

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

335



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

**SUBMITTAL DATE:**  
December 2, 2009

**SUBJECT:** Approve the Amendment with California Family Health Council Inc. and the County of Riverside Community Health Agency, Department of Public Health's Family Planning Program

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

- 1) Approve the Amendment with the California Family Health Council and the County of Riverside Community Health Agency for an increase amount of \$10,500,
- 2) Authorize the Chairperson to sign three (3) copies of said Agreement on behalf of the County, and
- 3) Direct the Auditor Controller to make budget adjustments as detailed in Schedule A.

**BACKGROUND:**

The California Family Health Council is contracted by the Federal Government to administer Title X Family Planning funds in California. Our original contract was approved by the Board for \$496,140.00 for the performance period of January 1, 2009 through December 31, 2009 for basic Contraceptive Services and Health Options for Teen Programs.

Increased funds of \$10,500 have now been awarded to augment basic Family Planning Services for a new total of \$506,640, for the performance period of September 1, 2009 through December 31, 2009.

**Attachments**

LM:cc

*Susan D. Harrington*  
Susan Harrington, Director Department of Public Health

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:Sep-Dec	\$10,500	In Current Year Budget:	No
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	Yes
	Annual Net County Cost:	\$ 0	For Fiscal Year:	09/10

<b>SOURCE OF FUNDS:</b> 100% funded by Federal Grant	<b>Positions To Be Deleted Per A-30</b>	
	<b>Requires 4/5 Vote</b>	<input checked="" type="checkbox"/>

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

APPROVE

BY: *Debra Cournoyer*  
Debra Cournoyer

**County Executive Office Signature**

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

**Prev. Agn. Ref.:** 2/12/09, item 3.32 | **District:** ALL | **Agenda Number:**

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

3.12

FISCAL PROCEDURES APPROVED  
ROBERT E. BYRD, AUDITOR-CONTROLLER  
BY: *Susana Garcia-Bocanegra* 12/3/09  
SUSANA GARCIA-BOCANEGRA  
Departmental Concurrence

FORM APPROVED BY COUNTY COUNSEL  
BY: *Neil Williams* DATE  
NEIL WILLIAMS

**SCHEDULE A**  
Community Health Agency  
Department of Public Health  
Budget Adjustment  
Fiscal Year 2009/10

**INCREASE IN APPROPRIATIONS:**

10000-4200100000-525340      Temporary Help Services      \$10,500

**TOTAL INCREASE IN APPROPRIATIONS:**      \$10,500

**INCREASE IN ESTIMATED REVENUE:**

10000-4200100000-762040      Federal Health Grant      \$10,500

**INCREASE IN ESTIMATED REVENUE:**      \$10,500

**California Family Health Council**  
**2009 Title X Family Planning Program Contract**  
**Contract Number 754-5320-71209-09**  
**CFDA #93.217**  
**Amendment Number 01**

The 2009 Family Planning Program Contract for January 1, 2009 to December 31, 2009 between the California Family Health Council, Inc. and the Contractor, County of Riverside Community Health Agency is hereby amended as follows

1. The dollar allocation for Family Planning Services is increased by \$10,500.00
2. The maximum obligation of CFHC for payments due under this contact shall not exceed \$506,640.00
3. The revised 2009 projected Family Planning Services budget summary is as follows:

CFHC Title X Additional Obligation for Family Planning Services	\$10,500.00
CFHC Title X Obligation for Family Planning Services	\$496,140.00
Family Planning Services Applicant & Other	\$2,636,468.00
<b>Total Contract Amount</b>	<b>\$3,143,108.00</b>

4. The following exhibit is added to the Master Contract which by this reference is made a part of this agreement:

Exhibit D -1 Revised Family Planning Program Budget

5. All other terms and provisions of said agreement shall remain in full force and effect. The effective date of this amendment is September 1, 2009

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

**CONTRACTOR**

Contractor's Name: County of Riverside Community Health Agency

By (Authorized Signator) \_\_\_\_\_  
Printed Name and Title: Jeff Stone  
Chairman, Board of Supervisors  
Address: 4065 County Circle Drive  
Riverside, CA 92503

\_\_\_\_\_  
Date:

