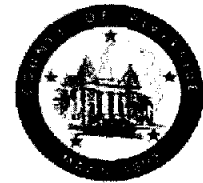


767

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



FROM: Community Health Agency / Department of Public Health

SUBMITTAL DATE:

November 16, 2010

SUBJECT: Ratify acceptance of the Award for Fiscal Year 2010/2011 from the California Department of Public Health (CDPH) for Tuberculosis Local Assistance funding.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Ratify acceptance of the Tuberculosis Local Assistance funding base award in the amount of \$319,336 and the Food, Shelter, Incentives and Enablers (FSIE) Allotment of up to \$16,290 to support tuberculosis (TB) control activities in Riverside County for fiscal year (FY) 2010-2011; and
- 2) Authorize the Purchasing Agent to sign future contract amendments limited to the shifting of funds between budgetary line items as needed to facilitate the delivery of program services. Any amendments which would alter the original approved total grant award or change any given fiscal years revenues or modify the lifetime of the grant will be brought to the Board of Supervisors for approval; and

RECOMMENDED MOTION: (continued on page 2)

Attachments

BC:rr

Susan D. Harrington

Susan D. Harrington, Director of Public Health

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 335,626	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	10/11

SOURCE OF FUNDS: 100% State funds (Base \$319,336 and FSIE of up to \$16,290).	Positions To Be Deleted Per A-30	<input checked="" type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

County Executive Office Signature

APPROVE
Debra Cournoyer
BY: _____
Debra Cournoyer

Dep't Recomm.: Consent Policy

Per Exec. Ofc.: Consent Policy

Prev. Agn. Ref.: 01/05/10 Item 3.11 | District: ALL | Agenda Number:

3.19

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

FORM APPROVED BY COUNTY COUNSEL
BY: *[Signature]* DATE: 11/16/10
N.W. R. KIPNIS
Departmental Concurrence

SUBJECT: Ratify acceptance of the Award for Fiscal Year 2010/2011 from the California Department of Public Health (CDPH) for Tuberculosis Local Assistance funding.

RECOMMENDED MOTION: (continued)

- 3) Authorize the Chairman of the Board to sign four (4) originals of the Acceptance of Award.
- 4) Authorize the chairman of the Board to sign two (2) original Certifications Regarding Lobbying, two (2) original Drug –Free Workplace Certifications, two (2) original forms of the Darfur Contracting Act, and two (2) original forms of the Disclosure of Lobbying Activities.

BACKGROUND:

Tuberculosis (TB) continues to be a significant public health problem in California. The California Department of Public Health (CDPH) has awarded local assistance funds to health departments to support TB control activities, which include Public Health Nursing (PHN) case management, and treatment via directly observed therapy. In addition, funds are allocated for food, shelter, incentives, and enablers (FSIE). Enablers include items such as bus tickets and gas vouchers.

Pursuant to Board Policy A-30, the positions funded by this grant will be eliminated should the funding be discontinued.



MARK B HORTON, MD, MSPH
Director

State of California—Health and Human Services Agency
California Department of Public Health



ARNOLD SCHWARZENEGGER
Governor

September 28, 2010

Eric Frykman, M.D., M.P.H., M.B.A.
Health Officer
Riverside County Department of Public Health
4065 County Circle Dr. #412
Riverside, CA 92503

Dear Dr. Frykman:

LETTER OF AWARD - Base Award
Food, Shelter, Incentives and Enablers Allotment
FUNDING PERIOD - July 1, 2010 through June 30, 2011

This letter is confirmation of your award of local assistance funding to support tuberculosis (TB) prevention and control activities in fiscal year (FY) 2010-2011.

AWARD

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) is awarding to the Riverside County Department of Public Health a Base Award of up to \$319,336 and an allotment of up to \$16,290 for food, shelter, incentives and enablers (FSIE) expenditures. These funds are being awarded with the understanding that your program staff will work with the staff of the TBCB in carrying out your CDPH-funded TB control program efforts. Expenditures for the FSIE allotment should enhance adherence, prevent homelessness, and allow the use of less restrictive alternatives that decrease or obviate the need for detention.

This award is valid and enforceable only if the enacted 2010-2011 budget for the State of California makes sufficient funds available for the purposes of this program.

MANAGING YOUR AWARD

Requirements for the use of these funds are listed in Part 1 of the FY 2010-2011 Policies and Procedures Manual. This manual and forms contained in the appendices (in Word fillable format) can be found on the CDPH TBCB internet site at: <http://www.cdph.ca.gov/programs/tb/Pages/LocalAssistanceAward.aspx>. Reimbursement of your expenditures is contingent upon compliance with these standards and procedures.

Invoicing for your Base Award and FSIE Allotment

- A signed original invoice (in blue ink) must be submitted on your organization's letterhead.

