

County of Santa Cruz 0065

COUNTY ADMINISTRATIVE OFFICE

701 OCEAN STREET, SUITE 520, SANTA CRUZ, CA 95060-4073 (831) 454-2100 FAX: (831) 454-3420 TDD: (831) 454-2123 SUSAN A. MAURIELLO, J.D., COUNTY ADMINISTRATIVE OFFICER

November 17, 2000

AGENDA: DECEMBER 5, 2000

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

STATE MANDATED COST RECOVERY

Dear Members of the Board:

As you are aware, under SB 90, State mandated costs are eligible to be reimbursed to local governments. The level of reimbursement is subject to the availability of State funds. In order to maximize reimbursement for State mandated costs in certain areas, the County has contracted since 1997 with David M. Griffith & Associates (DMG) to prepare and submit cost claims. Duties of the contractor include the preparation and submission of all existing and new claims for the District Attorney and Public Defender.

It is necessary at this time to approve an extension to the current agreement for these services with DMG for the 2000-01 fiscal year. The contractor will provide these services on a contingency fee basis with the cost not to exceed \$17,500. Payment will be made from actual reimbursements received from the State. The contractor's fee will be allocated among the departments commensurate with the scope of work. In addition, the cost of this contract is fully reimbursable under the State program and will be submitted as part of next fiscal year's cost claims.

It is therefore RECOMMENDED that your Board:

 Approve an amendment to the contract for 2000-01 with David M. Griffith & Associates (DMG) for services relating to claims administration associated with specific state mandated cost recovery activities; (2) Authorize the Auditor-Controller to accept and appropriate unanticipated revenues in the amount of \$17,500 to fully offset the cost of the contract; and to realign the amounts, as needed, upon receipt of funds later this fiscal year.

Very truly yours,

SUSAN A. MAURIELLO County Administrative Officer

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Attachments

cc: Auditor-Controller District Attorney Public Defender David M. Griffith & Associates

COUNTY OF SANTA CRUZ

REQUEST FOR APPROVAL OF AGREEMENT

TO: Boa'd of Supervisors County Administrative Officer County Counsel						_(Dept.)
Auditor-Controller		-AAA-		(Signature)	11/20/00	_ (Date)
The Board of Supervisors is hereby requ	uested to approve the a	uttache d agr eemen	t and authorize th	e execution of	the same.	
1. Said agreement is between the	Santa	Cruz County				(Agency)
and., David M. Grif	fith & Associates				(Name &	Address)
2. The agreement will providean e	xpanded scope of	services for	preparation	and submitta	al of	
	dated claims for					ler
3. The agreement is needed, to max	imize claiming op	portunities	pertaining to	o direct and	d indirect	
services mand	ated by state gov	vernment				
4. Peric d of the agreement is from	7/1/2000		to6/30	/2001		
5. Antic ipated cost is \$ _ 17,500	\$10,500 for the \$ 7,000 for the			amount; Month	ily rate; Not to	exceed
6. Remarks <u>: 12/5/00</u>						
7. Appropriations are budgeted in	DA/Criminal Prose Public Defender E	Budget Index	<u>591000 (</u> In	dex#)	<u>3665 (</u> Su	bobject)
Appropriations are not available and ha	encumbered.	Contract Na 2	@1545 Amend	4 Date 1	120100	
Pending approval	Aud 60	GARY By	A. KNUTSON, AU Linda	ditor - Controller Ckou	, <u>, , , , , , , , , , , , , , , , , , </u>	_ Deputy.
Proposal reviewed and approved. It is r <u>CAO</u>		oard of Superviso	ors opprove the ad	greement and ou	uthorize the	
Remarks: Agreement approved as to form. Date	(Ager (Analyst) ///20/10.0	ncy). Ву	County Adn	ninistrative Office	er Date7	w/00
			<u> </u>			
Distribut on: Bd. of Supv White Auditor-Controller - Blue Coun'y aurent - Manne - Co. Admin. Officer - Conary Auditor-Controller - Pink Origi vating Dept Goldenrod 'To Orig. Dept. if rejected.	State of California County of Santa Cruz I State of California. do he said Board of Supervisor in the minutes of said Bo	ereby certify that the rs as recommended	by the County Admin	r approval of agreen nistrative Officer by	ement was appro y an order duly / Administrative	oved by entered Officer
\DM - 29 (6/95)						

FOURTH AMENDMENT TO INDEPENDENT CONTRACTOR AGREEMENT CONTRACT NO. 715451

The parties hereto agree to amend that certain Agreement dated November 4, 1997, First Amendment dated August 4, 1998, second Amendment dated November 24, 1998 third amendment dated August 10, 1999, by and between the COUNTY OF SANTA CRUZ and DAVID M. GRIFFITH & ASSOCIATES, LTD. The following Section is changed:

3.1 <u>TERM FOR FOURTH AMENDMENT.</u> The term of this Fourth Amendment shall be July 1, 2000 through June 30, 2001.

All other provisions of said Agreement, First Amendment and Second Amendment shall remain the same.

Dated:

COUNTY OF SANTA CRUZ

By:______ Susan A. Mauriello, County Administrative Officer

Dated: Nov 28 2000

CONTRACTOR

Sudling With V.P. By:

 Allan P. Burdick, Vice President David M. Griffith & Associates, Ltd.
4320 Auburn Blvd., Suite 2000 Sacramento, CA 95841 (916) 485-8102

APPROVED AS TO FORM;

County Counsel $11 \cdot 29 \cdot 0$

Distribution: County Administrative Office Auditor-Controller County Counsel District Attorney Public Defender Risk Management Sheriff David M. Griffith & Associates

S:\sb90\4AMEND.WPD

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

Resolution No.

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County is recipient of funds in the amount of $\int \frac{17,500}{which \ ar \ e}$ 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 four-fifths vote of the Board of Supervisors;

T/C	Index Number	Revenue <u>SubobjectNumber</u>	Account Name	Amount
	272100 591000	0872 0872	ST-Mandated Cost Reimb.	\$10,500 7,000

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

тіс	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
	272100 591000	3665 3665	Proj	f. & special Sus	\$10,500 7,000

DEPARTMENT HEAD I hereby **certify** that the fiscal provisions have been researched and that the Revenue(s) (has been) (will be) **recieved** within the current **fiscal** year.

By____

Department Head

Date_____16

AUD60 (Rev 12/97)

OC69

COUNTY ADMINISTRATIVE OFFICER

/ _____ Recommended to Board / / Not recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santh Cruz, State of California, this _____ day of _____ by the following vote (requires four-fifths vote for approval):

AYES: **SUPERVISORS**

SUPERVISORS NOES:

SUPERVISORS ABSENT:

Chairperson of the Board

ATTEST:

Clerk of the Board

APPROVED AS T	
Home a- Obe	ululman FR
County Counsel	12/14/97

APPROVED AS TO ACCOUNTING DETAIL: Linda Chou, 11/20/00, Auditor-Controller

Distribution:

Auditor-Controller County Counsel County Administrative Officer Originating Department



er audit/aud60.wpd