

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

216



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

**SUBMITTAL DATE:**

**SUBJECT:** Approval of the Agreement with The California Endowment and the Riverside County, Community Health Agency – Injury Prevention Services.

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

- 1) Approval of the Agreement with The California Endowment and the Riverside County, Community Health Agency – Injury Prevention Services for the period of January 1, 2007 through December 31, 2007 in the amount of \$30,000; and
- 2) Authorize the Chairperson of the Board to sign two (2) originals of the Agreement on behalf of the County.

**BACKGROUND:** The Riverside County, Community Health Agency has received funding from The California Endowment for the Planning for Environmental and System Change project. This project will include an assessment of the current Department of Public Health organizational structure and staff capacity to promote healthy nutrition and physical activity environments; capacity-building training; and the development, implementation and evaluation of plans to reduce chronic diseases and health disparities in Riverside County by improving environments that promote healthy nutrition and physical activity.

OB:gp

*Susan D. Harrington*

Susan Harrington, Director  
Department of Public Health

**FINANCIAL DATA**

Current F.Y. Total Cost: FY08/09 \$17,500	\$ 12,500	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:** 100% funded by The California Endowment

Positions To Be Deleted Per A-30

Requires 4/5 Vote

**C.E.O. RECOMMENDATION:**

APPROVE

**County Executive Office Signature**

*Debra Coarnayer*

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

Prev. Agn. Ref.: *IDE 0001A*

District: All

Agenda Number:

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

3 . 10

FORM APPROVED COUNTY COUNSEL

JAN 11 2007  
BY *[Signature]*  
Departmental Concurrence

**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                                    | <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               |   |   |

<b>User Department:</b>	Community Health Agency
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<b>Vendor/Lessor Name:</b>	The California Endowment
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<b>Vendor/Lessor Location:</b>	CA
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Selection Committee Member Names (RFP=s Only)	
Minority	
Status:	9 M 9 W 9 DV 9 None

**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