- Bill to: California Department of Public Health, Tuberculosis Control Branch

Mail invoices to:

California Department of Public Health
Tuberculosis Control Branch
850 Marina Bay Parkway, Building P, 2nd Floor
Richmond, CA 94804-6403
Attn: Mr. David Beers, Fiscal Analyst

- Invoices for the Base Award and the FSIE allotment are due on the same schedule.

Invoice Submission Schedule

<u>Quarter</u>	<u>Period Covered</u>	<u>Due Date</u>
First	July 1 through September 30	November 15
Second	October 1 through December 31	February 15
Third	January 1 through March 31	May 16
Fourth	April 1 through June 30	August 15

If an invoice will not postmarked and sent by the quarterly due date, please contact the CDPH TBCB fiscal analyst to request an extension.

- Invoices for FY 2010-2011 will not be processed until:
 - All outstanding invoices from the previous year have been submitted
 - Any stipulations from the Letter of Award have been resolved, and
 - A signed "Acceptance of Award" has been received by the CDPH TBCB.

ACCEPTANCE OF YOUR AWARD

To acknowledge your acceptance of this award and the conditions attached to it, please return an original of the attached "Acceptance of Award" with an authorized signature to the CDPH TBCB. No further documentation of this contract is necessary.

Eric Frykman, M.D., M.P.H., M.B.A.

Page 3

September 28, 2010

Mail your signed acceptance to:

California Department of Public Health
Tuberculosis Control Branch
850 Marina Bay Parkway, Building P, 2nd Floor
Richmond, CA 94804-6403
Attn: Mr. David Beers, Fiscal Analyst

The following hard-copy forms require an original signature and should be submitted by mail with the signed Acceptance of Award:

- o Darfur Contracting Act
- o Certification of Lobbying
- o Disclosure of Lobbying Activities (if applicable)
- o Drug-Free Workplace Certification

REQUESTING ADDITIONAL FUNDS FOR FSIE EXPENDITURES

Should you exceed your FSIE allotment, additional funds may be requested. Written requests (hard copy or e-mail) can be made at any time. Payment of requests is made from available unexpended funds. For complete information regarding requests for additional funds please refer to Part 2, Section 3.3, of the FY 2010-2011 Policies and Procedures Manual.

Fiscal questions should be directed to the TBCB fiscal analyst, Mr. David Beers, (510) 620-3012 or by e-mail at david.beers@cdph.ca.gov. Programmatic questions should be directed to your CDPH TBCB Program Liaison.

Sincerely,



Elizabeth J. Stoller, M.P.H.
Assistant Chief
Tuberculosis Control Branch
Division of Communicable Disease Control
Center for Infectious Diseases
California Department of Public Health

ACCEPTANCE OF AWARD

Riverside County Department of Public Health

FUNDING PERIOD - July 1, 2010 through June 30, 2011

BASE AWARD \$319,336

FOOD, SHELTER, INCENTIVES AND ENABLERS ALLOTMENT \$16,290

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Policies and Procedures Manual for FY 2010-2011 and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

Authorized Signature


Date

Print Name

Title

FOR APPROVED COUNTY COUNSEL

BY


NEAL R. KIPNIS

DATE

Certification Regarding Lobbying

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency of the United States Government, a Member of Congress in connection with the making, awarding or entering into this Federal contract, Federal grant, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of this Federal contract, grant, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency of the United States Government, a Member of Congress, an officer or employee of Congress, or an employee of a Member Congress in connection with this Federal contract, grant, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, 'Disclosure of Lobbying Activities' in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contractors, sub-grants, and contracts under grants and cooperative agreements) of \$100,000 or more, and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Riverside County Department of Public Health, Disease Control Branch
Name of Contractor

TB Local Assistance FY 2010-2011
Contract/Grant Name

~~Susan D. Harrington, M.S., R.D.~~ Marion Ashley
Printed Name of Person Signing for Contractor

Signature of Person Signing for Contractor

FORM APPROVED COUNTY COUNSEL
BY: Neal R. Kipnis 11/17/10
NEAL R. KIPNIS DATE

~~Director of Public Health~~ Chairman of the Board
Title

Date Signed

After execution by or on Behalf of Contractor, please return to:

California Department of Public Health
Tuberculosis Control Branch
850 Marina Bay Parkway, Building P, 2nd floor
Richmond, CA 94804-6403

Drug-Free Workplace Certification

JURISDICTION: Riverside County

LOCAL ASSISTANCE SUBVENTION AWARD

COMPLIANCE OF RECIPIENTS

The contractor named above hereby certifies compliance with Governmental Code Section 8355 in matters relating to providing a drug-free workplace. The above named contractor or grant recipient will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Governmental Code Section 8355(a).
2. Establish a Drug-Free Awareness Program as required by Government Code Section 8355(b), to inform employees about all of the following:
 - (a) The dangers of drug abuse in the workplace,
 - (b) The person's or organization's policy of maintaining a drug-free workplace,
 - (c) Any available counseling, rehabilitation and employee assistance programs, and
 - (d) Penalties that may be imposed upon employees for drug abuse violations.
3. Provide as required by Government Code Section 8355(c), that every employee who works on the proposed contract or grant:
 - (a) Will receive a copy of the company's drug-free policy statement, and
 - (b) Will agree to abide by the terms of the company's statement as a condition of employment on the contract or grant.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor to the above described Certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

