

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

824



FROM: Community Health Agency/ Department of Public health

SUBMITTAL DATE:
1/7/04

SUBJECT: Ratify acceptance of the new award for Fiscal Year 2003/2004 from the California Department of Health Services for Tuberculosis local assistance funding. DPH01K.130.

RECOMMENDED MOTION: That the Board of supervisors:

1. Ratify acceptance of the Tuberculosis local assistance funding base award in the amount of \$259,542, and the Food, Shelter, Incentives & Enablers (FSIE) award of up to \$18,100 to support tuberculosis (TB) prevention and control activities for the period of July 1, 2003 to June 30, 2004;
2. Authorize the Chairman of the Board to Sign four (4) copies of the Acceptance of Award; and
3. Direct the Clerk of the Board to retain one copy and return three (3) signed originals of the document to the Community Health Agency Contracts Administrator for further processing.

BACKGROUND: (Continued)

Attachments

BAC:em

Susan D. Harrington

Susan Harrington, Director of Public Health

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 277,642	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	03/04

SOURCE OF FUNDS: 100% State and Federal funds (Base \$259,542 & FSIE of up to \$18,100).	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

County Executive Office Signature

Don Martin

FORM APPROVED
COUNTY COUNSEL

JAN 08 2004
M. K. Keenan

Dept Recomm.: Consent Policy
Per Exec. Ofc.: Consent Policy

Prev. Agn. Ref.: 12/17/02, Item 3.5 | District: All | Agenda Number:

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

3.13

Form 11

Subject: Ratify acceptance of the new award for fiscal year 2003/2004 from the California Department of Health Services for Tuberculosis local assistance funding.
DPH01K.130

Page 2 of 2

BACKGROUND: (Continued).

Tuberculosis (TB) continues to be a significant public health problem in California. The California Department of Health Services has awarded local assistance funds to health departments to support TB control activities, which include Public Health Nursing (PHN) case management, and treatment via directly observed therapy. In addition, funds are allocated for food, shelter, incentives, and enablers (FSIE).

JUSTIFICATION FOR DELAY: The delay is due to receiving the Award Letter from the State in late August. This Form 11 and attachments were subsequently submitted to County Counsel and through the County approval process.

FINANCIAL DATA:

Award Letter for Fiscal Year	Base Award	FSIE	Total Award Amount
2001/2002	\$301,212	\$18,100	\$319,312
2002/2003	\$259,542	\$18,100	\$277,642
2003/2004	\$259,542	\$18,100	\$277,642
TOTAL AMOUNT: \$874,596			

**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:	California Department of Health Services Tuberculosis Control Branch
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Vendor/Lessor Location:	2151 Berkeley Way, Room 608 Berkeley, CA 94704
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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