

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

311



FROM: Community Health Agency/
Department of Health

SUBMITTAL DATE: November 7, 2003

SUBJECT: Ratify the Fifth Amendment to the Master Agreement from the California
Department of Health Services, Office of AIDS (DPH02K.053)

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Ratify the Fifth Amendment to the Master Agreement with the California, Department of Health Services, Office of AIDS (CDHS/OA) for HIV Education and Prevention Services, Prevention for Positives during FY 02/03 for an increase of \$25,000, and
- 2) Authorize the Chairperson of the Board to execute six (6) originals of said Amendment and six (6) MOU's on behalf of the County; and
- 3) Direct the Clerk of the Board to return all six (6) executed original Amendments and MOU's to Community Health Agency Contracts Administration for further processing and distribution.

BACKGROUND: On September 12, 2001 the Board approved an agreement to contract #01-15092 between CDHS/OA and the County of Riverside Community Health Agency for the period July 1, 2001 through June 30, 2004. CDHS/OA has increased Riverside County's award for Fiscal Year 02/03 in the amount of \$25,000, which is being added for "Prevention for Positives," a program that focuses on minimizing the risk of transmitting the HIV virus to uninfected partners.

JUSTIFICATION FOR DELAY: The notification and MOU's for this increase was not received from CDHS/OA until August 20, 2003. This Form 11 and attachments were subsequently submitted to County Counsel and through the County approval process.

This Amendment has been approved as to form by the Office of County Counsel.

VJB:rc

Susan Harrington, Director
Department of Health

FINANCIAL DATA:

CURRENT YEAR COST:	\$25,000	ANNUAL COST:	\$0
NET COUNTY COST:	\$0	IN CURRENT BUDGET:	YES
		BUDGET ADJUSTMENT:	NO, for FY 02/03

SOURCE OF FUNDS: 100% funded by the California Department of Health Services Office of AIDS

C.E.O. RECOMMENDATIONS:

APPROVE

County Executive Officer Signature:

FORM APPROVED
COUNTY COUNSEL

NOV 18 2003

Department Recommendation: Policy
County Executive Office: Policy

Prev.Agn.ref.
7/1/03 Item 37

Dist.
All

AGENDA NO.

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 | Approval/Renewal | 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
-------------------------	-------------------------

Vendor/Lessor Name:	California Department of Health Services, Office on AIDS
----------------------------	--

Vendor/Lessor Location:	611 North Seventh Street, Ste A Sacramento, CA 95814-0208
--------------------------------	--

Selection Committee Member Names (RFP=s Only)

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