TSB CONTROLLER SIGNATURE

DATE

~~PROGRAM DIRECTOR SIGNATURE~~

Marion Ashley, Chairman of the Board

DATE

EXECUTED IN THE COUNTY OF: Riverside

FORM APPROVED COUNTY COUNSEL

BY: Neal R. Kipnis
NEAL R. KIPNIS

DATE: 11/17/10

Darfur Contracting Act

Pursuant to Public Contract Code section 10478, if a bidder or proposer currently or within the previous three years has had business activities or other operations outside of the United States, it must certify that it is not a "scrutinized" company as defined in Public Contract Code (PCC) section 10476. A scrutinized company is a company doing business in Sudan as defined in PCC section 10476. Scrutinized companies are ineligible to, and cannot, bid on or submit a proposal for a contract with a State agency for goods or services (PCC section 10477(a)) unless obtaining permission from the Department of General Services according to the criteria set forth in PCC section 10477(b).

Therefore, to be eligible to submit a bid or proposal, please complete only one of the following three paragraphs (via initials for Paragraph # 1 or Paragraph # 2, or via initials and certification for Paragraph # 3):

1. X We do not currently have, or we have not had within the previous
 Initials three years, business activities or other operations outside of the United States.

OR

2. We are a scrutinized company as defined in Public Contract Code
 Initials section 10476, but we have received written permission from the Department of General Services (DGS) to submit a bid or proposal pursuant to Public Contract Code section 10477(b). A copy of the written permission from DGS is included with our bid or proposal.

OR

3. We currently have, or we have had within the previous three years,
 Initials business activities or other operations outside of the United States,
 + certification but we certify below that we are not a scrutinized company
 below as defined in Public Contract Code section 10476.

CERTIFICATION For # 3.

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective proposer/bidder to the clause listed above in # 3. This certification is made under the laws of the State of California.

<i>Proposer/Bidder Firm Name (Printed)</i>	<i>Federal ID Number</i>
Riverside County Department of Public Health	95-6000930
<i>By (Authorized Signature)</i>	
<i>Printed Name and Title of Person Signing</i>	
Susan D. Harrington, M.S., R.D. Marion Ashley Director of Public Health Chairman of the Board	
<i>Date Executed</i>	<i>Executed in the County and State of</i>
	Riverside, California

FORM APPROVED COUNTY COUNSEL
 BY Neal R. Kipnis DATE 4/17/10
 NEAL R. KIPNIS DATE

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

<p>1. Type of Federal Action:</p> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<p>2. Status of Federal Action:</p> <input checked="" type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input checked="" type="checkbox"/> c. post-award	<p>3. Report Type:</p> <input checked="" type="checkbox"/> a. initial filing <input checked="" type="checkbox"/> b. material change
<p>4. Name and Address of Reporting Entity:</p> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District: if known: Federal Department/Agency: US Dept. of Health and Human Services, Public Health Services		<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District: if known:</p>
<p>7. Federal Action Number, if known:</p>		<p>6. Federal Program Name/Description: TB Local Assistance Funding CFDA Number, if applicable: _____</p>
<p>9. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): Please see Continuation Sheet (s) for additional info. Attach Continuation Sheet(s) if necessary</p>		<p>8. Award Amount, if known: \$ _____</p> <p>b. Name and Address of Lobbying Entity (if individual, last name, first name, MI): Attach Continuation Sheet(s) if necessary</p>
<p>10. Amount of Payment (check all that apply): \$ _____ 500.00 <input checked="" type="checkbox"/> actual <input type="checkbox"/> planned</p>		<p>13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input checked="" type="checkbox"/> f. other, specify: Annual Contract</p>
<p>11. Form of Payment (check all that apply): a. cash b. in-kind, specify: Nature: _____ Value: \$ _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including Officer(s), Employee(s), or Member(s) Contacted, for Payment indicated in item 11: Briefed Congressional Delegation on the proposal and followed any proposed amendments to federal rulemaking as posted in the Federal Register. Attach Continuation Sheet(s) if necessary</p>		
<p>15. Continuation Sheet(s) attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>16. Information requested through this form is authorized by Title 31, U.S.C., Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to Title 31, U.S.C., Section 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any Person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>		<p>Signature: _____ Print Name: <u>Marion Ashley</u> -Susan D. Harrington, M.S., R.D.- Title: <u>Chairman of the Board</u> -Director, Department of Public Health- Telephone No.: () (951) 358- - 7036 Date: _____</p>

FORM APPROVED COUNTY COUNSEL
 BY: Neal R. Kipnis DATE: 11/17/10

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