**CALIFORNIA FAMILY HEALTH COUNCIL**

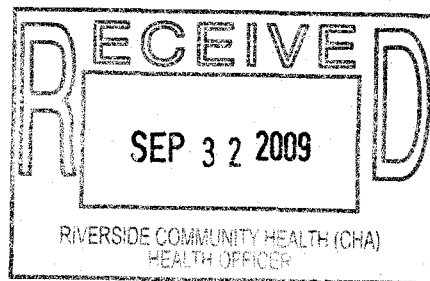
Margie Fites Seigle, Chief Executive Officer  
3600 Wilshire Blvd., Suite 600, Los Angeles, CA 90010

\_\_\_\_\_  
Date:

CFHC indirect cost rate recovery policy allows agencies with an approved DHHS negotiated rate to charge the prevailing approved rate. Agencies that utilize non-DHHS approved rates (i.e. state, county, local government rates) are limited to their actual rate or 18.7% of total direct costs less capital equipment, subcontracts, and patient care, whichever is less.

Program is subject to Code of Federal Regulations Title 45, Part 74.24 (b).

FORM APPROVED BY CALIFORNIA COUNSEL  
BY: NEAL R. KIRNIS  
DATE:



9/18/2009

Eric Frykman , M.D.  
Community Health Agency Director  
County of Riverside Community Health Agency  
4065 County Circle Drive  
Riverside, CA 92503

SUBJECT: 2009 TITLE X FAMILY PLANNING PROGRAM CONTRACT  
INCREASE AMENDMENT

Dear Dr. Frykman:

Enclosed are two (2) copies of the 2009 Title X Family Planning Program Contract amendment that increases your allocation for Family Planning Services.

Please sign both copies and return them to my attention as soon as possible. Once signed by CFHC, one (1) fully executed copy will be returned for your records.

If you have any questions, please call me at 213-386-5614 ext. 4532.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard Reetz', written over a light-colored background.

Richard Reetz  
Contract Coordinator

c: contract file  
Priscilla Webster w/o enclosures  
Carley Linn w/o enclosures  
Teresa Diez w/o enclosures  
Lillie Murvine w/o enclosures

# Family Planning Services Budget Summary

Exhibit D-1

Agency Name: Community Health Agency - County of Rive

Agency Number: 754

Budget Period: Start Date: 1/1/2009 Ending Date: 12/31/2009

<u>Budget Category</u>	<u>Total Amount Required</u>	<u>Source of Fund</u>	
		<u>Applicant and Other</u>	<u>Allocated from CFHC</u>
<b>Personnel Services</b>			
Primary Care Physician	108,600	108,600	0
Other Medical/Surgical Specialists	0	0	0
Mid-Level Practitioners	170,000	170,000	0
Nurses	118,000	118,000	0
Medical Support	31,000	31,000	0
Other Health Personnel	552,368	337,368	215,000
Laboratory Staff	0	0	0
Pharmacy Staff	0	0	0
Administration Staff	133,743	3,743	130,000
Facility Staff	5,768	768	5,000
Fringe Benefits	330,358	227,073	103,285
Fringe Benefits Adjustments	-2,951	0	-2,951
<b>Total Personnel Service</b>	<b><u>1,446,886</u></b>	<b><u>996,552</u></b>	<b><u>450,334</u></b>
<b>Patient Care</b>			
Clinical Services	0	0	0
Laboratory Services	600,000	600,000	0
<b>Total Patient Care</b>	<b><u>600,000</u></b>	<b><u>600,000</u></b>	<b><u>0</u></b>
<b>Equipment</b>			
Equipment	0	0	0
<b>Total Equipment</b>	<b><u>0</u></b>	<b><u>0</u></b>	<b><u>0</u></b>
<b>Other Costs</b>			

# Family Planning Services Budget Summary

Exhibit D-1

Agency Name: Community Health Agency - County of Rive  
 Budget Period: Start Date: 1/1/2009 Ending Date: 12/31/2009

Agency Number: 754

<u>Budget Category</u>	<u>Total Amount Required</u>	<u>Source of Fund</u>	
		<u>Applicant and Other</u>	<u>Allocated from CFHC</u>
Consultants	0	0	0
Medical Supplies	795,500	775,000	20,500
Office Supplies	43,016	35,016	8,000
Duplication and Printing	4,000	3,500	500
Health and Educational Supplies	15,500	8,000	7,500
Utilities and Communication	8,500	8,500	0
Travel Expense	42,900	39,900	3,000
Lease/Rental Expense			
Other Expense	186,806	170,000	16,806
Total Other Costs	<u>1,096,222</u>	<u>1,039,916</u>	<u>56,306</u>
<b>Total Budget</b>	<b>3,143,108</b>	<b>2,636,468</b>	<b>506,640</b>
<b>CY 2009 FPS Agency Allocation</b>			<b>506,640</b>

