

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

2016



FROM: Community Health Agency/
Injury Prevention Services

SUBMITTAL DATE: May 19, 2003

SUBJECT: Ratify the Agreement with the Riverside County Superintendent of Schools and the Riverside County Community Health Agency Injury Prevention Services

RECOMMENDED MOTION: That the Board of Supervisors:


- 1) Ratify the Agreement between Riverside County Superintendent of Schools and the Riverside County Community Health Agency Injury Prevention Services in the amount of \$20,000 for the performance period of September 1, 2002 – August 30, 2003; and
- 2) Authorize the Chairman of the Board to execute four (4) copies of said contract on behalf of the County; and
- 3) Direct the Clerk of the Board to return four (4) agreements to the CHA Contracts Administrator for final processing.

BACKGROUND:

The Riverside County Injury Prevention Services (RCIPS) will assist the Riverside County Superintendent of Schools Community Partnership Program with the implementation of the Riverside County Special Needs Child Passenger Safety Program. A bilingual certified child passenger safety technician will provide education/training to parents, teachers and health care professionals and will assist with the distribution of special needs child restraints.

The delay of submission of this Form 11 is due to the delay in receiving the contract from the Riverside County Superintendent of Schools.

MO:ob


 Gary M. Feldman, M.D., Director

FINANCIAL DATA:

CURRENT YEAR COST \$5,000
 NET COUNN COST: \$ 0

ANNUAL COST \$ 15,000
 IN CURRENT BUDGET **yes**
 BUDGET ADJUSTMENT: NO FOR FY: 02/03

SOURCE OF FUNDS: 100% Funded by the Riverside County Superintendent of Schools

C.E.O. RECOMMENDATIONS:

APPROVE

County Executive Officer Signature



Prev. Agn. ref.
FORM 11 (Rev 8/96)

Dist.
ALL

AGENDA NO.

**ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD**

3.16

Consent Policy
 Consent Policy
 Consent Policy

Department Recommendation:
 Per Executive Office:

Form 11 Attachment
Contract/Lease/Purchase Summary Data

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

User Department:	Community Health Agency
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Vendor/Lessor Name:	Riverside County Superintendent of Schools
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Vendor/Lessor Location:	3939 Thirteenth Street Riverside, CA 92502
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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 M D : 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