

FORM APPROVED COUNTY COUNSEL  
 BY: *Robert M. Pepper, Jr.*  
 DATE: 2/22/08

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

216



**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
 February 26, 2008

**SUBJECT:** Approval of the Agreement between the County of Riverside and Vahe Sam Sardaryanst, D.D.S., M.P.H.

**RECOMMENDED MOTION:** 1) Ratify the Agreement with Vahe Sam Sardaryanst, D.D.S., M.P.H., effective February 1, 2008;  
 2) Authorize the Chairperson to sign three (3) copies of the agreement;  
 3) Retain one (1) copy and return two (2) copies of the executed agreements to Riverside County Regional Medical Center (RCRMC) for distribution.

Departmental Concurrence

**BACKGROUND:** Effective February 1, 2007 Riverside County Regional Medical Center was awarded a grant from the Riverside County Children and Families Commission, also know as First 5 Riverside, to provide dental screening and education services to children under 5 years of age. As a result of screening services provided at school sites and health fairs, children will be referred to dental offices for dental treatment. Therefore, the hospital has sought to obtain Agreements with multiple geographically diverse dental offices that can provide this necessary dental treatment. Vahe Sam Sardaryanst, D.D.S., M.P.H. has agreed to provide anesthesia treatment to patients referred for dental surgical services as part of the First 5 Riverside children's dental program.

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

DB:cg

*Douglas D. Bagley*  
 \_\_\_\_\_  
 Douglas D. Bagley, Hospital Director

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 40,000	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ N/A	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	07/08

<b>SOURCE OF FUNDS:</b> Riverside County Children and Families Commission, First 5 Riverside Grant Funds	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

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

BY: *Debra Cournoyer*  
 Debra Cournoyer

**County Executive Office Signature**

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

Prev. Agn. Ref.: \_\_\_\_\_ District: \_\_\_\_\_ Agenda Number: \_\_\_\_\_

ATTACHMENTS FILED  
 WITH THE CLERK OF THE BOARD

3.43