

3021



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

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

**SUBMITTAL DATE:**  
May 19, 2010

**SUBJECT:** Ratify the Agreement between the County of Riverside Department of Public Health (DOPH) and the City of Riverside for the Urban Area Security Initiative (UASI) Project, Contract #10-083 and Approve the Sole Source Purchase From Meridian Medical Technologies.

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

- 1) Ratify the Agreement between the County of Riverside Department of Public Health (DOPH) and the City of Riverside in the amount of \$75,281; and
- 2) Authorize the Chairperson to sign three (3) originals of said Agreement on behalf of the County; and
- 3) Direct the Auditor Controller to make the Budget Adjustments presented on the Schedule A, attached; and
- 4) Approve the Sole Source purchase from Meridian Medical Technologies annually for five (5) years; and

(Recommended Motion, continued on page 2)

FISCAL PROCEDURES APPROVED  
ROBERT E. BYRD, AUDITOR-CONTROLLER

BY Samuel Wong 6/10/10  
SAMUEL WONG

SH:KS:nm

Susan D. Harrington

Susan Harrington, Director of Public Health

**FINANCIAL DATA**

Current F.Y. Total Cost:	\$ 75,281	In Current Year Budget:	NO
Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	YES
Annual Net County Cost:	\$ 0	For Fiscal Year:	10/11

**SOURCE OF FUNDS:** 100% grant funded through Federal Department of Homeland Security, Urban Area Security Initiative (UASI) Program.

Positions To Be Deleted Per A-30	<input type="checkbox"/>
Requires 4/5 Vote	<input checked="" type="checkbox"/>

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

APPROVE

**County Executive Office Signature**

BY Debra Cournoyer  
Debra Cournoyer

Prev. Agn. Ref.:

District: 1 and 2

Agenda Number:

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

3.23

FORM APPROVED BY COUNTY COUNSEL  
DATE  
BY: Neal R. Kipnis

Purchasing: Mark Seiler  
Mark Seiler, Assistant Director

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

**SUBJECT:** Ratify the Agreement between the County of Riverside Department of Public Health (DOPH) and the City of Riverside for the Urban Area Security Initiative (UASI) Project, Contract #10-083 and Approve the Sole Source Purchase From Meridian Medical Technologies.

**RECOMMENDED MOTION (Continued):**

- 5) Authorize the Purchasing Agent to issue a purchase order for the purchase of DuoDote™ Auto-Injectors, not exceeding \$75,281 total; and
- 6) Authorize the Purchasing Agent to continue to purchase the DuoDote™ Auto-Injectors from Meridian Medical Technologies as necessary for a maximum of five years; and
- 7) Authorize the Chairperson to sign three (3) originals of Governing Body Resolution on behalf of the County.

**BACKGROUND:** In September, 2009 the City of Riverside was awarded Riverside Urban Area Security Initiative (UASI) Project funding from the Federal Department of Homeland Security through the California Emergency Management Agency (CalEMA). As part of the UASI Program, Riverside County DOPH was awarded \$75,281 to purchase and distribute DuoDote™ Auto Injectors for the first responders in the City of Riverside. DuoDote™ Auto-Injectors are Chemical nerve agent antidotes packaged as an auto injector that are carried by individual first responders. DOPH has already purchased and distributed nerve agent antidotes to other first responders throughout the County using State Homeland Security Grant Program funding. The DuoDote™ Auto-Injectors provide protection to first responders who may encounter a nerve agent during the course of executing their job duties.

A Sole Source is being requested because Meridian Medical Technologies is the only manufacturer that is allowed by the federal government to produce DuoDote™ Auto-Injectors. There is no similar product available from any other manufacturer or source. DOPH is requesting approval to renew Sole Source annually, in order to maintain a minimum level of DuoDote™ Auto-Injectors as they expire or are used.

**PRICE REASONABLENESS:** The prices are established by the Federal Government and are standard for all government agencies. For the DuoDote Auto-Injector (min. 240 units) CASE Discount the cost is \$39.23 per unit.

**FINANCIAL INFORMATION:** 100% grant funded through Federal Department of Homeland Security, Urban Area Security Initiative (UASI) Program.