<u>Summary of Applicant and Other Sources</u>	<u>Amount</u>
General Funds	96,468
Subtotal Applicant Funds	<u>96,468</u>
<b>Family PACT Fee</b>	
Family PACT Fee for Service (FFS)	2,500,000
Subtotal Family PACT Fee	<u>2,500,000</u>
<b>Medi-CAL</b>	
Medi-CAL	10,000
Subtotal Medi-CAL	<u>10,000</u>
<b>Other Federal Grants</b>	
Medicaid	0
Medicare (Title XVIII)	0

# Family Planning Services Budget Summary

Exhibit D-1

Agency Name: Community Health Agency - County of Rive  
 Budget Period: Start Date: 1/1/2009 Ending Date: 12/31/2009

Agency Number: 754

<u>Summary of Applicant and Other Sources</u>	<u>Amount</u>
Title V (MCH Block Grant)	0
Bureau of Primary Health Care	0
Social Services Block Grant (Title XX)	0
<b>Subtotal Other Federal Grants</b>	<u>0</u>
<b>State Government Grants</b>	
State Grants (Specify):	
	0
<b>Subtotal State Government Grants</b>	<u>0</u>
<b>Local Government Grants</b>	
Local Grants (Specify):	
	0
<b>Subtotal Local Government Grants</b>	<u>0</u>
<b>Other Grants</b>	
	0
<b>Subtotal Other Grants</b>	<u>0</u>
<b>Private Grants</b>	
Patient Fees	10,000
Private Health Insurance	20,000
	0
<b>Subtotal Private Grants</b>	<u>30,000</u>
<b>Other Third Party</b>	
Other Third Party (Specify):	
	0
	0
<b>Subtotal Other Third Party</b>	<u>0</u>
<b>Total Applicant and Other Source of Revenue</b>	<b>2,636,468</b>

# Family Planning Services Budget By Site

Exhibit D-1

Agency Name: Community Health Agency - County of Riverside  
 Site Number: 1365  
 Site Name: Riverside Neighborhood Health Center  
 Budget Period: Start Date: 1/1/2009 Ending Date: 12/31/2009

Agency Number: 754

Budget Category	Allocated from CFHC
Primary Care Physicians	0
Other Medical/Surgical Specialists	0
Mid-Level Practitioners	0
Nurses	0
Medical Support	0
Other Health Personnel	6,500
Laboratory Staff	0
Pharmacy Staff	0
Administration Staff	0
Facility Staff	0
<b>Total Salaries and Wages</b>	<b><u>6,500</u></b>
Fringe Benefits	1,918
Fringe Benefits Adjustments	0
<b>Total Fringe Benefits</b>	<b><u>1,918</u></b>
Clinical Services	0
Laboratory Services	0
<b>Total Patient Care</b>	<b><u>0</u></b>
Equipment	0
<b>Total Equipment</b>	<b><u>0</u></b>
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Other Expense	0
<b>Total Other Costs</b>	<b><u>0</u></b>
<b>Total Budget</b>	<b><u>8,418</u></b>

# Family Planning Services Budget By Site

Exhibit D-1

Agency Name: Community Health Agency - County of Riverside  
 Site Number: 1366  
 Site Name: Indio Family Care Center  
 Budget Period: Start Date: 1/1/2009 Ending Date: 12/31/2009

Agency Number: 754

Budget Category	Allocated from CFHC
Primary Care Physicians	0
Other Medical/Surgical Specialists	0
Mid-Level Practitioners	0
Nurses	0
Medical Support	0
Other Health Personnel	7,500
Laboratory Staff	0
Pharmacy Staff	0
Administration Staff	0
Facility Staff	0
<b>Total Salaries and Wages</b>	<b><u>7,500</u></b>
Fringe Benefits	2,213
Fringe Benefits Adjustments	0
<b>Total Fringe Benefits</b>	<b><u>2,213</u></b>
Clinical Services	0
Laboratory Services	0
<b>Total Patient Care</b>	<b><u>0</u></b>
Equipment	0
<b>Total Equipment</b>	<b><u>0</u></b>
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Other Expense	0
<b>Total Other Costs</b>	<b><u>0</u></b>
<b>Total Budget</b>	<b><u>9,713</u></b>

