

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

521



FROM: Department of Veterans' Services

SUBMITTAL DATE:
July 13, 2006

SUBJECT: Annual Contracts Authorizing FY 2006/07 Participation in Revenue Sources Specified under California Military and Veterans' Code Sections 972, 972.1, 972.2 and 972.5
(continued)

RECOMMENDED MOTION: That the Board of Supervisors:

1. Authorize the chairman of the Board to sign the attached 2006/07 Subvention Certificate of Compliance and Medi-Cal Cost Avoidance Program Certificate of Compliance; and
2. Return the signed forms to the County Veterans Services Officer for submittal to the California Department of Veterans' Affairs (CDVA).

BACKGROUND: Pursuant to authority conferred upon the CDVA under sections 972, 972.1, 972.2 and 972.5 of the California Military and Veterans' Code, funds may be allocated to a county as
(continued)

FORM APPROVED
COUNTY COUNSEL

JUL 25 2006

BY

William H. Densmore, Director

FINANCIAL DATA

Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	Yes
Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
Annual Net County Cost:	\$ 0	For Fiscal Year:	06/07

SOURCE OF FUNDS: N/A

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

- Consent
- Policy
- Consent
- Policy

Dept's Recomm.:

Per Exec. Ofc.:

RECEIVED RIVERSIDE COUNTY
JUL 13 2006

Prev. Agn. Ref.:

District:

Agenda Number:

3.73

Board of Supervisors

Form 11:

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SUBJECT: Annual Contracts Authorizing FY 2006/07 Participation in Revenue Sources Specified Under California Military and Veterans' Code Sections 972, 972.1, 972.2, and 972.5

BACKGROUND: reimbursement for a portion of the cost of the County Veterans' Service Officer. Payment of these funds is contingent upon county compliance with the requirements stated in the attached Certificates of Compliance.

These agreements have been coordinated with County Counsel and the Auditor-Controller.

Thank you.

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

SUBVENTION CERTIFICATE OF COMPLIANCE

FISCAL YEAR 2006/2007

 RIVERSIDE COUNTY

COUNTY SUBVENTION PROGRAM

Charge:

Contribution to counties toward compensation and expenses of their County Veterans Service Office according to Military and Veterans Code Sections 972, and 972.1, a State General Funds Expenditure, and 972.2, a Special Fund Expenditure.

County Certification:

I certify that RIVERSIDE County has appointed a veteran to serve as the County Veterans Service Officer according to California Code of Regulations Title 12, Subchapter 4. This County Veterans Service Officer will administer the aid provided for in Military and Veterans Code Division 4, Chapter 5.

I further certify that the County Veteran Service Officer will assist every veteran of the United States, as well as their dependents and survivors, in presenting and pursuing such claim as they may have against the United States. The County Veterans Service Officer and all accredited staff will also assist in establishing veterans, dependents and survivors' rights to any privilege, preference, care or compensation provided for by the laws and regulations of the United States, the State of California, or any local jurisdiction.

I also agree that this county, through the County Veterans Service Office, will maintain annual records for audit. These records will be maintained until the final allocation of funds for the subject fiscal year is issued by the CDVA. We will also submit reports in accordance with the procedures and timelines established by CDVA. The County Veterans Service Officer will permit CDVA representatives to inspect all facilities and records.

I further authorize the County Veterans Service Officer to actively participate in the promotion of the California Veterans License Plate program.

Chair, County Board of Supervisors
(or other County Official authorized
by the Board to act on their behalf)

Date

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

MEDI-CAL CERTIFICATE OF COMPLIANCE

FISCAL YEAR 2006/2007

_____ RIVERSIDE _____ COUNTY

MEDI-CAL COST AVOIDANCE PROGRAM

I certify that RIVERSIDE _____ County has appointed a County Veterans Service Officer (CVSO) in compliance with California Code of Regulations, Title 12, Subchapter 4. Please consider this as our application to participate in the Medi-Cal Cost Avoidance Program authorized by Military and Veterans Code Section 972.5.

I understand and will comply with the following:

1. All activities of the CVSO for which payment is made by the CDVA under this agreement will reasonably benefit the Department of Health Services (DHS) or realize cost avoidance to the Medi-Cal program. All County Eligibility Workers who generate a Form CW-5 (Veterans Benefits Referral) will be instructed to indicate the applicant's Welfare Aid Code on the face of the form.
2. All monies received under this agreement will be allocated to and spent on the salaries and expenses of the CVSO.
3. This agreement is binding only if federal funds are available to the CDVA from the DHS.
4. The CVSO is responsible for administering this program according to the California Code of Regulations, Title 12, Subchapter 4.

Chair, County Board of Supervisors
(or other County Official authorized
by the Board to act on their behalf)

Date