ACO

SCHEDULE A

Community Health Agency  
Department of Public Health  
Public Health Emergency Preparedness and Response Branch  
Urban Area Security Initiative (UASI) Project  
HS1000XX

Budget Adjustment  
Fiscal Year 2010/11

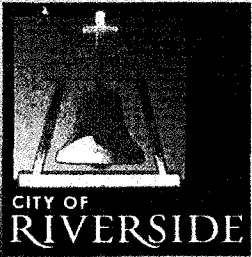
INCREASE IN APPROPRIATIONS:

10000- 4200100000- 522890	Pharmaceuticals	\$ 75,281
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TOTAL INCREASE IN APPROPRIATION	<u>\$75,281</u>
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INCREASE IN ESTIMATED REVENUE:

10000- 4200100000- 767220	Fed- Other Operating Grants	<u>\$75,281</u>
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Fire  
Department

June 2, 2010

Brian Tisdale, Program Director  
Riverside County Department of Public Health  
3900 Sherman Drive, Ste. H  
Riverside, CA 92513-7600

RE: **FY'09 Riverside Urban Area Security Initiative (UASI) Project Approval**

Dear Mr. Tisdale:

The California Emergency Management Agency (CalEMA) has approved the FY'09 Riverside UASI grant application and has authorized the commencement of expenditures. The overall performance period of the grant is 9/29/2009 through 3/31/2012. Vehicle and equipment purchases must be completed no later than 3/31/2011, which means vehicles and equipment must be purchased, received and paid for by this date. Additionally, performance bonds are required for any vehicle purchases and all equipment purchases over \$250,000.

During the review process, Riverside UASI staff and CalEMA staff examined and evaluated your project proposal. As a result of this review, some of your funded projects may have been assigned performance milestones shorter than the grant performance period, based in part on information provided in your project proposal, Riverside UASI's investment justifications, and grant guidance. **Purchasing milestones identified below and performance milestones identified in your project proposal will be used by the Riverside UASI to both determine the appropriate date to disencumber funds awarded under this grant and re-direct them to other needs across the RUASI region and as indicators of performance and grant management capacity in future competitive project proposals.**

Once you have completed the Post Award Actions, this letter will serve as your authorization to begin spending against your approved projects listed below. Please remember that any modifications to your project will require pre-approval by both Riverside UASI and Cal EMA prior to incurring any costs. All purchases must comply with U.S. Department of Homeland Security grant management procedures and directives.

**Post Award Actions:**

The following actions are required prior to incurring any costs against your project(s):

1. Attendance at a Mandatory Post-Award Grant Workshop
2. Executed Memorandum of Understanding (MOU) with City of Riverside / Riverside UASI
3. Signed Grant Assurances
4. Performance Bond (s) as required

**Project(s):**

9C      Regional First Responder DuoDote (Mark I) Kits      \$75,281



**Purchasing Milestones:**

<b><u>Project</u></b>	<b><u>Milestone</u></b>	<b><u>Amount</u></b>	<b><u>Completion Date</u></b>
<b>9C-Regional First Responder DuoDote (Mark I) Kits</b>	<b>100%</b>	<b>\$75,281</b>	<b>October 31, 2010</b>

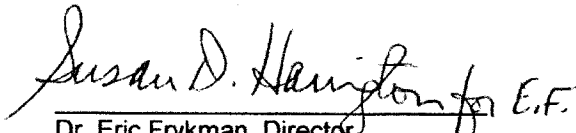
This year, your Department Head or Agency Director signature is required on this letter. Please sign and return the original to our office within ten days of receipt, and keep a copy for your grant file. For further assistance, please feel free to contact our office any time at (951) 320-8100.

Please refer to your Sub-Recipient Workshop folder for additional information, forms, and guidance. I look forward to working with you and to the success of your project.