# Family Planning Services Budget By Site

Exhibit D-1

Agency Name: Community Health Agency - County of Riverside  
 Site Number: 1368  
 Site Name: Corona Family Care Center  
 Budget Period: Start Date: 1/1/2009 Ending Date: 12/31/2009

Agency Number: 754

Budget Category	Allocated from CFHC
Primary Care Physicians	0
Other Medical/Surgical Specialists	0
Mid-Level Practitioners	0
Nurses	0
Medical Support	0
Other Health Personnel	5,000
Laboratory Staff	0
Pharmacy Staff	0
Administration Staff	0
Facility Staff	0
<b>Total Salaries and Wages</b>	<b><u>5,000</u></b>
Fringe Benefits	1,476
Fringe Benefits Adjustments	0
<b>Total Fringe Benefits</b>	<b><u>1,476</u></b>
Clinical Services	0
Laboratory Services	0
<b>Total Patient Care</b>	<b><u>0</u></b>
Equipment	0
<b>Total Equipment</b>	<b><u>0</u></b>
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Other Expense	0
<b>Total Other Costs</b>	<b><u>0</u></b>
<b>Total Budget</b>	<b><u>6,476</u></b>

# Family Planning Services Budget By Site

Exhibit D-1

Agency Name: Community Health Agency - County of Riverside  
 Site Number: 1369  
 Site Name: Hemet Family Care Center  
 Budget Period: Start Date: 1/1/2009 Ending Date: 12/31/2009

Agency Number: 754

Budget Category	Allocated from CFHC
Primary Care Physicians	0
Other Medical/Surgical Specialists	0
Mid-Level Practitioners	0
Nurses	0
Medical Support	0
Other Health Personnel	5,000
Laboratory Staff	0
Pharmacy Staff	0
Administration Staff	0
Facility Staff	0
<b>Total Salaries and Wages</b>	<b><u>5,000</u></b>
Fringe Benefits	1,476
Fringe Benefits Adjustments	0
<b>Total Fringe Benefits</b>	<b><u>1,476</u></b>
Clinical Services	0
Laboratory Services	0
<b>Total Patient Care</b>	<b><u>0</u></b>
Equipment	0
<b>Total Equipment</b>	<b><u>0</u></b>
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Other Expense	0
<b>Total Other Costs</b>	<b><u>0</u></b>
<b>Total Budget</b>	<b><u>6,476</u></b>

# Family Planning Services Budget By Site

Exhibit D-1

Agency Name: Community Health Agency - County of Riverside  
 Site Number: 1370  
 Site Name: Palm Springs Family Care Center  
 Budget Period: Start Date: 1/1/2009 Ending Date: 12/31/2009

Agency Number: 754

Budget Category	Allocated from CFHC
-----------------	---------------------

Primary Care Physicians	0
Other Medical/Surgical Specialists	0
Mid-Level Practitioners	0
Nurses	0
Medical Support	0
Other Health Personnel	7,000
Laboratory Staff	0
Pharmacy Staff	0
Administration Staff	0
Facility Staff	0
<b>Total Salaries and Wages</b>	<b><u>7,000</u></b>
Fringe Benefits	2,066
Fringe Benefits Adjustments	0
<b>Total Fringe Benefits</b>	<b><u>2,066</u></b>
Clinical Services	0
Laboratory Services	0
<b>Total Patient Care</b>	<b><u>0</u></b>
Equipment	0
<b>Total Equipment</b>	<b><u>0</u></b>
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Other Expense	0
<b>Total Other Costs</b>	<b><u>0</u></b>
<b>Total Budget</b>	<b><u>9,066</u></b>

# Family Planning Services Budget By Site

Exhibit D-1

Agency Name: Community Health Agency - County of Riverside  
 Site Number: 1623  
 Site Name: Banning Family Care Center  
 Budget Period: Start Date: 1/1/2009 Ending Date: 12/31/2009

