

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

435



**FROM:** Community Health Agency/Department of Public Health

**SUBMITTAL DATE:**  
May 3, 2005

**SUBJECT:** Ratify the First and Second Amendment to Agreement between San Bernardino County, Department of Health and the Community Health Agency, Department of Public Health for Oral Health Care and Pharmacy (Contract 04-152 A-1 and A-2).

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

- 1) Ratify the First and Second Amendment Agreement between San Bernardino County, Department of Health and the County of Riverside Community Health Agency, Department of Public Health for a decrease in the amount of (\$6,046); and
- 2) Authorize the Chairperson to sign six (6) originals Amendment A-1 and four (4) originals of Amendment A-2 on behalf of the County.

**BACKGROUND:** The Ryan White CARE Act was enacted in 1990 to provide federal funding for comprehensive health and social services for persons living with the Human Immunodeficiency Virus (HIV).

(Continued)

**Attachments**

VJB/nm

*Susan D. Harrington*

Susan Harrington, Director of Public Health

**FINANCIAL DATA**

Current F.Y. Total Cost:	(\$ 6,046)	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 Ryan White CARE Act through San Bernardino County

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**

*Dan Martin*

- Dep't Recomm.:  Consent  Policy
- Per Exec. Ofc.:  Consent  Policy

Prev. Agn. Ref.: 11/23/04 3.10 | District: All | Agenda Number:

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

3.5

**FORM 11**

**Subject:** Ratify the Second Amendment to Agreement between San Bernardino County, Department of Health and the Community Health Agency, Department of Public Health for Oral Health Care and Pharmacy (Contract 04-152 A-1 and A-2).

**Page 2 of 2**

**BACKGROUND:** (Continued)

The Riverside County Board of Supervisors approved the current Agreement with the County of San Bernardino on November 23, 2004, Item 3.10 for the performance period of March, 1 2004 through February 28, 2005 in the amount of \$108,000. The First Amendment to Agreement between San Bernardino County, Department of Health and the Community Health Agency, Department of Public Health for Oral Health Care and Pharmacy allows for an adjustment to Section V. Fiscal Provisions, reducing funds from \$108,000 to \$77,020, annually (See Attachment A). This is due to a five percent (5%) reduction in the total Ryan White award for the Riverside/San Bernardino Eligible Metropolitan Area.

The Second Amendment to Agreement between San Bernardino County, Department of Health and the Community Health Agency, Department of Public Health for Oral Health Care and Pharmacy allows for an adjustment to Section V. Fiscal Provisions, increasing funds from \$77,020 to \$101,954 annually (See Attachment A). This increase is possible because of unexpected funds from other providers.

**JUSTIFICATION FOR DELAY:** The Community Health Agency, Department of Public Health received this Amendment from San Bernardino County on February 10, 2005. This Form 11 and attachments were subsequently submitted through the County's approval process.

**ATTACHMENT A**

Agency	Contract Number	Original Amount	Amendment A-1 Change	Amendment A-2 Change	Amended Contract Amount
San Bernardino Public Health	04-152	\$ 108,000	(\$ 30,980)	\$ 24,934	\$101,954

**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>    |
| 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               |  |   |

<b>User Department:</b>	Community Health Agency
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<b>Vendor/Lessor Name:</b>	County of San Bernardino
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<b>Vendor/Lessor Location:</b>	150 S. Lena Road San Bernardino, CA 92415-0515
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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