



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

HEALTH SERVICES AGENCY
ADMINISTRATION

November 1, 2001

AGENDA: December 4, 2001

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

SUBJECT: Transfer Legal Ownership of Five Evidentiary Passive Alcohol Sensor Devices to Local Law Enforcement Agencies

Dear Members of the Board:

The Health Services Agency is requesting your Board's approval of four agreements which transfer legal ownership of five Evidentiary Passive Alcohol Sensor (EPAS) devices to the Scotts Valley Police Department, the City of Santa Cruz Police Department (two devices), the Capitola Police Department, and the UCSC Police Department.

Background:

On September 26, 2000 your Board approved the purchase of the five EPAS devices for the above mentioned law enforcement agencies. These devices were purchased with Office of Traffic Safety (OTS) grant funds, with the agreement from OTS that the ownership of the devices would be transferred to local law enforcement agencies. The devices are intended to be placed in patrol cars to help increase local law enforcement's ability to gauge the blood alcohol level of DUI suspects while gathering other evidence that can later be used at trial. The transfer of these devices will not result in any new net County cost.

It is, therefore, RECOMMENDED that your Board:


1. Approve the attached agreements with the Scotts Valley, Santa Cruz, Capitola and UCSC Police Departments transferring legal ownership of five evidentiary passive alcohol sensors to those agencies and authorize the Health Services Administrator to sign.

Sincerely,



Rama Khalsa, Ph.D.
Health Services Administrator

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Officer
Auditor Controller
County Counsel
HSA Administration
Mental Health and Substance Abuse Services
Alcohol and Drug Program

**COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT**

0097

TO: **Board of Supervisors**
County Administrative Office
Auditor **Controller**

FROM: Health Services Agency (Department)
BY: [Signature] (Signature) 11/15/11 (Date)
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One) ☒ Transfer of Ownership ☐ Expenditure Agreement ☐ Revenue Agreement

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

- Said agreement is between the County of Santa Cruz Health Services Agency (Department/Agency)
and City of Scotts Valley Police Dept, 1 Civic Center Dr, Scotts Valley, CA 95066 (Name/Address)
- The agreement will provide for transfer of ownership of passive alcohol sensor devices.
(i.e. alcohol breath testing machines) from County to the City.
- Period of the agreement is from 12/4/01 to N/A
- Anticipated Cost is \$ N/A ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☐ Not to Exceed

Remarks:

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 N/A (Index) N/A (Sub object)

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

Appropriations ~~are~~ have been encumbered.
~~are not~~ will be

Contract No: 12646

By: Adam J. Vils Date: 11/16/01
Auditor-Controller Deputy

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

Health Services Agency Administrator (Dept/Agency Head) to execute on behalf of the

Health Services Agency (Department/Agency)

Date: 11/19/01

By: [Signature]
County Administrative Office

Distribution:

Board of Supervisors - White
Auditor **Controller** - 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 foregoing request for approval of agreement was ap-
proved 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
TC110	\$				
Auditor Description	Amount	Index	Sub object	User Code	

20

**County of Santa Cruz Health Services Agency
Alcohol and Drug Program Prevention Services
1400 Emeline Ave., Santa Cruz, CA 95060
(831) 454-4050**

**Evidential Portable Alcohol System (EPAS)
Transfer of Ownership Agreement**

THIS AGREEMENT is entered into this 4th day of December 2001, by and between the COUNTY OF SANTA CRUZ, hereinafter called COUNTY, and City of Scotts Valley Police Department, hereinafter called CONTRACTOR. The parties agree as follows:

1. COUNTY shall transfer ownership of one (1) Drager Evidential Portable Alcohol System (EPAS) to be used to screen those suspected of driving under the influence of alcohol by City of Scotts Valley PD officers as part of the California Office of Traffic Safety Impaired Driving Prevention Program.
2. CONTRACTOR accepts full responsibility for the maintenance and repair of the EPAS devices.
3. CONTRACTOR shall exonerate, indemnify, defend, and hold harmless COUNTY and the California Office of Traffic Safety (OTS) (including, without limitation, their officers, agents, employees and volunteers) from and against: Any and all claims, demands, losses, damages, defense costs, or liability of any kind or nature which COUNTY and/or OTS may sustain or incur or which may be imposed upon it for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the CONTRACTORS possession or use of the EPAS devices, excepting any liability arising out of the sole negligence of the COUNTY and/or OTS. Such indemnification includes any damage to the person(s), or property (ies) of CONTRACTOR and third persons.

IN WITNESS WHEREOF, the parties hereto have set their hands the day and year first above written.

