



HEALTH SERVICES AGENCY  
ADMINISTRATION

# COUNTY OF SANTA CRUZ<sup>0293</sup>

## 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

May 9, 2000

AGENDA: May 23, 2000

### BOARD OF SUPERVISORS

Santa Cruz County  
701 Ocean Street  
Santa Cruz, CA 95060

RE: APPROVAL OF CONTRACT AMENDMENT WITH THE SANTA CRUZ AIDS PROJECT

Dear Board Members:

The Health Services Agency requests approval of the attached \$7,568 amendment to the agreement with the Santa Cruz AIDS Project (SCAP) for services in connection with the HIV drop-in center project in Watsonville. The agreement is fully funded by the State Office of AIDS.

On March 21, 2000, your Board accepted a multi-year State funding award to develop and implement a drop-in center located in Watsonville and focusing on providing outreach, risk reduction counseling, and other HIV prevention services to at-risk youth. Your Board also approved a \$44,710 agreement with the Santa Cruz AIDS Project for numerous activities associated with the drop-in center project. The attached \$7,568 amendment will allow SCAP to purchase various services and equipment necessary to operate this facility. These items include computers, printers, fax, photocopier, telephones and other general office materials and supplies. The new contract total is \$52,278. Funds for this amendment were included in the previous Board action accepting and appropriating the new State revenue.

It is therefore RECOMMENDED that your Board:

1. Approve the attached \$7,568 amendment to the contract with the Santa Cruz AIDS Project (SCAP) for services in connection with the Watsonville HIV drop-in center project and authorize the Health Services Agency Administrator to sign the amendment.

Sincerely,

Rama Khalsa, Ph.D., HSA Administrator

RECOMMENDED:

Susan A. Mauriello  
County Administrative Officer

cc: County Administrative Office  
Auditor-Controller

County Counsel  
HSA Administration

Santa Cruz AIDS Project

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0294

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

FROM: HEALTH SERVICES AGENCY

(Dept.)

(Signature)

5/2/00

(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 COUNTY OF SANTA CRUZ (Health Services Agency) (Agency)  
and, Santa Cruz AIDS Project, PO Box 557, Santa Cruz, CA 95061-0557 (Name & Address)
- The agreement will provide various education and prevention activities in connection with the development and operation of an HIV drop-in center in Watsonville.
- The agreement is needed, to provide for the above services.
- Period of the agreement is from March 1, 2003 to June 30, 2000
- Anticipated cost is \$ additional \$7,568 ~~(Fixed amount Monthly rate; Not to exceed)~~
- Remarks: Encumber an additional \$7,568 to a new contract total of \$52,278.
- Appropriations are budgeted in 352700 (Index#) 3565 (Subobject)

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

Appropriations are available and have been encumbered. Contract No. C092057-01 e 5  
are not will be

GARY A. KNUTSON, Auditor - Controller

BY Ronald J. 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).

County Administrative Officer

Remarks:

SS (Analyst)

By SS

Date 5/11/00

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.

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AD 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

**AMENDMENT TO AGREEMENT -- AMENDMENT # 1**

The parties hereto agree to amend that certain agreement dated March 1, 2000, by and between the COUNTY OF SANTA CRUZ and THE SANTA CRUZ AIDS PROJECT by deleting the existing Exhibits D ("Fiscal and Payment Provisions") and D-I and replacing them with the attached Exhibits D ("Fiscal and Payment Provisions - Rev 1") and D-I ("Program Budget - Rev 1).


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

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 \$52,278.00** as detailed in the attached Program Budget (Exhibit D-I), which by this reference is 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-I (Rev 1)**

## Program Budget

Santa Cruz AIDS Project (SCAP)  
(March 1,200 - June 30, 2000)

A.	<u>Personnel</u>	
	Drop-in Center Coordinator	\$ 6,250
	Outreach Worker	1,375
	Subtotal salaries	7,625
	Benefits @21%	1,601
	<b>TOTAL PERSONNEL</b>	<b>9,226</b>
B.	<u>Operatina Expenses</u>	
	General Office Expenses	8,000
	Travel/per diem	600
	Facilities Operations (including, but not limited to, telephone systems, computers, printers, cellular phones, photocopier, fax machine, facility lease & remodel costs, and other expenses as approved by County).	25,568
	<b>TOTAL OPERATING EXPENSES</b>	<b>34,168</b>
C.	<u>Capital Expenditures</u>	
D.	<u>Other Costs</u>	
	Technical Assistance	7,500
E.	<u>Indirect Expenses @ 15% of Personnel</u>	1,384
	<b>TOTAL BUDGET</b>	<b>\$ 52,278</b>