

county of Santa Cruz 0225

HUMAN RESOURCES AGENCY

CECILIA ESPINOLA, ADMINISTRATOR

1000 EMELINE ST., SANTA CRUZ, CA 95060

(408) 454-4130 OR 454-4045 FAX: (408) 454-4842

March 6, 2000

Agenda: March 21, 2000

BOARD OF SUPERVISORS

County of Santa Cruz

701 Ocean Street

Santa Cruz, CA 95060

CHILD WELFARE SERVICES/CASE MANAGEMENT SYSTEM WORKSTATION REPLACEMENT PROGRAM LEASE-PURCHASE AGREEMENT

Dear Members of the Board:

As you know, the Human Resources Agency's (HRA) Child Welfare Services program operates a state-mandated computer tracking system called Child Welfare Services Case Management Systems (CWSKMS). In response to recent concerns about Child Welfare Services/Case Management System (CWS/CMS) application performance issues, the California Department of Social Services, the California Welfare Directors Association, and the Health and Welfare Data Center developed a workstation replacement program. The purpose of this letter is to inform your Board of the intent of HRA to participate in this program.

The State has provided a master lease agreement, with prices negotiated on a total statewide volume basis, to get the best price. The master lease agreement provides counties with the opportunity to lease current technology workstations to replace any or all of their older desktop workstations and laptops. The State has determined that replacement is the cost-effective option to continually attempting to upgrade older machines and devoting expensive technical staff time to maintain minimal levels of service.

The State released a competitive Request for Best Pricing (RFBP) process to select a single vendor to provide replacement CWS/CMS workstations. As a result, a contract was awarded to Inacom Information Systems of Sacramento to provide counties, wishing to participate in this replacement effort, with an opportunity to take advantage of the RFBP. Each county is able to enter into a contractual agreement with the vendor for the necessary goods and services at the award rates. After reviewing the business justification for the request, procurement information, and costs, the Human Resources Agency (HRA) has elected to participate in the workstation replacement program.

BOARD OF SUPERVISORS

2

Agenda: March 14, 2000

C WS/CMS Workstation Replacement Program
with Inacom Information Systems

HRA and the General Services Department request your approval to proceed with the master lease agreement with Inacom Information System, and their strategic partner Koch Financial Corporation, to lease eighty-two replacement desktop workstations and eighty-five replacement monitors beginning in April 2000. The agreement is for three years with a one-dollar buyout at the completion of the agreement.

The total amount financed will be \$116,946.46 with an amortized interest rate of 5.9% for 36 monthly payments of \$3,552.44. Two payments totaling \$7,104.88 are included in the HRA FY 1999/2000 budget at no additional cost to the county. Proportionate funds will be included in the HRA FY 00/01 budget. HRA further requests that the Board approve the attached resolution to recognize the Inception of Lease and appropriate a fixed asset expenditure in the amount of the lease as required by the State Controller.

IT IS THEREFORE RECOMMENDED that your Board:

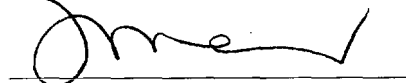
1. Approve the attached resolution (AUD-60) to recognize the Inception of Lease for replacement workstations and appropriate a fixed asset expenditure in the amount of \$116,946.46;
2. Approve a Request for Transfer of Appropriations of \$7,104.88 in HRA Social Services Index 392 100; and
3. Authorize the General Services Department to execute the lease agreement.

Very truly yours,

Cecilia Espinola (S)

CECILIA ESPINOLA
Administrator

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
General Services Department

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

0227

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 Installment-
- f o r CWS/CMS workstations program; and

WHEREAS, the County is recipient of funds in the amount of \$ 116,946.46
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 \$ 116,946.46 into

Department HRA - Social Services

| <u>T/C</u> | <u>Index Number</u> | <u>Revenue Subobject Number</u> | <u>Account Name</u> | <u>Amount</u> |
|------------|---------------------|---------------------------------|-----------------------------|---------------|
| 001 | 392100 | 2473 | Inception of Lease Purchase | 116,946.46 |

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

| <u>T/C</u> | <u>Index Number</u> | <u>Expenditure Subobject Number</u> | <u>PRJ/UCD</u> | <u>Account Name</u> | <u>Amount</u> |
|------------|---------------------|-------------------------------------|----------------|---------------------|---------------|
| 021 | 392100 | 8404 | | Fixed Assets | 116,946.46 |

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 *Aine Alcorn*
Department Head

Date 3-7-00

COUNTY ADMINISTRATIVE OFFICER

[Handwritten signature]

Recommended to Board

0228

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 four-fifths vote for approval):

AYES: SUPERVISORS

NOES: SUPERVISORS

ABSENT: SUPERVISORS

Chairperson of the Board

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

[Handwritten signature]

County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

[Handwritten signature] 3/8/2000

Auditor-Controller

Distribution:

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

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

0229

Department: HRA - Social Service5

Date: 3-7-00

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, 19~~ 2000

| AUDITORS USE ONLY | | | | |
|-------------------|--------------|-----|----------|-----------|
| DOCUMENT # | AMOUNT | L/N | T/C HASH | |
| JE 6, , , , | 1,142,097.60 | 0,3 | | <u>68</u> |

| | |
|---------|-----------|
| BATCH # | |
| DATE | Keyed By: |

| T R A N S F E R | T O | T/C | INDEX | SUBJECT | USER CODE | AMOUNT | | ACCOUNT DESCRIPTION * |
|--------------------------------------|------------------|-------|-------------|---------|-----------|--------|--------|-----------------------|
| | | 0,2,1 | 3,9,2,1,0,0 | 4,8,3,0 | ,,5,,9 | 6 | 9 | 5,5 |
| | | 0,2,1 | 3,9,2,1,0,0 | 4,8,7,0 | IIII | I | 3533 | Int on Lease |
| | | | IIII | I | IIII | I | IIII | |
| | | | IIII | I | IIII | I | IIII | |
| | F R O M | 0,2,2 | 3,9,2,1,0,0 | 3,4,8,9 | | | 710488 | PC Software |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Explanation:

Transfer funds to allow for the first 2 payments of the lease-purchase agreement for CWS/CMS workstations and monitor

Name *W. Ann Alcorn* Title Fiscal Officer

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 *Ronald A. Silva*, Deputy Date 3/8/2000

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

County Administrative Officer *Ch. Silva* Date 3/9/00

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

_____, 19____, BY _____ Deputy Clerk

(A-C) * Desc: _____ # _____ - Budget Transfer

| | | |
|------------|--|--|
| A-C Review | | |
| | | |

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