, men who have sex with men, and high-risk youth. DHS/OA was awarded these funds as part of the state's ongoing commitment to continually adapting and/or developing programs and services to meet the changing needs and priorities of this epidemic.

DHS/OA is making a portion of these funds available on a one-time basis only, to initiate activities within the following HIV high-risk groups: women, people of color, youth, and men who have sex with men. In order to expedite the use of these one-time funds, we have allocated \$33,044 to your Local Health Department (LHD). These funds can be used for activities from December 1, 1999 to June 30, 2000. The funds cannot extend past June 30, 2000. Your current Education and Prevention Memorandum of Understanding will be amended to include the augmentation of this one-time funding. Expenditures of funds should be consistent with prevention efforts described in your county's local HIV prevention plan and must provide services to the aforementioned populations. Examples of one-time HIV prevention expenditures can include: outreach materials/activities, social marketing events/activities, education materials, mobile vans, HIV risk groups needs assessments, formative research for new HIV prevention interventions for target groups and/or updating epidemiological profiles.

DHS/OA is requesting each LHD to submit a two-page proposal that must include a clearly defined one-time expenditure scope of work from December 1, 1999 to June 30, 2000, five-line item budget and budget justification. In addition, we will evaluate your proposal based on your local plan. Enclosed for your convenience are a scope of work guideline and a sample five-line item budget.

0252

George Wolfe, M.D., M.P.H.
Page 2

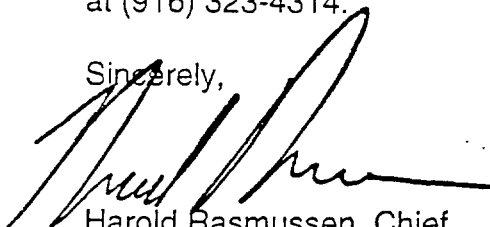
Please mail your response by **December 3, 1999** to:

**Department of Health Services
Office of AIDS
P.O. Box 942732
Sacramento, CA 94234-7320
Attn: Harold Rasmussen, Chief
Education and Prevention Services Branch**

The remainder of the funds will be made available through a competitive Request for Application in November 1999 to LHDs for collaboration with Community Based Organizations, to address individualized HIV prevention programs to the specific target populations mentioned above. These programs will have a start date of March 2000.

If you have any questions, feel free to contact Laurel Cima at (916) 323-4318 or myself at (916) 323-4314.

Sincerely,



Harold Rasmussen, Chief
Education and Prevention Services Branch
Office of AIDS

Enclosures

cc: Steve Truax, Ph.D., Chief
HIV Prevention Research and
Evaluation Section
Office of AIDS
611 North 7th Street
P.O. Box 942732
Sacramento, CA 94234-7320

Drew Johnson, Chief
HIV Prevention Policy and
Program Development Section
Office of AIDS
611 North 7th Street
P.O. Box 942732
Sacramento, CA 94234-7320

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

0263

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
Office of AIDS for HIV Education & Prevention program; and

WHEREAS, the County is recipient of funds in the amount of \$ 33,044
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 \$ 33,044 into

Department Health Services Agency

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	362700	0666	ST AIDS - AIDS HEALTH EDUCATION	33,044

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

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
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- 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 Rama Chakraborty
Department Head

Date 12/28/99

COUNTY ADMINISTRATIVE OFFICER

✓ *JEH*

Recommended to Board

0264

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:

Rafael Garcia

County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

Ronald L. Wilson 12/28/99

Auditor-Controller

Distribution:

Auditor-Controller
County Council
County Administrative, Officer
Originating Department

HEALTH SERVICES AGENCY
AUD60 ATTACHMENT
HIV EDUCATION AND PREVENTION PROGRAM

FISCAL YEAR 1999/00

0265

ESTIMATED REVENUES:

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	362700	0666	ST AID - AIDS HEALTH EDUCATION	\$ 33,044

Total				\$ <u>33,044</u>
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APPROPRIATIONS:

T/C	Index Number	Expenditure Subobject Numb&	PRJ/UCD	Account Name	Amount
021	362700	3100		REGULAR PAY	\$ 3,103
021	362700	3150		FICA	237
021	362700	3155		PERS	405
021	362700	3160		INSURANCE	313
021	362700	3665		PROF & SPEC SERVICES	22,122
021	362700	3975		SPEC DEPTL EXP	4,000
021	362700	4110		BOOKS, SUBSCRIPTIONS, & EDUC MATL	2,864

Total					\$ <u>33,044</u>
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66

(Dept.)

_____(Signature)

(Date)

By

Deputy.