CONTRACTOR


COUNTY OF SANTA CRUZ

By: _____
Representative

By: _____

City of Scotts Valley Police Department
1 Civic Center Drive
Scotts Valley, CA 95066

APPROVED AS TO FORM:

By: 
County Counsel

DISTRIBUTION: County Counsel
Contractor

0099

**COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT**

TO: Board of Supervisors
County Administrative Office
Auditor Controller

FROM: Health Services Agency (Department)
BY: [Signature] (signature) 11/15/01 (Date)
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One) ☒ Transfer of Ownership ☐ 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 County Of Santa Cruz Health Services Agency (Department/Agency)
and City of Santa Cruz Police Dept, 155 Center St, Santa Cruz, CA 95060 (Name/Address)
2. The agreement will provide for transfer of ownership of passive alcohol sensor devices.
(i.e., alcohol breath testing machines) from County to the City.
3. Period of the agreement is from 12/4/01 to N/A
4. Anticipated Cost is \$ N/A ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☐ Not to Exceed

Remarks:

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 N/A (Index) N/A (Sub object)

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

Appropriations are available and have been encumbered.
are not available and will be encumbered.

Contract No: 12647

By: Adam J. Vich
Auditor-Controller Deputy

Date: 11/16/01

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize Health Services Agency Administrator (Dept/Agency Head) to execute on behalf of the Health Services Agency (Department/Agency)

Date: 11/19/01 By: [Signature] County Administrative Office

Distribution:

Board of Supervisors - White
Auditor Controller - 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 foregoing request for approval of agreement was ap-
proved 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 I, Section 300 Proc Man

By: Deputy Clerk

AUDITOR-CONTROLLER USE ONLY

CO \$
Document No. JE Amount Lines H/TL Keyed By Date
TC 110 \$ /
Auditor Description Amount Index Sub object User Code

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County of Santa Cruz Health Services Agency
Alcohol and Drug Program Prevention Services
1400 Emeline Ave., Santa Cruz, CA 95060
(831) 454-4050

0100

**Evidential Portable Alcohol System (EPAS)
Transfer of Ownership Agreement**

THIS AGREEMENT is entered into this 4th day of December 2001, by and between the COUNTY OF SANTA CRUZ, hereinafter called COUNTY, and City of Santa Cruz Police Department, hereinafter called CONTRACTOR. The parties agree as follows:

1. COUNTY shall transfer ownership of two (2) Drager Evidential Portable Alcohol System (EPAS) to be used to screen those suspected of driving under the influence of alcohol by City of Santa Cruz PD officers as part of the California Office of Traffic Safety Impaired Driving Prevention Program.
2. CONTRACTOR accepts full responsibility for the maintenance and repair of the EPAS devices.
3. CONTRACTOR shall exonerate, indemnify, defend, and hold harmless COUNTY and the California Office of Traffic Safety (OTS) (including, without limitation, their officers, agents, employees and volunteers) from and against: Any and all claims, demands, losses, damages, defense costs, or liability of any kind or nature which COUNTY and/or OTS may sustain or incur or which may be imposed upon it for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the CONTRACTOR'S possession or use of the EPAS devices, excepting any liability arising out of the sole negligence of the COUNTY and/or OTS. Such indemnification includes any damage to the person(s), or property (ies) of CONTRACTOR and third persons.

IN WITNESS WHEREOF, the parties hereto have set their hands the day and year first above written.

CONTRACTOR

COUNTY OF SANTA CRUZ

By: _____
Representative

By: _____

City of Santa Cruz Police Department
155 Center Street
Santa Cruz, CA 95060

APPROVED AS TO FORM: ✓

By:  _____
County Counsel

DISTRIBUTION: County Counsel
Contractor

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0101

TO: Board of Supervisors
County Administrative Office
Auditor Controller

FROM: Health Services Agency (Department)

BY: [Signature] (Signature) 11/15/01 (Date)
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One) ☒ Transfer of Ownership ☐ 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 County Of Santa Cruz Health Services Agency (Department/Agency)
and City of Capitola Police Dept, 422 Capitola Ave, Capitola CA 95010 (Name/Address)

2. The agreement will provide for transfer of ownership of passive alcohol sensor devices.
(i.e., alcohol breath testing machines) from County to the City

3. Period of the agreement is from 12/4/01 to N/A

4. Anticipated Cost is \$ N/A ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☐ Not to Exceed

Remarks: _____

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 N/A (Index) N/A (Sub object)

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

~~are available and~~
~~are not will be~~
Appropriations have been encumbered.

Contract No: 12648

By: [Signature] Date: 11/16/01
Auditor-Controller Deputy

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

Health Services Agency Administrator (Dept/Agency Head) to execute on behalf of the _____

Health Services Agency (Department/Agency)

Date: 11/19/01

By: [Signature]
County Administrative Office

Distribution:

Board of Supervisors - White
Auditor Controller - 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 foregoing request for approval of agreement was ap-
proved 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 I, Section 300 Proc Man

By: Deputy Clerk

AUDITOR/CONTROLLER USE ONLY

CO	\$	JE Amount	Lines	H/TL	Keyed By	Date
TC110	\$					
Auditor Description		Amount		Index	Sub object	User Code

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County of Santa Cruz Health Services Agency
Alcohol and Drug Program Prevention Services
1400 Emeline Ave., Santa Cruz, CA 95060
(831) 454-4050

