



county of Santa Cruz

0301

HUMAN RESOURCE\$ AGENCY

CECILIA ESPINOLA, ADMINISTRATOR

1000 EMELINE ST., SANTA CRUZ, CA 95060

(408) 454-4130 OR 454-4045 FAX: (408) 454-4642

October 29, 2001

AGENDA: November 20, 2001

BOARD OF SUPERVISORS

County of Santa Cruz

701 Ocean Street

Santa Cruz, California

APPROVAL OF WELFARE-TO-WOW TRANSPORTATION CONTRACT

Dear Members of the Board:

On June 19, 2001, your Board approved a contract extension with the Santa Cruz Area Transportation Management Association for the Emergency Ride Home Program for CalWORKs Welfare-to-Work participants through September 30, 2001. The purpose of this letter is to renew that contract for the period from October 1, 2001 through June 30, 2002.

The Emergency Ride Home Program was established with finding from a Job Access Reverse Commute grant, which ended September 30, 2001. It provides emergency transportation vouchers for CalWORKs participants who are working or engaging in welfare-to-work activities when their regular transportation fails. Funds to extend the contract through the end of the fiscal year were budgeted in the Human Resources Agency FY 2001-2002 CalWORKs budget. A contract has been negotiated in the amount of \$25,000, approved by County Counsel and Risk Management and signed by the contractor. The contract is on file with the Clerk of the Board, and will involve no additional cost to the County.

IT IS THEREFORE RECOMMENDED that your Board approve a continuing contract with the Santa Cruz Area Transportation Management Association in the amount of \$25,000 from October 1, 2001 through June 30, 2002, and authorize the Human Resources Agency Administrator the sign the contract on behalf of the County.

Very truly yours,

CECILIA ESPINOLA

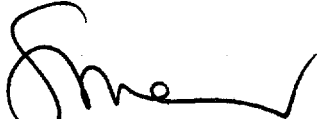
Administrator

CE/JP/GG:gg/SCATMAERHBOS.doc

Attachment

Board of Supervisors
Agenda: November 5, 2001
Approval of Welfare-to-Work Transportation Contract

Recommended:



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
Risk Management
Contractor

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0303

To: **Board of Supervisors**
County Administrative Office
Auditor **Conder**

FROM: Human Resource Agency (Department)

BY: *Frances Groves* (Signature) 11/2/01 (Date)
Signature certifies that appropriations/revenues are available

AGREEMENT N P E (Check One)

Expenditure Agreement ☒

Revenue Agreement ☐

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

1. Said agreement is between the Santa Cruz County Human Resources Agency (Department/Agency)

and Santa Cruz Transportation Mgmt Assoc. P.O Box 8425 Santa Cruz, CA 95061 (Name/Address)

2. The agreement will provide Emergency Ride home Program for Cal Works participants

3. Period of the agreement is from 7/1/2001 to 6/30/2002

4. Anticipated Cost is \$ 25,000 ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☒ Not to Exceed

Remarks: W-9 on file Contact: G. Groves X 4036

5. Detail: ☐ On Continuing Agreements List for FY _____, Page CC-_____, Contract No: _____ OR ☒ 1st Time Agreement ✓

☐ Section II No Board letter required, will be listed under Item 8
☐ Section III Board letter required
☐ Section IV Revenue Agreement

6. Appropriations/Revenues are available and are budgeted in 392100 (Index) 5665 (Sub object)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACHED COMPLETED AUD-74 OR AUD-60

Appropriations are available and will be encumbered.
are not

Contract No: 12639

By: *Adam J. Vile* Date: 11/7/01
Auditor-Controller Deputy

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize

FRA Administrator (Dept/Agency Head) to execute on behalf of the Santa Cruz County

Human Resource Agency (Department/Agency)

Date: 11-08-01

By: *Ed Sch*
County Administrative Office

Distribution:

Board of Supervisors - white
Auditor **Conder** - Canary
Auditor-Controller - Pink
Department - Gold

State of California
County of Santa Cruz

I, _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz, State of California, do hereby certify that the _____ request for approval of agreement was approved by said Board of Supervisors as recommended by the County Administrative Office by an order duly entered in the minutes of said Board on _____ 20____

ADM - 29 (8/01)

Title **Section 300 Proc Man**

By: **Deputy Clerk**

AUDITOR-CONTROLLER USE ONLY

CO. _____ \$ _____
Document No. JE Amount Lines H/TL Keyed By Date

TC:10 _____ \$ _____ / _____
Auditor Description Amount Index Sub object User Code

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