

604  
**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



**FROM:** Community Health Agency

**SUBMITTAL DATE:** May 28, 2003

**SUBJECT:** Ratify Third Amendment to Agreement with Inland AIDS Project DPH02K.032

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Ratify the Third Amendment to the Agreement with Inland AIDS Project for HIV Education and Prevention Services for a total increase of \$34,000; and
- 2) Authorize the Chairperson of the Board to execute four (4) originals of said Amendment on behalf of the County, and;
- 3) Direct the Clerk of the Board to retain one (1) original Amendment and return (3) executed original Amendments to Community Health Agency Contracts Administration for further processing.

**BACKGROUND:** On August 7, 2001, item 3.9, the Board approved an Agreement with Inland AIDS Project in the amount of \$99,047 for HIV Education and Prevention Services to various target populations, for FY 01-02. The different target populations include men who have sex with men, injection drug users and their sex partners, sex industry workers, and youth. On June 18, 2002, the First Amendment was executed decreasing funding to \$89,047 as a result of State budget cuts. A Second Amendment was executed on September 24, 2002, extending the term of the agreement for FY 02-03. This Third Amendment will increase funding by \$34,000: \$12,500 for "Prevention for Positives," a program that focuses on minimizing transmission of the HIV virus to uninfected partners; and, \$21,500 to be used for prevention education to help reduce the risk of acquiring and/or transmitting HIV for Injection Drug Users. The California Department of Health Services, Office of AIDS has increased the Riverside County Award for Fiscal Year 02/03 to support this Amendment.

VJB:rc

*Susan D. Harrington for G.F.*  
Gary M. Feldman, M.D.  
Director

**FINANCIAL DATA:**

BY CURRENT YEAR COST: \$34,000  
NET COUNTY COST: \$ 0

ANNUAL COST: \$ 0  
IN CURRENT BUDGET: Yes  
BUDGET ADJUSTMENT: No for FY 02/03

**SOURCE OF FUNDS:** 100% Federal Funds

**C.E.O. RECOMMENDATIONS:** **APPROVE**

County Executive Officer Signature: *Dan Marting*

**Prev.Agn.ref**  
8/7/01, item 3.9; 6/18/02, item 3/13; 9/24/02, item 3.7

**Dist.**  
ALL

**AGENDA NO.**

**3 . 13**

FORM APPROVED  
COUNTY COUNSEL

JUN 19 2003

Department Recommendation:  Consent  Policy  
Per Executive Office:  Consent  Policy

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

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> <b>Contract</b> | <input type="checkbox"/> <b>Lease</b>     | <input type="checkbox"/> <b>Purchase</b>    |
| <input type="checkbox"/> 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               |   |   |

<b>User Department:</b>	Community Health Agency
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<b>Vendor/Lessor Name:</b>	Inland AIDS Project
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<b>Vendor/Lessor Location:</b>	3756 Elizabeth Street Riverside, Ca 92506
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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 | \$ | To: \$ |
| (5% maximum preference)      |    |        |
| 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