

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

946



FROM: Community Health Agency/
Department of Public Health

SUBMITTAL DATE: 10/16/03

SUBJECT: Approve the Third Amendment to the agreement between William Soltz Ph.D., and the Community Health Agency (CHA) for provision of administering and interpreting psychological tests for pre-placement physicals.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the Third Amendment to the Agreement between William Soltz Ph.D. and the Community Health Agency, in the amount of \$35,000 for the performance period of July 1, 2003 through June 30, 2004;
2. Authorize the Chairman of the Board to sign four (4) copies of the Amendment; and
3. Direct the Clerk of the Board to file one executed copy and return three (3) original signed copies to Community Health Agency, Contract's Administration for further processing and distribution.

BACKGROUND: The County of Riverside Community Health Agency (CHA), Department of Public Health, Occupational Health Branch provides pre-employment physicals for the County of Riverside Sheriff and Probation Departments, in which psychological exams are required. The volume has increased over the past years due to increased hiring which is expected to continue.

(Continued on page 2)

CR: lm

Susan Harrington
Susan Harrington, Director
Department of Public Health

FINANCIAL DATA:

CURRENT YEAR COST: \$35,000
NET COUNTY COST: \$0

ANNUAL COST: \$0
IN CURRENT BUDGET: Yes FY 03/04
BUDGET ADJUSTMENT: No

SOURCE OF FUNDS: 100% fees paid by County Departments and City/private employers.

C.E.O. RECOMMENDATIONS:

APPROVE

County Executive Officer Signature: *Dan Matting*

FORM APPROVED
COUNTY COUNSEL
H. V. Vactor
OCT 21 2003

Department Recommendation:
Per Executive Office:
 Consent
 Policy
 Consent
 Policy

5003 WDA 15 10:20

(3.16 8.13.03) (3.17 8.27.02)

3.6

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:	William Soltz, PhD
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Vendor/Lessor Location:	399 E. Highland, Room 310 San Bernardino, CA 92404
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Selection Committee Member Names (RFP=s Only)
Minority

Applicable Board Policy #

Comments: Minority

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

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