

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

323



FROM: Community Health Agency, Department of Public Health

SUBMITTAL DATE:
April 29, 2004

SUBJECT: Approve the Agreement with State of California, Department of Corrections; Contract Number ICM04004

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve the Agreement with the State of California Department of Corrections to provide laboratory testing for Chuckawalla Valley State Prison and Ironwood State Prison for the performance period of July 1, 2004 through June 30, 2007 in the amount of \$33,750 for the three year period;
- 2) Authorize the Chairman of the Board to sign five (5) copies of said documents; and
- 3) Direct the Clerk of the Board to return all five (5) signed documents to Community Health Agency Contracts Administration for final processing.

BACKGROUND:

(Continued on next page)

Susan D. Harrington

WL:mis

Susan Harrington, Director of Public Health

FINANCIAL DATA	Current F.Y. 04/05 Total Cost:	\$ 11,250	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	NO
	Annual Net County Cost:	\$ 0	For Fiscal Year:	04/05
SOURCE OF FUNDS: 100% funded by the State of California Department of Corrections				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 Martinez*

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

 Consent
 Consent

Prev. Agn. Ref.: 8-27-04 item 3.19 | District: all | Agenda Number:

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

3.4

Form 11

Subject: Approve Amendment with the State of California Department of Corrections, Contract Number ICM04004.

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BACKGROUND: (Continued).

The State of California, Department of Corrections wishes to contract with the County of Riverside Department of Public Health to provide inmate tuberculosis laboratory testing for patients at Chuckawalla Valley State Prison and Ironwood State Prison according to the specifications for Inmate Tuberculosis Laboratory Testing, as per Attachment A, attached and incorporated into the Agreement. No County funds will be required. The County will be reimbursed based on the actual type and number of tests performed according to the County of Riverside Department of Public Health Charge Fee schedule, Attachment B-2, attached and incorporated into the Agreement.

Financial Impact:

No County costs.

This Agreement has been approved as to form by County Counsel.