Sincerely,

Gale Schulte  
Administrative Analyst  
Riverside Fire Department  
Office of Emergency Management / UASI Program  
(951) 320-8106 direct

Signed,

  
Dr. Eric Frykman, Director  
Riverside County Community Health Agency

**Date:** May 13, 2010  
**From:** Susan Harrington  
**Department/Agency:** Department of Public Health  
**To:** Board of Supervisors  
**Via:** Purchasing Agent  
**Subject:** **Request for Sole Source Procurement**  
Meridian Medical Technologies  
*Subsidiary of King Pharmaceuticals®, Inc.*  
501 Fifth Street  
Bristol, Tennessee 37620  
**Phone:** 800.776.3637  
<http://www.kingpharm.com>

The information below is provided in support of my Department requesting approval for a sole source contract. Outside of a duly declared emergency, the time to develop a statement of work or specifications is not in itself justification for sole source.

**Supply/Service being requested:** Supply being requested is DuoDote™ Auto-Injectors.

**Supplier being requested:** Meridian Medical Technologies  
*Subsidiary of King Pharmaceuticals®, Inc.*  
501 Fifth Street  
Bristol, Tennessee 37620  
**Phone:** 800.776.3637  
<http://www.kingpharm.com>

**Alternative suppliers that can or might be able to provide supply/service:**  
There are no other suppliers because Meridian Medical Technologies is the only manufacturer that is allowed by the Federal government to produce DuoDote™ Auto-Injectors.

**Extent of market search conducted:** Market research verified that Meridian Medical Technologies is the only manufacturer that is allowed by the Federal government to produce DuoDote™ Auto-Injectors.

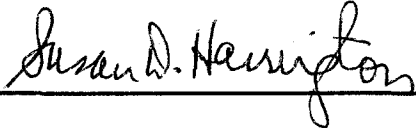
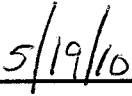
METI (Sole Source)

**Unique feature of the supply/service being requested from this supplier that no alternative supplier can provide:** Meridian Medical Technologies is the only manufacturer that is allowed by the Federal government to produce DuoDote™ Auto-Injectors.

**Reasons why my department requires these unique features and what benefit will accrue to the County:** Duo Dotes are Chemical nerve agent antidotes packaged as an auto injector that are carried by individual first responders. The Duo Dotes will provide protection to first responders who may encounter a nerve agent during the course of executing their job duties.

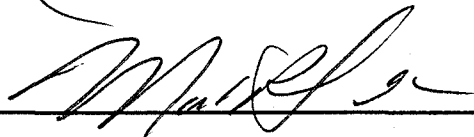

**Price Reasonableness:** The prices are established by the Federal Government and are standard for all government agencies. For the DuoDote Auto-Injector (min. 240 units) CASE Discount the cost is \$39.23 per unit.

**Does moving forward on this product or service further obligate the County to future similar contractual arrangements?** No, the County is not under any obligation to any future contractual arrangements with this purchase.

   
\_\_\_\_\_  
Department Head Signature Date

**Purchasing Department Comments**

Approve       Approve with Condition/s       Disapprove

   
\_\_\_\_\_  
Purchasing Agent Date

METI (Sole Source)

**MEMORANDUM OF UNDERSTANDING  
CITY OF RIVERSIDE OFFICE OF EMERGENCY MANAGEMENT  
AND THE COMMUNITY HEALTH AGENCY (CHA) REGARDING URBAN AREA  
SECURITY INITIATIVE (UASI) GRANT FUNDING  
FOR FEDERAL FISCAL YEAR 2009**

THIS MEMORANDUM OF UNDERSTANDING (MOU) is effective \_\_\_\_\_, 20\_\_\_, between THE CITY OF RIVERSIDE OFFICE OF EMERGENCY MANAGEMENT and the COUNTY OF RIVERSIDE, DEPARTMENT OF PUBLIC HEALTH, EMERGENCY PREPAREDNESS AND RESPONSE (“Participating Agency”) under the following terms and conditions:

