

County of Santa Cruz

HUMAN RESOURCES AGENCY

1000 EMELINE ST., SANTA CRUZ, CA 95060
(831) 454-4130 OR 454-4045 FAX: (831) 454-4642

CECILIA ESPINOLA, ADMINISTRATOR

August 24, 2000

AGENDA: September 12, 2000

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

ACCEPT UNANTICIPATED REVENUE FOR CALWIN WELFARE AUTOMATION

Dear Members of the Board:

As you know, on January 11, 2000, your Board granted approval for the Human Resources Agency (HRA) Administrator to execute a contract with the Electric Data Systems (EDS) Corporation for the design, implementation and ongoing maintenance of the CalWORKs Information Network (CalWIN) system. The CalWIN system is intended to automate eligibility functions for the major public assistance programs, provide management reporting, fiscal and benefit issuance systems, and is a joint venture of the Welfare Client Case Data (WCDS) Consortium of which HRA has been a member for over 25 years.

The purpose of this letter is to accept revenue to support the CalWIN project. The California Health and Human Services Agency Data Center, the state agency charged with oversight of the project, has recently notified HRA that the Santa Cruz County allocation for FY2000/2001 will be \$574,527. These funds were not included in the FY2000/2001 budget and need to be accepted into the HRA budget.

IT IS THEREFORE RECOMMENDED that your Board approve the resolution accepting unanticipated revenue in the amount of \$574,527 and appropriate the funds as per the attached resolution.

Very truly yours,

CECILIA ESPINOLA
Administrator

CE:ES:pb

BOARD OF SUPERVISORS

Agenda: September 12, 2000

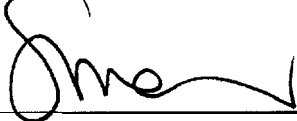
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**AUTHORIZATION TO ACCEPT REVENUE FOR CALWIN WELFARE
AUTOMATION**

Attachments:

AUD 60 - Resolution Accepting Unanticipated Revenue

RECOMMENDED:



SUSAN A. MAURIELLO
County Administrative Officer

cc: County Administrative Office
Auditor Controller
HRA-Fiscal

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0429

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

FROM: Human Resources Agency (Dept.)
Eileen [Signature] (Signature) 8/17/00 (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 Human Resources Agency (Agency)
and Electronic Data Systems Corporation, P.O.Box 1890 Rancho Cordova, CA 95741 (Name & Address)
- The agreement will provide The design, implementation, and ongoing maintenance of
the CalWORKs Information Network (CalWIN) system.
- The agreement is needed to provide payment for services as 1 of 18 counties for CalWIN
- Period of the agreement is from Feb 28, 2000 to June 30, 2008
N 2000/0001 cost = ~~\$74,182~~ \$574,527
- Anticipated cost is \$ 7,374,598 over the 99 month term ~~(Fixed amount, Monthly rate; Not to exceed)~~
- Remarks: See Board Item #44 from January 11, 2000. We have now reviewed our allocation
for FY 00 01 and are appropriating those funds. Future year costs will be incorporated
into the budget Various
- Appropriations are budgeted in 392100 (Index#) See AUC 606 object

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

Appropriations are available and Contract No. numbered.
are not

* SUBJECT TO APPROVAL OF AUD - 60 GARY

CO 02233 Date 8/29/00

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
to execute the same on behalf of the

(Agency).

Remarks:

GB (Analyst)

County Administrative Officer
BY *Ch [Signature]* Date 8/29/00

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

_____ 19 _____ BY _____ Deputy Clerk

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

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 & Federal**
Funds _____ for CalWIN Welfare Automation program; and

WHEREAS, the County is recipient of funds in the amount of \$ 574,527
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 \$ 574,527 into

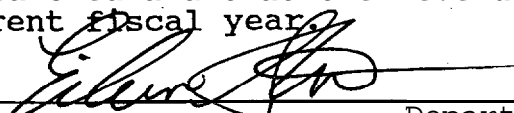
Department Human Resources Agency

T/C	Index Number	Revenue Subject Number	Account Name	Amount
01	392100	0536	NAFS (CalWIN)	574,527

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

T/C	Index Number	Expenditure Subject Number	PRJ/UCD	Account Name	Amount
21	392100	3100		Regular Pay	185,530
		3150		OASDI	14,060
		3155		Retirement	14,610
		3160		Insurance	-7,124
		3665		Prof & Special	306,258
		4166		Travel/Mileage	46,945

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 
Department Head

Date 8/17/00

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 four-fifths vote for approval):

AYES: SUPERVISORS

NOES: SUPERVISORS

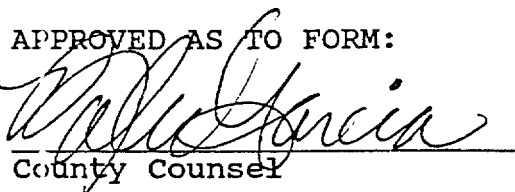
ABSENT: SUPERVISORS

Chairperson of the Board

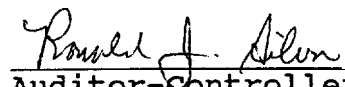
ATTEST:

Clerk of the Board

APPROVED AS TO FORM:


County Counsel

APPROVED AS TO ACCOUNTING DETAIL:


Auditor-Controller

Distribution:

Auditor-Controller
County Council
County Administrative Officer
Originating Department