Agency Number: 754

Budget Category	Allocated from CFHC
-----------------	---------------------

Primary Care Physicians	0
Other Medical/Surgical Specialists	0
Mid-Level Practitioners	0
Nurses	0
Medical Support	0
Other Health Personnel	6,500
Laboratory Staff	0
Pharmacy Staff	0
Administration Staff	0
Facility Staff	0
<b>Total Salaries and Wages</b>	<b><u>6,500</u></b>
Fringe Benefits	1,918
Fringe Benefits Adjustments	0
<b>Total Fringe Benefits</b>	<b><u>1,918</u></b>
Clinical Services	0
Laboratory Services	0
<b>Total Patient Care</b>	<b><u>0</u></b>
Equipment	0
<b>Total Equipment</b>	<b><u>0</u></b>
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Other Expense	0
<b>Total Other Costs</b>	<b><u>0</u></b>
<b>Total Budget</b>	<b><u>8,418</u></b>

# Family Planning Services Budget By Site

Exhibit D-1

Agency Name: Community Health Agency - County of Riverside

Agency Number: 754

Site Number: 1847

Site Name: Jurupa Family Care Center

Budget Period: Start Date: 1/1/2009 Ending Date: 12/31/2009

Budget Category	Allocated from CFHC
Primary Care Physicians	0
Other Medical/Surgical Specialists	0
Mid-Level Practitioners	0
Nurses	0
Medical Support	0
Other Health Personnel	5,000
Laboratory Staff	0
Pharmacy Staff	0
Administration Staff	0
Facility Staff	0
<b>Total Salaries and Wages</b>	<b><u>5,000</u></b>
Fringe Benefits	1,476
Fringe Benefits Adjustments	0
<b>Total Fringe Benefits</b>	<b><u>1,476</u></b>
Clinical Services	0
Laboratory Services	0
<b>Total Patient Care</b>	<b><u>0</u></b>
Equipment	0
<b>Total Equipment</b>	<b><u>0</u></b>
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Other Expense	0
<b>Total Other Costs</b>	<b><u>0</u></b>
<b>Total Budget</b>	<b><u>6,476</u></b>

# Family Planning Services Budget By Site

Exhibit D-1

Agency Name: Community Health Agency - County of Riverside  
 Site Number: 1993  
 Site Name: Perris Family Care Center  
 Budget Period: Start Date: 1/1/2009 Ending Date: 12/31/2009

Agency Number: 754

Budget Category	Allocated from CFHC
Primary Care Physicians	0
Other Medical/Surgical Specialists	0
Mid-Level Practitioners	0
Nurses	0
Medical Support	0
Other Health Personnel	5,000
Laboratory Staff	0
Pharmacy Staff	0
Administration Staff	0
Facility Staff	0
<b>Total Salaries and Wages</b>	<b><u>5,000</u></b>
Fringe Benefits	1,476
Fringe Benefits Adjustments	0
<b>Total Fringe Benefits</b>	<b><u>1,476</u></b>
Clinical Services	0
Laboratory Services	0
<b>Total Patient Care</b>	<b><u>0</u></b>
Equipment	0
<b>Total Equipment</b>	<b><u>0</u></b>
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Other Expense	0
<b>Total Other Costs</b>	<b><u>0</u></b>
<b>Total Budget</b>	<b><u>6,476</u></b>

# Family Planning Services Budget By Site

Exhibit D-1

Agency Name: Community Health Agency - County of Riverside  
 Site Number: 1995  
 Site Name: Lake Elsinore Family Care Center  
 Budget Period: Start Date: 1/1/2009 Ending Date: 12/31/2009

Agency Number: 754

Budget Category	Allocated from CFHC
Primary Care Physicians	0
Other Medical/Surgical Specialists	0
Mid-Level Practitioners	0
Nurses	0
Medical Support	0
Other Health Personnel	6,500
Laboratory Staff	0
Pharmacy Staff	0
Administration Staff	0
Facility Staff	0
<b>Total Salaries and Wages</b>	<b><u>6,500</u></b>
Fringe Benefits	1,918
Fringe Benefits Adjustments	0
<b>Total Fringe Benefits</b>	<b><u>1,918</u></b>
Clinical Services	0
Laboratory Services	0
<b>Total Patient Care</b>	<b><u>0</u></b>
Equipment	0
<b>Total Equipment</b>	<b><u>0</u></b>
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Other Expense	0
<b>Total Other Costs</b>	<b><u>0</u></b>
<b>Total Budget</b>	<b><u>8,418</u></b>

