



**HEALTH SERVICES AGENCY
ADMINISTRATION**

County of Santa Cruz

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE, SANTA CRUZ, CA 95061

(831) 454-4066 FAX: (831) 454-4770 TDD: (831) 454-2123

May 23, 2000

AGENDA: June 6, 2000

BOARD OF SUPERVISORS
Santa Cruz County
701 Ocean Street
Santa Cruz, CA 95061

RE: APPROVE 2000-01 STATE REVENUE AGREEMENT FOR THE IMMUNIZATION PROGRAM

Dear Board Members:

The Health Services Agency is requesting approval to sign the 2000-01 State revenue agreement in the amount of \$210,197 for the immunization services program. A copy of the agreement is on file with the Clerk of the Board.

The revenue agreement includes \$130,000 in State renewal funding to support the Santa Cruz County All Kids by Two (AKT) immunization coalition, whose purpose is to improve immunization levels among pre-school age children. The revenue agreement also contains federal renewal funding for other immunization services totaling \$80,197. These other services include surveillance and outbreak control of vaccine-preventable diseases, enforcement of the school immunization law, information and education efforts, and the perinatal hepatitis B prevention program. A portion of the combined funding will be used for collaborative services agreements with Watsonville Community Hospital (\$61,560) and Food and Nutrition Services, Inc. (\$24,102) to continue AKT services. The balance of the funding (\$124,535) supports various existing HSA staff in the immunization program. The attached State-required resolution authorizes the HSA Administrator to sign the revenue agreement. State and federal funding for immunization services is included in HSA's 2000-01 budget request.

The State generally permits adjustments of up to \$10,000 among budgeted line items in the State revenue agreement, confirmed with a budget neutral administrative amendment. To facilitate program and contract management, HSA is requesting authorization to sign such amendments and to make related adjustments in the two immunization services agreements as long as these adjustments do not result in a net County cost increase and are approved by the State. A typical adjustment would be to increase the dollar amount of one contract while decreasing the other contract by the same amount with no change in the total State contract amount. HSA will return to your Board for approval of any changes more than \$10,000 or if the total amount of the State contract is affected.

It is, therefore, RECOMMENDED that your Board:

0262


1. Adopt the attached resolution authorizing the Health Services Agency Administrator to sign the 2000-01 State revenue agreement for immunization services, and to sign administrative amendments adjusting line items up to \$10,000 or covering minor program changes; and
2. Authorize the Health Services Agency to sign the related immunization services agreements with Watsonville Community Hospital (\$61,560) and Food & Nutrition Services, Inc. (\$24,102) and contract budget amendments as agreed upon by the contracting agency up to \$10,000, so long as these changes do not increase Net **County** Cosf.
3. Direct the Clerk of the Board to return two certified copies of the Board resolution to Health Services Agency for processing with the State.

Sincerely,



Rama Khalsa, Ph.D.
HSA Administrator

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
HSA Administration
Food and Nutrition, Inc.
Watsonville Community Hospital

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0263

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

FROM: **HEALTH SERVICES AGENCY** (Dept.)
Rama Khalsa / ag (Signature) 5/23/00 (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)

- Said agreement is between the _____ (Agency)
STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES
and 714 P Street, Sacramento, CA 95814 (Name & Address)
- The agreement will provide State and Federal funding for various immunization services and activities, State contract number 00-90118.
- The agreement is needed to provide for the above funding.
- Period of the agreement is from July 1, 2000 to June 30, 2001
- Anticipated cost is \$ n/a - revenue agreement (Fixed amount; Monthly rate; Not to exceed)
- Remarks: FY 2000-01 revenue is \$210,197, to be budgeted in rev acct/subobj: 362623/0684.

7. Appropriations are budgeted in n/a - revenue agreement (Index#) _____ (Subobject)

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

Appropriations are available and have been encumbered. Contract No. R-519 Date 5/24/00
N/A
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 5/2 5/00

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.

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

STANDARD AGREEMENT-

STD. 2 (REV. 5-91)

APPROVED BY THE
ATTORNEY GENERAL

0264

CONTRACT NUMBER

00-90188

AM. NO.

00

TAXPAYERS' FEDERAL EMPLOYER IDENTIFICATION NUMBER

94-6000543

THIS AGREEMENT, made and entered into this 1st day of June, 2000,
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 service to be rendered by Contractor, amount to be paid Contractor, time for performance or completion, and attach plans and specifications, if any.)

