

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

886



**FROM:** Department of Veterans' Services

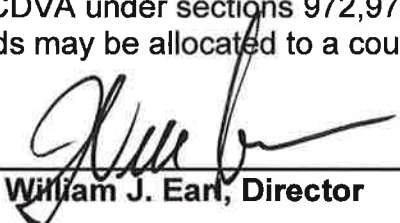
**SUBMITTAL DATE:**  
May 23, 2013

**SUBJECT:** Annual Contracts Authorizing FY 2013/2014 Participation in Revenue Sources Specified under California Military and Veterans' Code Sections 972,972.1, 972.2 and 972.5 (continued)

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


1. Authorize the chairman of the Board to sign the attached 2013/14 Subvention Certificate of Compliance and Medi-Cal Cost Avoidance Program Certificate of Compliance; and
2. Return the signed forms to the County Veterans Services Officer for submittal to the California Department of Veterans' Affairs (CDVA)

**BACKGROUND:** Pursuant to authority conferred upon the CDVA under sections 972,972.1, 972.2 and 972.5 of the California Military and Veterans' Code, funds may be allocated to a county as (continued)

  
\_\_\_\_\_  
William J. Earl, Director


<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2013/2014

<b>SOURCE OF FUNDS:</b> N/A	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>


**C.E.O. RECOMMENDATION:** APPROVE  
BY:   
Donna Shaw  
**County Executive Office Signature**

Dep't Recomm.:  Consent  Policy

Per Exec. Ofc.:  Consent  Policy

  
 RECEIVED MAY 23 2013  
 COUNTY OF RIVERSIDE  
 CLERK OF SUPERVISORS

**Prev. Agn. Ref.:** | **District:** | **Agenda Number:** 3-68

FORM APPROVED COUNTY COUNSEL  
 BY:   
 NEAL R. KIPNIS  
 DATE: 5/23/13  
 Departmental Concurrence

**Board of Supervisors**

**Form 11:**

**Page 2**

**SUBJECT:** Annual Contracts Authorizing FY 2013/14 Participation in Revenue Sources Specified Under California Military and Veterans' Code Sections 972, 972.1, 972.2, and 972.5

**BACKGROUND:** reimbursement for a portion of the cost of the County Veterans' Service Officer. Payment of these funds is contingent upon county compliance with the requirements stated in the attached Certificates of Compliance.

These agreements have been coordinated with County Counsel.

Thank you.

# CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

## SUBVENTION

### CERTIFICATE OF COMPLIANCE

FISCAL YEAR 2013/2014

RIVERSIDE COUNTY

COUNTY SUBVENTION PROGRAM

Charge:

Contribution to counties toward compensation and expenses of their County Veterans Service Office according to Military and Veterans Code Sections 972, and 972.1, a State General Funds Expenditure, and 972.2, a Special Fund Expenditure.

County Certification:

I certify that RIVERSIDE County has appointed a veteran to serve as the County Veterans Service Officer according to California Code of Regulations Title 12, Subchapter 4. This County Veterans Service Officer will administer the aid provided for in Military and Veterans Code Division 4, Chapter 5.

I further certify that the County Veteran Service Officer will assist every veteran of the United States, as well as their dependents and survivors, in presenting and pursuing such claim as they may have against the United States. The County Veterans Service Officer and all accredited staff will also assist in establishing veterans, dependents and survivors' rights to any privilege, preference, care or compensation provided for by the laws and regulations of the United States, the State of California, or any local jurisdiction.

I also agree that this county, through the County Veterans Service Office, will maintain annual records for audit. These records will be maintained until the final allocation of funds for the subject fiscal year is issued by the CDVA. We will also submit reports in accordance with the procedures and timelines established by CDVA. The County Veterans Service Officer will permit CDVA representatives to inspect all facilities and records.

I further authorize the County Veterans Service Officer to actively participate in the promotion of the California Veterans License Plate program.

\_\_\_\_\_  
Chair, County Board of Supervisors  
(or other County Official authorized  
by the Board to act on their behalf)

\_\_\_\_\_  
Date

FORM APPROVED COUNTY COUNSEL

BY:   
NEAL R. KIPNIS

6/6/13  
DATE

# CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

## MEDI-CAL

### CERTIFICATE OF COMPLIANCE

FISCAL YEAR 2013/2014

RIVERSIDE COUNTY

### MEDI-CAL COST AVOIDANCE PROGRAM

I certify that RIVERSIDE COUNTY has appointed a County Veterans Service Officer (CVSO) in compliance with California Code of Regulations, Title 12, Subchapter 4. Please consider this as our application to participate in the Medi-Cal Cost Avoidance Program authorized by Military and Veterans Code Section 972.5.

I understand and will comply with the following:

1. All activities of the CVSO for which payment is made by the CDVA under this agreement will reasonably benefit the Department of Health Services (DHS) or realize cost avoidance to the Medi-Cal program. All County Eligibility Workers who generate a Form CW-5 (Veterans Benefits Referral) will be instructed to indicate the applicant's Welfare Aid Code on the face of the form.
2. All monies received under this agreement will be allocated to and spent on the salaries and expenses of the CVSO.
3. This agreement is binding only if federal funds are available to the CDVA from the DHS.
4. The CVSO is responsible for administering this program according to the California Code of Regulations, Title 12, Subchapter 4.

\_\_\_\_\_  
Chair, County Board of Supervisors  
(or other County Official authorized  
by the Board to act on their behalf)

\_\_\_\_\_  
Date

FORM APPROVED COUNTY COUNSEL  
BY: Neal R. Kipnis 6/6/13  
NEAL R. KIPNIS DATE