County Administrative Officer

By

Date _____

19

By _____ Deputy Clerk

AMENDMENT TO AGREEMENT -- AMENDMENT # 1

The parties hereto agree to amend that certain agreement dated July 1, 1999, by and between the COUNTY OF SANTA CRUZ and HIV EDUCATION AND PREVENTION PROJECT by deleting the existing Exhibit C ("Scope of Work") and Exhibit D ("Fiscal **and** Payment Provisions") and replacing them with the attached revised Exhibit C ("Scope of Work") and Exhibits D ("Fiscal and Payment Provisions"). In addition, the attached Exhibits C-2 and D-2 are hereby made part of this agreement.

All other provisions of said contract shall remain in full force and effect.

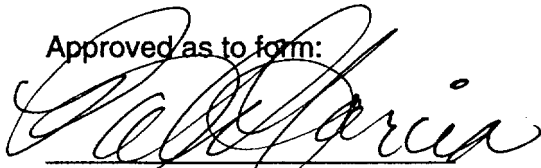
CONTRACTOR

COUNTY OF SANTA CRUZ.

By: _____

By: _____
Rama Khalsa, Ph.D., HSA Administrator

Approved as to form:


Assistant County Counsel

Distribution:

Auditor-Controller
County Counsel
HSA Administration
HIV Education and Prevention Project

EXHIBIT C - SCOPE OF WORK – REV 1

0268

1. CONTRACTOR INFORMATION.

Name: HIV Education and Prevention Project
Address: P.O. Box 661
Santa Cruz, CA 95061
Telephone:
Tax ID Number: 77-0386490
Contact:

2. DUTIES OR SERVICES PROVIDED. CONTRACTOR agrees to provide HIV education and prevention services as described in the attached Scope of Work (Exhibits C-1 and C-2), which by this reference is made part of this agreement. All work performed under this agreement shall be accomplished in accordance with the 1999-00 State Master Grant Agreement (State contract #99-85115) and related Education and Prevention Memorandum of Understanding (MOU), which by this reference are made part of this agreement.

3. NEEDLE EXCHANGE PROGRAM CERTIFICATION. CONTRACTOR certifies that it will not utilize funds from this agreement to operate or fund a needle exchange program.

EXHIBIT C-2

0269

HPPIDU
December 1, 1999 – June 31, 2000

SCOPE OF WORK

Goal Statement #1:

Identify need for further program development for high-risk women in Santa Cruz County.

Measurable Objective:

1. By 6-30-00, distribute 75 needs assessment questionnaires to high-risk women to identify areas for improvement in current programming.

Key Activities:

- Develop needs assessment tool Feb. 15, 2000
- Conduct needs assessments June 30, 2000
- Analyze needs assessment data June 30, 2000

1. COMPENSATION. In consideration for CONTRACTOR providing services described in Exhibit C -1 (Scope of Work), COUNTY agrees to pay as follows: **an amount not to exceed \$72,891 .00** as detailed in the attached Program Budgets (Exhibits D-1 and D-2), which by this reference are made part of this agreement. Total contract amount is based on and limited to the availability of funding via the State Master Grant Agreement. If Master Grant Agreement funding is reduced or eliminated, the amount available for services provided under this agreement will likewise be reduced or eliminated. No COUNTY funds will be used to fund services under this agreement.
2. MONTHLY PAYMENT. CONTRACTOR may elect to receive compensation advanced in monthly installments of **1/12th** of the maximum contract amount as shown in Paragraph D(1) above. CONTRACTOR assures that a cash advance is needed each month in order to provide the contracted services. Payment may be less than the above **1/12th** amounts if there is a cash carry-over from the prior month which indicates that CONTRACTOR does not need the full advance amount to support the program's cash flow during the month. CONTRACTOR may be allowed a carry-over amount from month to month, not to exceed the **1/12th** monthly allocation, upon COUNTY approval. Any unused funds exceeding the carry-over base shall be offset against the next months advance. No single monthly payment shall exceed **1/12th** of the Maximum Allocation unless there have been payments of less than **1/12th** of such amount for any prior month of the agreement term. To the extent that there have been such lesser payments, the resultant savings may be used to pay monthly billings which exceed **1/12th** of the Maximum Allocation. Justification to COUNTY shall be required for advance in excess of these amounts prior to approval of claim for such excess. The cash advance will not be used to provide working capital for non-County programs, and when possible the advance will be deposited in an interest bearing account, and the interest used to reduce program costs.
3. PARTIAL PERFORMANCE. In the event less than all services are performed in a proper and timely manner, CONTRACTOR shall be paid only the reasonable cost for the services performed for the payment period as determined by **COUNTY's** Administrator.
4. BUDGET CONTROL. With prior written approval of COUNTY, CONTRACTOR may adjust cost among budget line items or add/delete line items as long as the total amount of the contract is not exceeded.

