

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

AGENDA: June 19, 2001

HEALTH SERVICES AGENCY ADMINISTRATION

May 24, 2001

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

RE: 2001-02 STATE IMMUNIZATION PROGRAM

Dear Members of the Board:

The Health Services Agency is requesting approval of the 2001/2002 State revenue agreement in the amount of \$216,938 for the Immunization Program. This agreement is relatively unchanged from 2000-01 and is included on the continuing agreements list for 2001-02. A copy of the agreement is on file with the Clerk of the Board.

It is, therefore, RECOMMENDED that your Board:

- 1. Adopt attached resolution authorizing the Health Services Agency Administrator to sign the 2001/2002 State revenue agreement for immunization services; and
- 2. Direct the Clerk of the Board to return two certified copies of the Board resolution to Health Services Agency for processing to the State.

Sincerely,

Ramakhalsa, Ph.D

Health Services Administrator

Attachment: Resolution

ADM-29

RECOMMENDED:

Susan A. Mauriello

County Administrative Officer

cc: County Administrative Office

Auditor-Controller County Counsel HSA Administration

Public Health Administration

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 AUTHORIZING 2001/2002 IMMUNIZATION PROGRAM STATE CONTRACT			
WHEREAS, the County of Santa Cruz receives Health Services via the Immunization Subvention and			
WHEREAS, the Health Services Agency has received a State Standard Agreement for the Immunization Subvention in the amount of \$216,938 for 2001/2002; 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 2001/2002 State Standard Agreement for the Immunization Program (State contract number 01-15230) in the amount of \$216,938 for the period July 1, 2001 through June 30, 2002 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, 2001, by the following vote (requires four-fifths approval).			
AYES: Supervisors NOES: Supervisors ABSENT: Supervisors			
	Chair of said Board		
ATTEST: Clerk of Said Board			

COUNTY OF SANTA CRUZ REQUEST FORAPPROVALOFAGREEMENT

TO: Board of Supervisors	FROM:		0180
County Administrative Officer		health services age	ency (Dept.
County Counsel Au litor-Controller		SPY	(Signature) 6/5/1 (Date
Au mor-contioner			
The Board of Supervisors is hereby requeste	ed to approve the attached	agreement and authorize the	execution of the same.
1. Said agreement is between the HEALTH	SERVICES AGENCY		(Agency)
State of California Depart	ment of Health Servi		nch
and 2151 Berkeley Way, Room 71	12, Berkeley, CA 947	04	(Name & Address
2. The agreement will provide <u>revenue</u>	agreement for immun	ization services	
Wester			
3. The agreement is needed <u>to provid</u>	le the above	•	
4. Per od of the agreement is from <u>Ju1</u>	<u>y 1,</u> 2001	to June 30,	2002
5. Ant cipated cost is \$ <u>216,938</u>			MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
6. Ren arks: revenue agreement			
7. Appropriations are budgeted in	362960	(Inde:	x#) <u>(0 \$5 8u4 bobj</u> e c t
NOTE: IF APPROPRI	IATIONS ARE INSUFFICIE	NT, ATTACH COMPLETED F	FORM AUD-74
	#Pi-1026-	act NoR-519	Date (0-6-01
Appropriations are available and will			
NA-Revenue	Agreent	GARY A. KNUTSON, Auditor	r - Confroller Deputy
		ВУ	
Proposal reviewed and approved. It is reco		Supervisors approve the agree same on behalf of the	_
Health Services Agency	(Agency).	, County, Admini	strative Officer
Remarks:	/ 7_ (Analyst)	By 4h 2	
Agreement approved as to form. Date			
Distribr tion:	C E 1175 4 - United Symptomic Community		
Bd of Supy - White	State of California)		
County Counsel - Green *	County of Santa Cruz) SS		
Co. Admin. Officer - Canary Auditor-Controller - Pink			pervisors of the County of Santa Cruz, opproval of agreement was approved by
Originating Dept Goldenrod	•		ative Officer by an order duly entered
*To Orig. Dept. if rejected.	the minutes of said Board on	,	County Administrative Officer
2 3 DM - 29 (6/95)	19	Вү —	Deputy Clerk