# Family Planning Services Budget By Site

Exhibit D-1

Agency Name: Community Health Agency - County of Riverside  
 Site Number: 9202  
 Site Name: Community Health Agency County of Riverside - Admin Site  
 Budget Period: Start Date: 1/1/2009 Ending Date: 12/31/2009

Agency Number: 754

Budget Category	Allocated from CFHC
Primary Care Physicians	0
Other Medical/Surgical Specialists	0
Mid-Level Practitioners	0
Nurses	0
Medical Support	0
Other Health Personnel	156,000
Laboratory Staff	0
Pharmacy Staff	0
Administration Staff	130,000
Facility Staff	5,000
<b>Total Salaries and Wages</b>	<b><u>291,000</u></b>
Fringe Benefits	85,875
Fringe Benefits Adjustments	-2,951
<b>Total Fringe Benefits</b>	<b><u>82,924</u></b>
Clinical Services	0
Laboratory Services	0
<b>Total Patient Care</b>	<b><u>0</u></b>
Equipment	0
<b>Total Equipment</b>	<b><u>0</u></b>
Consultants	0
Medical Supplies	20,500
Office Supplies	8,000
Duplication and Printing	500
Health and Educational Supplies	7,500
Utilities and Communication	0
Travel Expense	3,000
Other Expense	16,806
<b>Total Other Costs</b>	<b><u>56,306</u></b>
<b>Total Budget</b>	<b><u>430,230</u></b>

# Family Planning Services Budget By Site

Exhibit D-1

Agency Name: Community Health Agency - County of Riverside

Agency Number: 754

Site Number: 9204

Site Name: Rubidoux Family Care Center

Budget Period: Start Date: 1/1/2009 Ending Date: 12/31/2009

## Budget Category

## Allocated from CFHC

Primary Care Physicians	0
Mid-Level Practitioners	0
Nurses	0
Other Health Personnel	5,000
Administration Staff	0
Facility Staff	0
<b>Total Salaries and Wages</b>	<b><u>5,000</u></b>
Fringe Benefits	1,476
<b>Total Fringe Benefits</b>	<b><u>1,476</u></b>
Travel Expense	0
<b>Total Other Costs</b>	<b><u>0</u></b>
<b>Total Budget</b>	<b><u>6,476</u></b>



COUNTY OF  
**Riverside**  
HUMAN RESOURCES

Winner IPMA Award for Excellence

Risk Management Division

Post Office Box 1210, Riverside, CA 92502-1210 (951) 955-3540 Fax (951) 955-5855

**RONALD W. KOMERS, IPMA-CP**

Asst. County Executive Officer/  
Human Resources Director

**BARBARA A. OLIVIER, SPHR**

Asst. Human Resources Director

**CERTIFICATE OF INSURANCE  
OR SELF-INSURANCE**

In the event of cancellation of the self-insurance program or policy designated below, it is the intent of the County of Riverside to mail thirty days' prior notice thereof to:

California Family Health Council, Inc.

Attn: Richard Reetz – Contracts

3600 Wilshire Blvd, Ste 600

Los Angeles, CA 90010

The County of Riverside certifies that the following self-insurance program is in effect for the Community Health Agency, Dept. of Public Health, Family Planning's "2009 Title X Family Planning Program Contract #754-5320-71209-09, CFDA #93.217". Term is January 1, 2009 through December 31, 2009.

Type of Coverage	Company and Policy Number	Policy Period	Limits of Liability Bodily Injury/Property Damage
Commercial General Liability Including Vehicle Liability	Self-Insured	7/01/09 To 7/01/10	\$1MM combined single limit Per occurrence
Medical Malpractice (Professional Liability)	Self-Insured	7/01/09 To 7/01/10	\$1MM Per occurrence with No Aggregate Limit
Workers' Compensation & Employers' Liability	Permissibly Self-Insured	7/01/09 To 7/01/10	\$2MM Per Occurrence

Coverage provided is subject to the terms and conditions of the excess policy.

This certificate is not valid unless signed by an authorized representative of the County of Riverside, Risk Management Division.

'APR -7 2009

Date

  
James R. Sessions

For information regarding the above self-insurance program, please contact Risk Management Division at 951-955-3540

cc: Lillie Murvine – Riverside Co. CHA, Dept of Public Health – Family Planning  
Yolie Smith – Riverside Co. Facilities Mgmt., Procurement/Contracts