EXHIBIT D-Z

0271

HPPIDU

December 1, 1999 – June 31, 2000

SCOPE OF WORK

Budget

Personnel	\$3,897
Admin. Assistant: 54% time, plus 15% benefits	
Indirect Costs @ 6%	\$233
Total	\$4,130

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0272

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

FROM: **HEALTH SERVICES AGENCY** (Dept.)
Ronald Knutson (Signature) 12/28/99 (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) (Agency)

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

2. The agreement will provide various HIV education and prevention activities, funded by the State AIDS Master Agreement. Amendment incorporating additional one-time funding for FY 99/00.

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

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

5. Anticipated cost is \$ additional \$4,130 (Fixed amount; Monthly rate; Not to exceed) XXXXXXXXXXXXXXXXXXXX

6. Remarks: Increase contract amount by \$4,130 to a new total of \$66,898. Encumber the additional \$4,130 in a new suffix (02) in same Budget unit and account.

7. Appropriations are budgeted in 362700 (Index#) 3665 (Subobject)

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

Appropriations are available and have been encumbered. C t N o . C091313-02 Date 12/28/99
are not will be

GARY A. KNUTSON, Auditor - Controller

By Ronald J. Knutson 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: EG (Analyst)

County Administrative Officer
By Ed Sahy

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 _____

By _____ Deputy Clerk

AMENDMENT TO AGREEMENT -- AMENDMENT # 1

The parties hereto agree to amend that certain agreement dated July 1, 1999, by and between the COUNTY OF SANTA CRUZ and SALUD PARA LA GENTE by deleting the existing Exhibit C ("Scope of **Work**") and Exhibit D ("Fiscal and Payment Provisions") and replacing them with the attached revised Exhibit C ("Scope of Work") and Exhibits D ("Fiscal and Payment Provisions"). In addition, the attached Exhibits C-2 and D-2 are hereby made part of this agreement.

All other provisions of said contract shall remain in full force and effect.

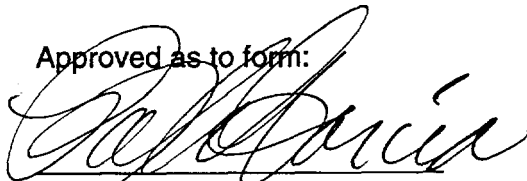
CONTRACTOR

COUNTY OF SANTA CRUZ

By: _____

By: _____
Rama Khalsa, Ph.D., HSA Administrator

Approved as to form:


Assistant County Counsel

Distribution:

Auditor-Controller
County Counsel
HSA Administration
Salud **Para** La Gente

EXHIBIT C - SCOPE OF WORK – REV 1

0274

1. CONTRACTOR INFORMATION.

Name: Salud **Para** La Gente
Address: 204 E. Beach St.
Watsonville, CA 95076
Telephone: (408) 728-8250
Tax ID Number: 94-2705747

2. DUTIES OR SERVICES PROVIDED.

CONTRACTOR agrees to provide HIV education and prevention services as described in the attached Scope of Work (Exhibits C-1 and C-2), which by this reference is made part of this agreement. All work performed under this agreement shall be accomplished in accordance with the 1999-00 State Master Grant Agreement (State contract #99-85115) and related Education and Prevention Memorandum of Understanding (MOU), which by this reference are made part of this agreement.

Salud Para La Gente
January 1- June 31, 2000

0275

SCOPE OF WORK

Population: MSM Youth

Goal #1:

Increase MSM Youth outreach contacts from 100 to 200 in existing scope of work for fiscal year 99-00.

Measurable Objectives:

1. By 6-30-00, 100 at-risk youth and /or adolescents will be seen through outreach.
Key Activities:
 - Provide HIV/AIDS prevention information and condoms to youth through outreach. June 31, 2000

Goal #2:

Support and expand GAP (Gay and Proud) youth group programming.

