

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

919



FROM: Community Health Agency

SUBMITTAL DATE: January 30, 2003

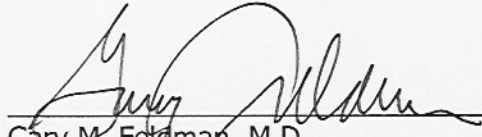
SUBJECT: Ratify the receipt of funds from the Community Foundation to expand Asthma Services to the Mountain Communities of Idyllwild, Mountain Center, Pine Cove, Garner Valley, Anza and Aguanga.

RECOMMENDED MOTION: That the Board of Supervisors: 1) Ratify the receipt of funding from the Community Foundation to the County of Riverside Community Health Agency, Department of Public Health, in the amount of \$15,000 for the performance period of October 23, 2002 through October 23, 2003; and 2) Direct the Clerk of the Board to send one minute order of this action to the CHA Contracts Administration.

BACKGROUND: The Riverside County Community Health Agency was successful in obtaining grant funds from The Community Foundation for residents that live in the Mountain Communities of Idyllwild, Mountain Center, Pine Cove, Garner Valley, Anza and Aguanga. Children 5 to 18 years old affected by Asthma without resources to pay doctor's visits, medications, and aids will be supported with these funds. Children enrolled in the Riverside County Asthma Program will receive case management services, home visits, environmental assessments, and education on self-management of Asthma.

FINANCIAL DATA: Receipt of grant funds was anticipated and projected in the Fiscal Year 2002/2003 budget.

FN:ce


Gary M. Feldman, M.D.
Director

FINANCIAL DATA:

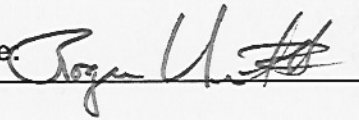
CURRENT YEAR COST:	\$15,000	ANNUAL COST:	\$ 0
NET COUNTY COST:	\$ 0	IN CURRENT BUDGET:	YES
		BUDGET ADJUSTMENT:	NO \ X FOR FY: 02/03

SOURCE OF FUNDS: 100% Grant funding by the Community Foundation

C.E.O. RECOMMENDATIONS:

APPROVE

County Executive Officer Signature



Prev.Agn.ref.

Dist.

AGENDA NO.

3

FORM 11(Rev 8/96)

3.4

COUNTY COUNSEL
MAR 05 2003
10/10/03

Department Recommendation: Consent Policy
Per Executive Office: Consent Policy

**Form 11 Attachment
Contract/Lease/Purchase Summary Data**

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Contract | <input type="checkbox"/> Lease | <input type="checkbox"/> Purchase |
| Approval/Renewal | <input type="checkbox"/> Approval/Renewal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Sole Source | <input type="checkbox"/> Mult-Year Lease | <input type="checkbox"/> Other Than Low Bid |
| <input type="checkbox"/> Personal Services | <input type="checkbox"/> Equipment | <input type="checkbox"/> Change Order |
| <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> Real Property | |
| <input type="checkbox"/> Other than low Bid | <input type="checkbox"/> Change Order | |
| <input type="checkbox"/> Change Order | | |

User Department:	Community Health Agency
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Vendor/Lessor Name:	The Community Foundation
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Vendor/Lessor Location:	2068 Orange Tree Lane, Suite 220 Redlands, CA 92374
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Selection Committee Member Names (RFP=s Only)
Minority

Applicable Board Policy #

Comments:

RFQ/RFP Process:

- Date Mailed:
- Response Date:
- # of Responses:
- # of Qualified Responses:

Bidding Process:

- | | | |
|--|----|--------|
| Bid Range: | \$ | To: \$ |
| Local Bid Range: | \$ | To: \$ |
| Responsive and Responsible Bid Range: | \$ | To: \$ |
| Local Performance Award Cost (5% maximum preference) | \$ | To: \$ |
| Local Preference FYTD: Cost | \$ | To: \$ |

**Contract/Lease Renewals Only
Proposed Differences**

Existing Agreement Items

Proposed Agreement Items

1. Rates
2. Terms
3. Conditions
4. Legal Issues
5. Accountability