



County of Santa Cruz 0111

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(831) 454-4066 FAX: (831) 454-4770

HEALTH SERVICES AGENCY
ADMINISTRATION

February 20, 2001

AGENDA: March 6, 2001

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

RE: APPROVE AMENDMENT TO AGREEMENT WITH SANTA CRUZ AIDS PROJECT

Dear Board Members:

The Health Services Agency requests approval of the attached \$10,000 amendment to the agreement with the Santa Cruz AIDS Project for HIV prevention services to youth at-risk for HIV in connection with the Watsonville Drop-In Center. The drop-in center is a collaborative partnership that involves the Health Services Agency, Santa Cruz AIDS Project (SCAP) and the HIV Education and Prevention Project.

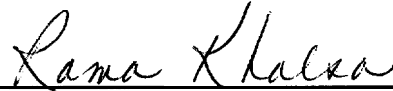
On March 21, 2000, your Board accepted a multi-year State funding award to develop and implement a drop-in center located in Watsonville and focusing on providing outreach, risk reduction counseling, and other HIV prevention services to at-risk youth. The State award included funds to cover costs associated with the anticipated facility improvements and the lease of the drop-in center. Your Board has approved an agreement with SCAP that provided \$20,000 towards these anticipated facility costs. The actual improvements that were necessary to meet the remodeling requirements of the selected facility totaled \$30,000. A one-time augmentation of \$10,000 is necessary to adequately fund the remodel of the Watsonville Drop-In Center.

The Public Health 2000-01 Budget has sufficient appropriations to provide a one-time augmentation of \$10,000 to the SCAP agreement for the additional costs associated with the remodel of the Watsonville Drop-In Center, for a total agreement amount of \$110,509. The required augmentation will not effect Net County Cost.

It is therefore RECOMMENDED that your Board:

1. Approve one-time augmentation of \$10,000 to agreement with Santa Cruz AIDS Project for costs associated with the remodel of the Watsonville Drop-In Center; and
2. Authorize the Health Services Agency Administrator to sign the amendment.

Sincerely,



Rama Khalsa, Ph.D., HSA Administrator

Attachments: ADM-29
Amendment to Agreement

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
County Counsel
Auditor-Controller
HSA Administration
Santa Cruz AIDS Project

COUNTY OF SANTA CRUZ

REQUEST FOR APPROVAL OF AGREEMENT

0113

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

FROM:

HEALTH SERVICES AGENCY

(Dept.)

Ra Khan

(Signature)

2-13-01 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

1. Said agreement is between the county of santa cruz health services agency (Agency)
and Santa Cruz AIDS Project, P. O. Box 557, Santa Cruz, CA 95061-0557 (Name & Address)

2. The agreement will provide various education and prevention activities in connection with the development and operation of an HIV drop-in center in Watsonville including a one-time augmentation of \$10,000 for remodeling costs associated with the drop-in center.

3. The agreement is needed, to provide for the above services. --

4. Period of the agreement is from July 1, 2000 to June 30, 2001

5. Anticipated cost is \$ \$10,000 increase for a total of \$110,509 ~~XXXXXXXXXXXXXXXXXXXX~~ (Fixed amount, Monthly rate; Not to exceed)

6. Remarks: _____

7. Appropriations are budgeted in 2057-01 \$100,509 362700 (Index#) 3665
2057-02 \$10,000 362100 (Index#) 3665 (Subject)

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

Appropriations are available and will be encumbered. Contract No. C002057-02 Date 2-16-01

GARY A. KNUTSON, Auditor - Controller

By *Psillan* Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the Health Services Administrator to execute the same on behalf of the _____

HEALTH SERVICES AGENCY (Agency).

County Administrative Officer

Remarks: *Es* (Analyst) By *wh* Date 2/22/01

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 _____

BY _____ Deputy Clerk

Santa Cruz County Health Services Agency

AMENDMENT TO AGREEMENT

The parties hereto agree to amend that certain Agreement dated July 1, 2000, by and between the COUNTY OF SANTA CRUZ and SANTA CRUZ AIDS PROJECT, by increasing the amount of the agreement by \$10,000 for a total amount of \$110,509 and by deleting Exhibit D-I and replacing it with the attached Exhibit D-I Revision 2/27/01.

All other provisions of said Agreement shall remain the same.

Dated: February 27, 2001

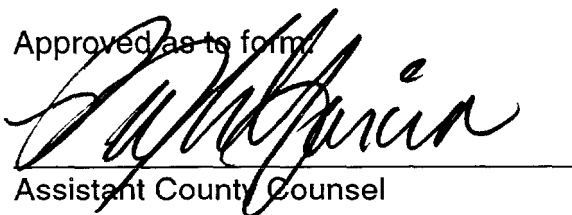
CONTRACTOR

COUNTY OF SANTA CRUZ

By: Michelle Lee, PhD
Santa Cruz AIDS Project
P.O. Box 557
Santa Cruz, CA 95061-0557

By: _____
Rama Khalsa
Health Services Administrator

Approved as to form:


Assistant County Counsel

Distribution: Auditor-Controller
County Counsel
HSA Administration
Santa Cruz AIDS Project

**EXHIBIT D-I
Revision 2/27/01**

Contractor: County of Santa Cruz
Contract: 00-90102
MOU Number: YOUTH 00-44

SCAP BUDGET

Term: July 1, 2000 to June 30, 2001

A.	Personnel	Salary	Percent of Time	Total
	Drop-in Center Coordinator	\$23,000	100%	\$ 23,000
	Outreach Worker	\$23,000	50%	11,500
	Harm Reduction Svcs Team Leader	\$23,000	35%	<u>11,500</u>
	Subtotal salaries			\$ 46,000
	Benefits @ 21%			<u>9,660</u>
	<u>Total Personnel Expenses</u>			\$ 55,660
B.	Operating Expenses			
	General Expense			\$ 6,000
	Travel/per diem			1,000
	Facilities Operations			22,000
	One-Time Augmentation for Remodel Expenses			<u>10,000</u>
	<u>Total Operating Expenses</u>			\$ 39,000
C.	Capital Expenditures			\$ -
D.	Other Costs: Technical Assistance			\$ 7,500
E.	Indirect Expenses @ 15%			<u>\$ 8,349</u>
	REVISED TOTAL BUDGET			\$ 110,509