Measurable Objective:

1. By 6-30-00, send 20 "GAP" youth to a gay youth conference.
Key Activities:
 - Research appropriate gay youth conference March 30, 2000
 - Obtain permission slips from parents and guardians June 1, 2000
 - Attend conference June 31, 2000
 - GAP members who attend conference will be encouraged To submit written pieces on their experiences to local publications June 31, 2000
- By 6-30-00, one social event for "GAP" members will be planned and conducted.
- Key Activities:
- Plan social event with GAP members May 15, 2000
 - Implement social event June 31, 2000
 - GAP members who attend the social event will be encouraged to submit written pieces on their experiences to local publications. June 31, 2000

1. COMPENSATION. In consideration for CONTRACTOR providing services described in Exhibit C -1 (Scope of Work), COUNTY agrees to pay as follows: **an amount not to exceed \$66,898.00** as detailed in the attached Program Budgets (Exhibits D-1 and D-2), which by this reference are made part of this agreement. Total contract amount is based on and limited to the availability of funding via the State Master Grant Agreement. If Master Grant Agreement funding is reduced or eliminated, the amount available for services provided under this agreement will likewise be reduced or eliminated. No COUNTY funds will be used to fund services under this agreement.
2. MONTHLY PAYMENT. CONTRACTOR may elect to receive compensation advanced in monthly installments of **1/12th** of the maximum contract amount as shown in Paragraph D(1) above. CONTRACTOR assures that a cash advance is needed each month in order to provide the contracted services. Payment may be less than the above **1/12th** amounts if there is a cash carry-over from the prior month which indicates that CONTRACTOR does not need the full advance amount to support the program's cash flow during the month. CONTRACTOR may be allowed a carry-over amount from month to month, not to exceed the **1/12th** monthly allocation, upon COUNTY approval. Any unused funds exceeding the carry-over base shall be offset against the next months advance. No single monthly payment shall exceed **1/12th** of the Maximum Allocation unless there have been payments of less than **1/12th** of such amount for any prior month of the agreement term. To the extent that there have been such lesser payments, the resultant savings may be used to pay monthly billings which exceed **1/12th** of the Maximum Allocation. Justification to COUNTY shall be required for advance in excess of these amounts prior to approval of claim for such excess. The cash advance will not be used to provide working capital for non-County programs, and when possible the advance will be deposited in an interest bearing account, and the interest used to reduce program costs.
3. PARTIAL PERFORMANCE. In the event less than all services are performed in a proper and timely manner, CONTRACTOR shall be paid only the reasonable cost for the services performed for the payment period as determined by COUNTY's Administrator.
4. BUDGET CONTROL. With prior written approval of COUNTY, CONTRACTOR may adjust cost among budget line items or add/delete line items as long as the total amount of the contract is not exceeded.

EXHIBIT D-Z

0277

Salud Para La Gente
January 1- June **31, 2000**

BUDGET

Personnel	0
Operating Expenses	\$ 4,130
Conference registration, transportation costs	
Educational materials and safer sex materials	
Capital Expenditures	0
Other Costs	0
Indirect Costs	0
Total	\$4,130

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0270

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

FROM: **HEALTH SERVICES AGENCY**

(Dept.)

Ramakrishna (Signature) 12/28/99 (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 _____ (Agency)
SANTA CRUZ AIDS PROJECT (SCAP)
and **PO BOX 557. Santa Cruz. CA 95061-0557** (Name & Address)

2. The agreement will provide various HIV education and prevention activities, funded by the State
AIDS Master Agreement. Amendment incorporating additional one-time funds for FY 99/00.

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

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

5. Anticipated cost is \$ additional \$4,130 (~~Fixed xxxxxx, Max xxxxxx~~) Not to exceed

Increase contract amount by \$4,130 to a new total of \$187,419. Encumber the

6. Remarks: additional \$4,130 in a new suffix (02) in same Budget unit and account.

7. Appropriations are budgeted in 362700 (Index#) 3665 (Subobject)

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

Appropriation s are Available and have been encumbered. t N o C091314-02 Date 12/28/99
are not will be

GARY A. KNUTSON, Auditor - Controller

By Russell A. Silva 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: ES (Analyst)

County Administrative Officer
By Ch Schy Date 12/30/99

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 **87** 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 _____

_____ 19 _____ By _____ Deputy Clerk

AMENDMENT TO AGREEMENT -- AMENDMENT # 1

The parties hereto agree to amend that certain agreement dated July 1, 1999, by and between the COUNTY OF SANTA CRUZ and THE SANTA CRUZ AIDS PROJECT by deleting the existing Exhibit C ("Scope of Work") and Exhibit D ("Fiscal and Payment Provisions") and replacing them with the attached revised Exhibit C ("Scope of Work") and Exhibits D ("Fiscal and Payment Provisions"). In addition, the attached Exhibits C-2 and D-2 are hereby made part of this agreement.

All other provisions of said contract shall remain in full force and effect.

