



HEALTH SERVICES AGENCY  
ADMINISTRATION

# COUNTY OF SANTA CRUZ<sup>0305</sup>

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## 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 30, 2000

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

RE: ACCEPT FUNDING AWARD FOR THE HIV EARLY INTERVENTION PROGRAM

Dear Board Members:

The Health Services Agency has been notified that it will receive \$98,233 in additional federal funds for the HIV Early Intervention Program (EIP) for this calendar year. This letter accepts and appropriates \$3,600 to cover travel costs for three HSA staff to attend a mandatory award grantee meeting in Chicago on June 26 and 27. HSA will return to your Board in August to accept and appropriate the balance of the grant award.

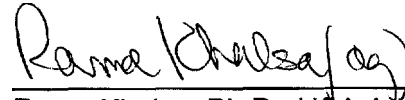
The HIV Early Intervention Program is funded through Title III of the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act and provides primary medical care and related services to eligible clients. The \$98,233 funding augmentation is intended to improve the quality of care for persons with HIV by implementing an information management and performance measurement system built around a methodology and protocols developed by other Title III participants. The additional funding includes a one-time award of \$43,467 for laboratory tests and diagnostic procedures, plus a notebook PC and specialized quality monitoring software. The \$54,766 award balance is on-going and will support a part-time quality improvement coordinator and related expenses.

Award recipients are required to attend three grant-funded meetings in 2000, the first one scheduled for June 26 and 27 in Chicago. The grant award specifies that each local program send a clinician, the program manager, and the quality improvement coordinator to these meetings. The estimated cost for three attendees is \$3,600 and is fully covered by the grant. Since one of the attendees is Jeff Young, MD, the contract physician providing medical services to the Early Intervention Program, the Auditor has indicated that Board approval is required for out of state travel for contractors. HSA is therefore requesting authorization to send Dr. Young as the County's clinician representative and to pay related travel expenses. HSA will return in August to complete the necessary budget revisions and personnel actions related to this grant award.

It is therefore RECOMMENDED that your Board:

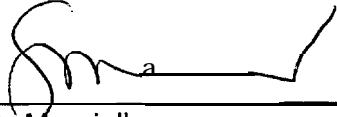
1. Adopt the attached resolution accepting and appropriating \$3,600 in unanticipated revenue for the HIV Early Intervention Program; authorize Jeff Young, MD, as the County's clinician representative to the EIP grantee meeting, June 26 and 27 in Chicago, and authorize payment of related travel expenses for the clinician representative.

Sincerely,



Rama Khalsa, Ph.D., HSA Administrator

RECOMMENDED:



Susan A. Mauriello  
County Administrative Officer

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

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

0307

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 Title III CARE Act for HIV Early Intervention program; and

WHEREAS, the County is recipient of funds in the amount of \$3,600 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 \$ 3,600 into

Department Health Services Agency

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	362310	0980	Fed Aid - AIDS Care Act	\$ 3,600

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

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
021	362310	4168		Travel - Other	\$ 3,600

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 Ramakrishna (ag)  
Department Head

Date 5/31/00

COUNTY ADMINISTRATIVE OFFICER

Recommended to Board

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

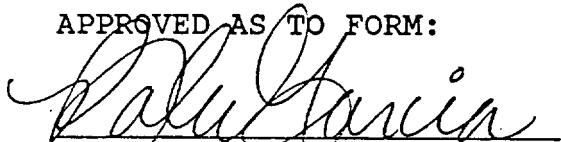
ABSENT: SUPERVISORS

CHAIR OF THE BOARD

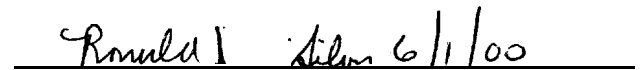
ATTEST:

\_\_\_\_\_  
Clerk of the Board

APPROVED AS TO FORM:

  
\_\_\_\_\_  
County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

 6/1/00  
\_\_\_\_\_  
Auditor-Co&roller

Distribution:

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



HIV/AIDS Bureau

Health Resources and Services Administration  
Rockville MD 20857

Dear Title III Colleague:

This letter is to notify you of the status of your request for FY 2000 Supplemental Ryan White Title III HIV Early Intervention Services funds.

The Title III Program received requests for \$26.8 million in ongoing and \$11.3 million in one-time expansion funds. We are able to fund \$12.5 million and \$1.5 million, respectively. Based on the criteria cited in the Guidance, Title III Program staff considered each application on its merit and funding decisions have been made and approved by the HIV/AIDS Bureau.

