



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 16, 2001

AGENDA: December 11, 2001

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

RE: Adopt Resolution Accepting and Appropriating Unanticipated Revenue for California Kids' Plates Training Grants

Dear Members of the Board:

The Health Services Agency (HSA) has been notified that it will receive two California Kids' Plates training grants from the Center for Injury Prevention Policy and Practice (CIPPP) through the San Diego State University Foundation for the 2001-2002 funding cycle. The Maternal, Child and Adolescent Health (MCAH) program was awarded \$4,000 for the Child Passenger Safety Project. The Emergency Medical Services (EMS) program was awarded \$7,000 for the Spinal Cord Injury Prevention Project.

The MCAH program participates in a project that gives car seats and car seat safety information and education to low-income teenage mothers and families. The project is a collaborative effort that includes MCAH, Watsonville Community Hospital, and the Watsonville Family Resource Center. Staff from these participating agencies distribute car seats. Last year, the County was awarded a training grant that allowed these staff members to receive their National Highway and Traffic Safety Association (NHTSA) child passenger safety technician certification. The new training grant will provide funding to purchase child safety restraints and for the project coordinator to attend the annual CIPPP conference. The MCAH program also received funds for the purchase of additional car seats through an Office of Traffic Safety Grant. These new grant funds will continue to help meet the community need for free or low-cost car seats that meet federal safety standards.

The Spinal Cord Injury Prevention Project is a collaborative effort that includes the HSA Emergency Medical Services (EMS) program, the Emergency Medical Care Commission and the Public Information and Education Committee. The project will develop educational curriculum packets and videos, provide training to health care providers, and present materials

in the classrooms and through various media activities. These activities support the goal of the Spinal Cord Injury Prevention Project which is to prevent unintentional death and non-fatal hospitalization for spinal cord injuries in adolescents in Santa Cruz County through a program of community education delivered by health care providers.

There are no additional County costs associated with these projects.

It is, therefore, RECOMMENDED that your Board:

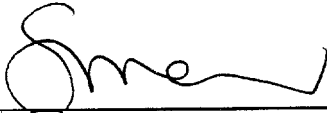
1. Adopt the attached resolution accepting and appropriating \$11,000 in unanticipated revenue for the Maternal, Child and Adolescent Health and Emergency Management programs; and
2. Approve the grant agreements (on file with the Clerk of the Board) with the San Diego State University Foundation for a California Kids' Plate Training Grant from the Center for Injury Prevention Policy and Practice in the amounts of \$4,000 and \$7,000 and authorize the Health Services Agency Administrator to sign the grant agreements.

Sincerely,



Rama Khalsa, Ph.D.
Health Services Administrator

RECOMMENDED:



Susan Mauriello
County Administrative Officer

Attachments: Grant Agreement
ADM-29
AUD-60 Resolution

cc: County Administrative Officer
Auditor Controller
County Counsel
Health Services Administration
Public Health Administration
Emergency Medical Care Commission
Public Information and Education Committee

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

0187

TO: Board of Supervisors
County Administrative Office
Auditor Controller

FROM: Health Services Agency (Department)

BY: [Signature] (Signature) 11/19/01 (Date)
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (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 Health Services Agency (Department/Agency)
and San Diego State University Foundation (Name/Address)

2. The agreement will provide funding to purchase child safety restraints and to send staff to
Center for Injury Prevention Policy and Practice conference

3. Period of the agreement is from August 1, 2001 to May 17, 2002

4. Anticipated Cost is \$ n/a revenue ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☐ Not to Exceed

Remarks: California Kids' Plates Training Grant in the amount of \$4,000

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 362750 (Index) 2384 (Sub object)

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

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

Contract No: R 759

By: [Signature]
Auditor-Controller Deputy

Date: 11/28/01

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

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

Health Services Agency (Department/Agency)

Date: 11/29/01

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

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

32

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0188

TO: Board of Supervisors
County Administrative Office
Auditor Controller

FROM: Health Services Agency (Department)

BY: [Signature] (Signature) 11/19/01 (Date)
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (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 Health Services Agency (Department/Agency)
and San Diego State University Foundation (Name/Address)

2. The agreement will provide funding for the Spinal Cord Injury Prevention Project

3. Period of the agreement is from August 1, 2001 to MAY 17, 2002

4. Anticipated Cost is \$ n/a revenue ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☐ Not to Exceed

Remarks: California Kids' Plates Training Grant in the amount of \$7,000

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 362010 (Index) 2384 (Sub object)

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

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

Contract No: R 758

By: [Signature] Date: 11/28/01
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 Administrator (Dept/Agency Head) to execute on behalf of the

Health Services Agency (Department/Agency)

Date: 11/29/01

By: [Signature]
County Administrative Office

Distribution:

Board of Supervisors - White
Auditor Controller - Canary
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State of California
County of Santa Cruz

I ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
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**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 ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds from San Diego State University Foundation for Public Health HCAH and CMS program; and

WHEREAS, the County **is** recipient of funds in the amount of \$ 11,000 which are 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** a four-fifths vote of the Board **of** Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County Auditor-Controller accept funds **in** the amount of \$ 11,000 into

Department Health Services Agency

I/C	Index Number	Revenue Subobject Number	Account Name	Amount
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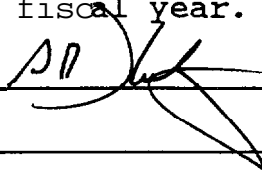
see attached

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

I/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
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see attached

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

By  Department Head

Date 11/19/11

COUNTY ADMINISTRATIVE OFFICER

Recommended to Board

 Not Recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz.
State of California, this _____ day of _____ 19____
by the following vote (requires four-fifths vote for approval):

AYES: SUPERVISORS

NOES : SUPERVISORS

ABSENT: SUPERVISORS

Chairperson **of** the Board

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

APPROVED AS TO FORM:
[Signature]
County Counsel

APPROVED **AS TO** ACCOUNTING DETAIL:

Auditor-Controller

Distribution:

Auditor-Controller
County Council
County Administrative Officer
Originating Department

**HEALTH SERVICES AGENCY
AUD-60 ATTACHMENT
PUBLIC HEALTH - KIDS PLATES GRANTS**

FISCAL YEAR 2001-2002

REVENUES:

	T/C	Index Number	Revenue Subobject Number	Account Name	Amount
1	001	362750	2384	OTHERREVENUE	\$ 4,000
2.	001	362010	2384	OTHERREVENUE	\$ 7,000
	Total				\$ <u>11,000</u>

APPROPRIATIONS:

	T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
2	021	362750	3975		SPECIAL DEPTL EXPENSE	3,033
3	021	362750	4168		TRAVEL - OTHER	967
4	021	362010	3484		DUPLICATING	4,120
5	021	362010	3493		SUPPLIES	100
6	021	362010	3975		SPECIAL DEPTL EXPENSE	820
7	021	362010	4162		LODGING	330
8	021	362010	4164		MEALS	120
9	021	362010	4166		MILEAGE	1,300
	021	362010	4168		REGISTRATIONS	210
	Total					\$ <u>11,000</u>