CONTRACTOR

COUNTY OF SANTA CRUZ

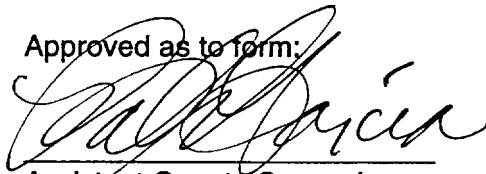
By: _____

Santa Cruz AIDS Project

By: _____

Rama Khalsa, Ph.D., HSA Administrator

Approved as to form:


Assistant County Counsel

Distribution:

Auditor-Controller
County Counsel
HSA Administration
Santa Cruz AIDS Project

EXHIBIT C - SCOPE OF WORK – REV 1

0280

1. CONTRACTOR INFORMATION.

Name: Santa Cruz AIDS Project
Address: P.O. Box 557
Santa Cruz, CA 95061-0557
Telephone: 427-3900
Contact:
Tax ID Number: 77-0129193

2. DUTIES OR SERVICES PROVIDED.

CONTRACTOR agrees to provide HIV education and prevention services as described in the attached Scope of Work (Exhibits C-1 and C-2), which by this reference is made part of this agreement. All work performed under this agreement shall be accomplished in accordance with the 1999-00 State Master Grant Agreement (State contract #99-85115) and related Education and Prevention Memorandum of Understanding (MOU), which by this reference are made part of this agreement.

Santa Cruz AIDS Project
January 1 – June 31, 2000

SCOPE OF WORK

Population: MSM

Goal #1:

Revise, append and publish AIDS Prevention in Public Sex Environments: Outreach and Training Manual for distribution and use by outreach programs for MSM statewide.

Measurable Objectives:

1. By 6-30-00, the Santa Cruz AIDS Project will publish 100 copies of its third revised addition of the PSE manual for use throughout the state.

Key Activities:

- Contract with the author of the first and second editions of the PSE manual for completion of a third revised and expanded version of the PSE manual. Jan. 15, 2000
- PSE Outreach Worker and consultant will conduct interviews and focus groups with PSE participants. March 31, 2000
- SCAP will publish and distribute 100 copies of revised PSE manual. June 31, 2000

1. COMPENSATION. In consideration for CONTRACTOR providing services described in Exhibit C -1 (Scope of Work), COUNTY agrees to pay as follows: **an amount not to exceed \$187,419.00** as detailed in the attached Program Budgets (Exhibits D-1 and D-2), which by this reference are made part of this agreement. Total contract amount is based on and limited to the availability of funding via the State Master Grant Agreement. If Master Grant Agreement funding is reduced or eliminated, the amount available for services provided under this agreement will likewise be reduced or eliminated. No COUNTY funds will be used to fund services under this agreement.
2. MONTHLY PAYMENT. CONTRACTOR may elect to receive compensation advanced in monthly installments of **1/12th** of the maximum contract amount as shown in Paragraph D(1) above. CONTRACTOR assures that a cash advance is needed each month in order to provide the contracted services. Payment may be less than the above **1/12th** amounts if there is a cash carry-over from the prior month which indicates that CONTRACTOR does not need the full advance amount to support the program's cash flow during the month. CONTRACTOR may be allowed a carry-over amount from month to month, not to exceed the **1/12th** monthly allocation, upon COUNTY approval. Any unused funds exceeding the carry-over base shall be offset against the next months advance. No single monthly payment shall exceed **1/12th** of the Maximum Allocation unless there have been payments of less than **1/12th** of such amount for any prior month of the agreement term. To the extent that there have been such lesser payments, the resultant savings may be used to pay monthly billings which exceed **1/12th** of the Maximum Allocation. Justification to COUNTY shall be required for advance in excess of these amounts prior to approval of claim for such excess. The cash advance will not be used to provide working capital for non-County programs, and when possible the advance will be deposited in an interest bearing account, and the interest used to reduce program costs.
3. PARTIAL PERFORMANCE. In the event less than all services are performed in a proper and timely manner, CONTRACTOR shall be paid only the reasonable cost for the services performed for the payment period as determined by COUNTY's Administrator.
4. BUDGET CONTROL. With prior written approval of COUNTY, CONTRACTOR may adjust cost among budget line items or add/delete line items as long as the total amount of the contract is not exceeded.

EXHIBIT D-Z

0283

Santa Cruz AIDS Project
January 1 – June 31, 2000

BUDGET

Personnel	\$581
PSE Outreach @\$12/hr. x 40 hrs plus benefits @21%	
Operating Expenses	\$1,981
Incentives for focus groups, one-on-one interviews, and publishing costs	
Capital Expenditures	0
Other Costs	\$1,200
Consultant	
Indirect Costs (@ 10%)	\$368
Total	\$4,130