1. The following exhibits are attached, incorporated herein, and made a part hereof by this reference:
 - A. Exhibit A, entitled "Terms", consisting of nine (9) pages.
 - B. Exhibit B, entitled "Budget", consisting of one (1) page. Exhibit B, Schedule 1, page 2, entitled "Food and Nutrition Services (WIC)", and Schedule 2, page 3, entitled "Watsonville Community Hospital" are for informational purposes only.
 - C. Exhibit C, entitled "Contractor's Release", consisting of one (1) page.
 - D. Exhibit D, entitled "Contract Uniformity", consisting of two (2) pages.
 - E. Exhibit A(F), entitled "Additional Provisions", consisting of twenty-nine (29) pages.
 - F. Exhibit A-1, entitled "Current Contract Year Equipment Purchased with State Funds", consisting of one (1) page.
 - G. Exhibit A-2, entitled "Annual Inventory of State Furnished Equipment", consisting of one (1) page.

CONTINUED ON 2 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)	
BY (AUTHORIZED SIGNATURE) D		BY (AUTHORIZED SIGNATURE) D	
PRINTED NAME OF PERSON SIGNING		PRINTED NAME AND TITLE OF PERSON SIGNING	
TITLE Chief, Program Support Branch		ADDRESS 1080 Emeline Avenue Santa Cruz, CA 95060	
AMOUNT ENCUMBERED BY THIS DOCUMENT \$ 210,197.00	PROGRAM/CATEGORY (CODE AND TITLE) Local Assistance/Clearing Account	FUND TITLE General	Department of General Services Use On/y
PRIOR AMOUNT ENCUMBERED FOR THIS CONTRACT \$ 0	(OPTIONAL USE) FFP 38%	Subject to Budget Approval Federal Catalog #93.268	
TOTAL AMOUNT ENCUMBERED TO DATE \$ 210,197.00	ITEM 4260-1 1 1-001 4260-001-001	CHAPTER 2000	
	STATUTE 2000	FISCAL YEAR 2000/2001	
	OBJECT OF EXPENDITURE (CODE AND TITLE) 00-95333-9430-702-03-95158L-99 - \$80,197.00 00-5 1343-4470-702-03 - \$130,000.00		
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.		T.B.A. NO.	B.R. NO.
SIGNATURE OF ACCOUNTING OFFICER D		DATE	

☒ CONTRACTOR☐ STATE AGENCY☐ DEPT. OF GEN. SER.☐ CONTROLLER☐

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

0314

Resolution No. _____

On the motion of Supervisor
duly seconded by Supervisor
the following resolution is adopted:

RESOLUTION AUTHORIZING 2000-01 IMMUNIZATION PROGRAM STATE CONTRACT

WHEREAS, the County of Santa Cruz receives annual funding from the State Department of Health Services via the Immunization Subvention to provide various immunizations services; and

WHEREAS, the Health Services Agency has received a State Standard Agreement for the Immunization Subvention in the amount of \$210,197 for 2000-01; and

WHEREAS, approval of the State Standard Agreement by the local governing board is necessary in order for the County to receive reimbursement for various immunization service provided by and through the Health Services Agency; and

WHEREAS, the annual State Immunization Subvention contract and renewal contracts may be amended from time to time by the State to incorporate minor program changes or line item budget changes up to \$10,000 without changing the original total amount of the State agreement.

NOW, THEREFORE, BE IT RESOLVED that the Santa Cruz County Board of Supervisors hereby approves the 2000-01 State Standard Agreement for the Immunization Program (State contract number 00-90188) in the amount of \$210,197 for the period July 1, 2000 through June 30, 2001 and authorizes the Health Services Agency Administrator to sign the Agreement and amendments to the Agreement reflecting minor program changes or budget revisions up to \$10,000 as long as the original total contract amount is not changed.

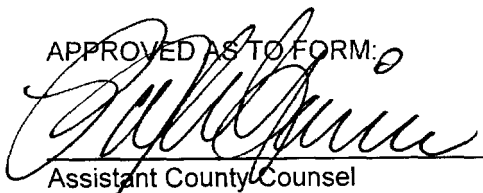
PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz, **State** of California, this day of , 2000, by the following vote (requires four-fifths approval).

AYES: Supervisors
NOES: Supervisors
ABSENT: Supervisors

Chair of said Board

ATTEST: _____
Clerk of Said Board

APPROVED AS TO FORM:



Assistant County Counsel

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