FY 2000 Title III grant funds are awarded on two start dates: January 1, 2000 and July 1, 2000. Grantees with January 1 budget start dates who are approved for expansion funds (ongoing, one-time or both) will receive a revised Notice of Grant Award in May to incorporate the expansion funding. Grantees with a July 1, 2000 budget start date who are approved for supplemental funds (ongoing, one-time or both) will receive their supplemental funds as part of their new FY 2000 Notice of Grant Award dated July 1, 2000.

Grantees should review carefully their Notice of Grant Award or revised Notice of Grant Award for Special Conditions relative to these expansion funds, including the specific items approved for funding. Expansion funds may only be used for the purpose(s) proposed and approved in the application process. Grantees who receive one-time expansion funds are reminded that these funds will not be available beyond the FY 2000 budget year.

The following action(s) was taken on your supplemental funding application. Grantees approved for funding should contact their Project Officer regarding the specific items approved/not approved for funding.

Application for On-Going Funds:  
Approved: 54,766  
Level of Funding: 460,965

Application for One-Time Funds:  
Approved: 43,467  
Level of Funding: 449,666

Not Approved: \_\_\_\_\_

Not Approved: \_\_\_\_\_

Did Not Apply: \_\_\_\_\_

Did Not Apply: \_\_\_\_\_

--- Sincerely yours,

Lois Eldred, Dr.P.H., Chief  
Primary Care Services Branch

73-111-1111  
506-483-1111

1. DATE ISSUED (MO./DAY/YR.) 05/09/2000		2. CFDA NO. 93.918	
3. SUPERSEDES AWARD NOTICE dated 12/27/1999 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4. GRANT NO. 6 H76 HA 00153-09 1 R1		5. FORMER GRANT NO. CSH901881	
6. PROJECT PERIOD Mo./Day/Yr. From 0913011991		Mo./Day/Yr. Through 12/3 112000	
7. BUDGET PERIOD Mo./Day/Yr. From 01/01/2000		Mo./Day/Yr. Through 12/31/2000	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH RESOURCES & SERVICES ADMINISTRATION



NOTICE OF GRANT AWARD

0310

AUTHORIZATION (Legislation/Regulation)  
SECTION 265 1-266

8. GRANTOR  
HIV/AIDS BUREAU

9. TITLE OF PROJECT (OR PROGRAM)  
OP EARLY INTERVENTION SVCS W/RESPECT TO HIV DISEASE

10. GRANTEE NAME AND ADDRESS  
SANTA CRUZ COUNTY  
HEALTH SERVICES AGENCY  
1080 EMELINE AVENUE  
  
SANTA CRUZ, CA 95060

11. DIRECTOR OF PROGRAM (LAST NAME FIRST 8 ADDRESS)  
HAUER, LAURIE  
HEALTH SERVICES AGENCY  
  
1060 EMELINE AVENUE  
  
SANTA CRUZ, CA 95061

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

I PHS Grant Funds Only

II Total project costs including grant funds & all other financial participation (Select one and place NUMBER in box.)

a. TOTAL APPROVED BUDGET..... \$	504,432
i. Less Non-Federal Share.....	
ii. Federal Share.....	504,432
(Estimated Program Income: )	
b. Unobligated Balance From the Prior Budget Periods..... \$	
(Additional Authority.....\$	0 )
(Offset..... \$	)
c. Less Cumulative Prior Award(s) This Budget Period .....	406,199
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION..... \$	98,233

13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT):

YEAR	TOTAL COSTS	YEAR	TOTAL COSTS
a.		d.	
b.		e.	

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH):

a. Amount of PHS Direct Assistance..... \$

b. Less Cumulative Prior Award(s) This Budget Period..... \$

c. AMOUNT OF DIRECT ASSISTANCE THIS ACTION.... \$

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART C, OR 45 CFR PART 92, SUBPART C SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

E

A=Additional Cost, B=Deduction, C=Finance Non-Federal Share, D=Cost Sharing or Matching, E=Other

REMARKS: (Other Terms and Conditions Attached)

1 THIS AWARD INCLUDES ONE TIME SUPPLEMENTAL FUNDS IN THE AMOUNT OF \$33,467 AND ON-GOING SUPPLEMENTAL FUNDS OF \$54,766

2 OF THE TOTAL FEDERAL AMOUNT AWARDED IN THIS NOTICE OF GRANT AWARD. \$5,000 IS RESTRICTED AND NOT AVAILABLE FOR OBLIGATION UNTIL EXPLICIT RELEASE AND GUIDANCE FROM THE HIV/AIDS BUREAU CONCERNING TELECOMMUNICATIONS.