1. The Participating Agency agrees to comply with the Grant Assurances for Urban Area Security Initiative (**Attachment A**).
2. The Participating Agency agrees to comply with United States Department of Homeland Security – Homeland Security Grant Program guidance, processes and requirements.
3. The Participating Agency agrees that all equipment, supplies and training funded through the UASI program is for the mutual benefit of the Riverside UASI Region and not for the exclusive benefit of the Participating Agency.
4. The Participating Agency agrees that all equipment, supplies and technical expertise developed through training funded by the UASI program is to be made available for emergency use through established mutual aid systems, established mutual aid agreements or made reasonably available through a valid request by a member jurisdiction or organization of the Riverside UASI.
5. The Participating Agency agrees to provide prior to being funded the most recent copy of their; 1. NIMSCAST Report and 2. Single Audit Report.
6. The Participating Agency agrees to submit a Monthly Project Progress Report (**Attachment B**) by the 15<sup>th</sup> day of each month in accordance with the UASI grant program guidelines.
7. The participating agency agrees to designate a Project Manager and Grant Manager for each project awarded and provide the contact information of those individuals to the City of Riverside Office of Emergency Management / UASI. Upon any changes to the original designation the agency will provide written notification and updated contact information.



Memorandum of Understanding - Urban Area Security Initiative Grant Funding

8. The Participating Agency agrees to maintain all documentation supporting all expenditures reimbursed from grant funds, and ensure all expenditures are allowable under grant requirements. Recipients that expend \$300,000 or more of federal funds during their respective fiscal year agree to submit an organization wide financial and compliance audit report. The audit shall be performed in accordance with the U. S. General Accounting Office Government Auditing Standards and OMB Circular A-133 (Federal Grantor Agency: U. S. Department of Homeland Security; Pass-Through Agency: Office of Homeland Security; Program Title: Public Assistance Grants; Federal CFDA Number: 97.008). The records shall be maintained and retained in accordance with UASI grant requirements and shall be available for audit and inspection by the City and designated grant agent personnel.
9. The Participating Agency agrees that all its expenditures shall be in accordance with the approved project expenditures and allowable costs as submitted to the City and approved by the California Emergency Management Agency (Cal EMA) and the U.S. Department of Homeland Security Grants Program Directorate.
10. The Participating Agency agrees to defend, indemnify, and hold harmless the City, its agents, officers, and employees, from and against all liability arising out of the Participating Agency's acts or omissions under this MOU.
11. The City agrees to defend, indemnify, and hold harmless the Participating Agency, its agents, officers, and employees, from and against all liability arising out of the City's acts or omissions under this MOU.

Memorandum of Understanding - Urban Area Security Initiative Grant Funding

IN WITNESS WHEREOF, this Memorandum of Understanding is entered into by the City of Riverside Office of Emergency Management and the \_\_\_\_\_, by and through their authorized representatives.

CITY OF RIVERSIDE

PARTICIPATING AGENCY

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Attest:

Attest:

By: \_\_\_\_\_

By: \_\_\_\_\_

Colleen J. Nicol

Title: \_\_\_\_\_

Title: \_\_\_\_\_

City Clerk

Approved as to form:

Approved as to form:

By: \_\_\_\_\_

By: \_\_\_\_\_

James E. Brown

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Supervising Deputy City Attorney

FORM APPROVED COUNTY COUNSEL

BY: Neal R. Kipnis DATE 5/9/16

NEAL R. KIPNIS

DATE

**Governing Body Resolution  
(For Operational Areas and Urban Area's)**

*BE IT RESOLVED BY THE, Board of Supervisors OF THE, County of Riverside THAT*  
(Governing Body) (Name of Applicant)

Chairman of the Board of Supervisors,  
(Name or Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the named applicant, a public entity established under the laws of the State of California, any actions necessary for the purpose of obtaining federal financial assistance provided by the federal Department of Homeland Security and sub-granted through the State of California.

Passed and approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

***Certification***

I, Marion Ashley \_\_\_\_\_, duly appointed and  
(Name)

Chairman of the Board of Supervisors, of the County of Riverside  
(Title) (Governing Body)

do hereby certify that the above is a true and correct copy of a resolution passed and approved by the, Board of Supervisors of the, County of Riverside on the  
(Governing body) (Name of Applicant)

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Official Position)

\_\_\_\_\_  
(Signature)

FORM APPROVED COUNTY COUNSEL  
BY: Neal R. Kipnis \_\_\_\_\_ DATE 4/9/10