0102

Evidential Portable Alcohol System (EPAS)
Transfer of Ownership Agreement

THIS AGREEMENT is entered into this 4th day of December 2001, by and between the COUNTY OF SANTA CRUZ, hereinafter called COUNTY, and City of Capitola Police Department, hereinafter called CONTRACTOR. The parties agree as follows:

1. COUNTY shall transfer ownership of one (1) Drager Evidential Portable Alcohol System (EPAS) to be used to screen those suspected of driving under the influence of alcohol by City of Capitola PD officers as part of the California Office of Traffic Safety Impaired Driving Prevention Program.
2. CONTRACTOR accepts full responsibility for the maintenance and repair of the EPAS devices.
3. CONTRACTOR shall exonerate, indemnify, defend, and hold harmless COUNTY and the California Office of Traffic Safety (OTS) (including, without limitation, their offices, agents, employees and volunteers) from and against: Any and all claims, demands, losses, damages, defense costs, or liability of any kind or nature which COUNTY and/or OTS may sustain or incur or which may be imposed upon it for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the CONTRACTOR'S possession or use of the EPAS devices, excepting any liability arising out of the sole negligence of the COUNTY and/or OTS. Such indemnification includes any damage to the person(s), or property (ies) of CONTRACTOR and third persons.

IN WITNESS WHEREOF, the parties hereto have set their hands the day and year first above written.

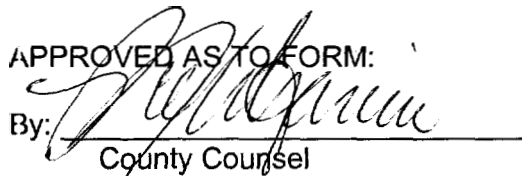
CONTRACTOR

COUNTY OF SANTA CRUZ

By _____
Representative

By: _____

City of Capitola Police Department
422 Capitola Avenue
Capitola, CA 95010

APPROVED AS TO FORM:
By: 
County Counsel

DISTRIBUTION: County Counsel
Contractor

COUNTY OF SANTA CRUZ REQUEST FOR APPROVAL OF AGREEMENT

To: Board of supervisors
County Administrative Office
Auditor Controller

FROM: Health Services Agency (Department)

BY: [Signature] (Signature) 11/15/01 (Date)
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One) ☒ Transfer of Ownership ☐ 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 County of Santa Cruz Health Services Agency (Department/Agency)
and University of Calif. Santa Cruz, 1156 High St, Santa Cruz, CA 95064 (Name/Address)

2. The agreement will provide for transfer of ownership of passive alcohol sensor devices
(i.e., alcohol breath testing machines) from County to the University.

3. Period of the agreement is from 12/4/01 to N/A

4. Anticipated Cost is \$ N/A ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☐ Not to Exceed

Remarks: _____

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 N/A (Index) N/A (Sub object)

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

Appropriations ~~are~~ are not ~~have been~~ available and ~~encumbered.~~ will be

Contract No: 12649

By: Adm J. Vito Date: 11/16/01
Auditor-Controller Deputy

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

Health Services Agency Administrator (Dept/Agency Head) to execute on behalf of the
Health Services Agency (Department/Agency)

Date: 11/19/01

By: [Signature]
County Administrative Office

Distribution:

Board of Supervisors - White
Auditor Controller - 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 foregoing request for approval of agreement was ap-
proved 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

**County of Santa Cruz Health Services Agency
Alcohol and Drug Program Prevention Services
1400 Emeline Ave., Santa Cruz, CA 95060
(831) 454-4050**

0104

**Evidential Portable Alcohol System (EPAS)
Transfer of Ownership Agreement**

THIS AGREEMENT is entered into this 4th day of December 2001, by and between the COUNTY OF SANTA CRUZ, hereinafter called COUNTY, and University of California, Santa Cruz (UCSC) Police Department, hereinafter called CONTRACTOR. The parties agree as follows:

1. COUNTY shall transfer ownership of one (1) Drager Evidential Portable Alcohol System (EPAS) to be used to screen those suspected of driving under the influence of alcohol by UCSC PD officers as part of the California Office of Traffic Safety Impaired Driving Prevention Program.
2. CONTRACTOR accepts full responsibility for the maintenance and repair of the EPAS devices.
3. CONTRACTOR shall exonerate, indemnify, defend, and hold harmless COUNTY and the California Office of Traffic Safety (OTS) (including, without limitation, their officers, agents, employees and volunteers) from and against: Any and all claims, demands, losses, damages, defense costs, or liability of any kind or nature which COUNTY and/or OTS may sustain or incur or which may be imposed upon it for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the CONTRACTORS possession or use of the EPAS devices, excepting any liability arising out of the sole negligence of the COUNTY and/or OTS. Such indemnification includes any damage to the person(s), or property (ies) of CONTRACTOR and third persons.

IN WITNESS WHEREOF, the parties hereto have set their hands the day and year first above written.

CONTRACTOR

COUNTY OF SANTA CRUZ

By: _____
Representative

By: _____

UCSC Police Department
1156 High Street
Santa Cruz, CA 95064

APPROVED AS TO FORM:
By: 
County Counsel

DISTRIBUTION: County Counsel
Contractor