3 SEE ATTACHED DETAILED BUDGET.

GRANTS MANAGEMENT OFFICER: (Signature) *Glenna Wilcom* (Name-Type/Print) GLENNA WILCOM, GRANTS MANAGEMENT OFFICER HAB

17. OBJ. CLASS 41.51 FY - CAN 2000 377089 1		18. CRS-EIN 1946000534A4 DOCUMENT NO. CSH901881A ADMINISTRATIVE CODE		19. LIST NO. AMT. ACTION FIN. ASST. 9s.133 AMT. ACTION DIR. ASST	
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**CONDITION**

0311

- 1. If your organization purchases or reimburses for outpatient drugs, an assessment must be made to determine whether the organization's drug acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness (See 42 CFR Part 50, Subpart E, and OMB Circulars A-122 and A-87 regarding cost principles). If your organization is eligible to be a covered entity under Section 340B of the Public Health Service Act and the assessment shows that participating in the 340B Drug Pricing Program and its Prime Vendor Program is the most economical and reasonable manner of purchasing or reimbursing for covered outpatient drugs (as defined in section 340B), failure to participate may result in a negative audit finding, cost disallowance or grant funding offset.

**LINE ITEM BUDGET for FY 2000 - TITLE III EXPANSION FUNDING**  
**Santa Cruz County Health Services Agency**

ITEM	PRIMARY CARE	OTHER PROGRAM	ADMINISTRATIVE	TOTAL
Personnel (Ongoing Only) (Specify) 1. 2. 3.	\$	\$	\$	\$0
Fringe Benefits (Ongoing Only)	\$	\$	\$	\$0
Travel	\$	\$	\$	\$0
Equipment (Specie) 1. 1 Notebook Computer/Software 2.1 Color Printer 3.		\$4,867 \$500		\$4,867 \$500
Supplies (Specify) 1. Laboratory Tests Hep. C 2. 3.	\$24,900	\$	\$	\$24,900
Contractual (Specify) 1. S Abdom. (Liver) Ultrasounds 2. 4 Liver Biopsies/MD/Pathology 3	\$4,400 \$8,800	\$	\$	\$4,400 \$8,800
Other (Specify) 1 2. 3.	\$	\$	\$	\$0
Indirect Charges (Administrative Category Only) (Per Federal negotiated agreement, if applicable)			\$	\$0
<b>TOTAL APPROVED</b>	<b>\$38,100</b>	<b>\$5,367</b>	<b>\$0</b>	<b>\$43,467</b>
<b>TOTAL FY 2000 Award* Before Approved Supplemental (from latest 424)</b>	<b>\$376,652</b>	<b>\$17,123</b>	<b>\$12,424</b>	<b>\$406,199</b>
<b>TOTAL FY 2000 Award with Approved Supplemental</b>	<b>\$414,752</b>	<b>\$22,490</b>	<b>\$12,424</b>	<b>\$449,666</b>
	<b>92.24%</b>	<b>5.00%</b>	<b>2.76%</b>	<b>100.00%</b>

(Must be at least 50% of total grant)

(Cannot exceed 7.5% of total supplemental requested)



**LINE ITEM BUDGET for FY 2000 - TITLE III EXPANSION FUNDING**  
**County of Santa Cruz Health Services Agency**

ITEM	PRIMARY CARE	OTHER PROGRAM	ADMINISTRATIVE	TOTAL
Personnel (Ongoing Only) (Specify)				\$0
1. Quality Improvement Coordinator (.5 FTE)	\$33,066	\$	\$	\$0
2.				\$0
Fringe Benefits (Ongoing Only)	Included @ 27%	\$	\$	\$0
Travel				\$16,700
1. 3 Staff to Attend 4 Meetings	\$16,700	\$	\$	
Equipment (Specify)				\$0
1. Telecommunications (Restricted, See NGA).		\$5,000	\$	\$5,000
2.				\$0
Supplies (Specify)				\$0
1.	\$	\$	\$	\$0
2.				\$0
Contractual (Specify)				\$0
Other (Specify)				\$0
1.				
Indirect Charges (Administrative Category Only) (Per Federal negotiated agreement, if applicable)			\$	\$0
<b>TOTAL APPROVED</b>	\$49,766	\$5,000	\$0	\$54,766
<b>TOTAL FY 2000 Award* Before Approved Supplemental (from latest 424)</b>	\$376,652	\$17,123	\$12,424	\$406,199
<b>TOTAL FY 2000 Award with Approved Supplemental</b>	\$426,418	\$22,123	\$12,424	\$460,965
	92.51%	4.80%	2.70%	100.00%

(Must be at least 50% of total grant)

(Cannot exceed 7.5 % of total supplemental requested)

\*January Starts should use their approved 2000 budget; July Starts are to use their 1999 Base plus any approved ongoing supplemental funds received in 1999.