

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

434



FROM: Community Health Agency / Department of Public Health

SUBMITTAL DATE:  
September 29, 2011

SUBJECT: Ratify acceptance of the Award for Fiscal Year 2011/2012 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) 2011-2012; 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: \$ 319,336  
Current F.Y. Net County Cost: \$ 0  
Annual Net County Cost: \$ 0

In Current Year Budget: Yes  
Budget Adjustment: No  
For Fiscal Year: 11/12

SOURCE OF FUNDS: 100% State funds.

Positions To Be Deleted Per A-30 ☒  
Requires 4/5 Vote ☐

C.E.O. RECOMMENDATION:

APPROVE

BY: *Debra Cournoyer*  
Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Stone, seconded by Supervisor Ashley and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley  
Nays: None  
Absent: None  
Date: October 18, 2011  
xc: CHA/Public Health, Purchasing

Kecia Harper-Ihem  
Clerk of the Board  
By: *Kecia Harper-Ihem*  
Deputy

Prev. Agn. Ref.: 01/11/11 Item 3.24

District: ALL

Agenda Number:

3.9

Departmental Concurrence

FORM APPROVED BY COUNTY COUNSEL  
BY: *NEAL R. KIPNIS* DATE

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD  
Per Exec. Ofc.: ☒ Policy ☒ Consent

**SUBJECT:** Ratify acceptance of the Award for Fiscal Year 2011/2012 from the California Department of Public Health (CDPH) for Tuberculosis Local Assistance funding.

**RECOMMENDED MOTION:** (continued)

- 2) Authorize the Chairman of the Board to sign four (4) copies of the Acceptance of Award; and
- 3) 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.

**BACKGROUND:**

Tuberculosis (TB) continues to be a significant public health problem in California. The 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.

# ACCEPTANCE OF AWARD

## Riverside County Department of Public Health

FUNDING PERIOD - July 1, 2011 through June 30, 2012

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 2011-2012 and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

Bob Buster  
Authorized Signature

OCT 18 2011  
Date

BOB BUSTER  
Print Name

CHAIRMAN, BOARD OF SUPERVISORS  
Title

ATTEST:  
KECIA HARPER-IHEM, Clerk

By Kecia Harper-Ihem  
DEPUTY

FORM APPROVED COUNTY COUNSEL  
BY: Neal R. Kipnis 10/18/11  
NEAL R. KIPNIS DATE

OCT 18 2011 3.9

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

OR

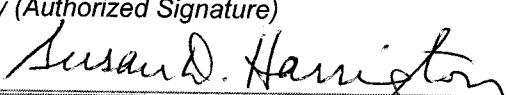
2.     \_\_\_\_\_  
          Initials           We are a scrutinized company as defined in Public Contract Code section 10476, but we have received written permission from the Department of General Services (DGS) to submit a bid or proposal pursuant to Public Contract Code section 10477(b). A copy of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

OR

3.     \_\_\_\_\_  
          Initials  
       + certification  
          below           We currently have, or we have had within the previous three years, business activities or other operations outside of the United States, but we certify below that we are not a scrutinized company 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.

Proposer/Bidder Firm Name (Printed)		Federal ID Number
Riverside County Department of Public Health		95-6000930
By (Authorized Signature) 		
Printed Name and Title of Person Signing  Susan D. Harrington, M.S., R.D.		
Date Executed  9/29/11	Executed in the County and State of  Riverside	

## 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 2011-2012

Contract/Grant Name

Susan D. Harrington, M.S., R.D.

Printed Name of Person Signing for Contractor

*Susan D. Harrington*

Signature of Person Signing for Contractor

Director of Public Health

Title

*9/29/11*

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, 2<sup>nd</sup> floor  
Richmond, CA 94804-6403  
Attention: Fiscal Analyst

# Disclosure of Lobbying Activities

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

<b>1. Type of Federal Action:</b> <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	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change  For Material Change Only: Year _____ Quarter _____ Date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District: if known: _____ Federal Department/Agency: <u>US Department of Health and Human Services,</u> <u>Public Health Services</u>		<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  Congressional District: if known: _____
<b>7. Federal Action Number, if known:</b> _____		<b>6. Federal Program Name/Description:</b> <u>TB Local Assistance Funding</u> CFDA Number, if applicable: _____
<b>9. a. Name and Address of Lobbying Entity</b> (if individual, last name, first name, MI):  <u>Pleas see continuation Sheet (s) for additional info.</u> Attach Continuation Sheet(s) if necessary	<b>8. Award Amount, if known:</b> \$ _____  <b>b. Name and Address of Lobbying Entity</b> (if individual, last name, first name, MI):  Attach Continuation Sheet(s) if necessary	
<b>10. Amount of Payment (check all that apply):</b> \$ <u>500.00</u> <input checked="" type="checkbox"/> actual <input type="checkbox"/> planned		<b>13. Type of Payment (check all that apply):</b> <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 type="checkbox"/> f. other, specify: _____
<b>11. Form of Payment (check all that apply):</b> a. cash b. in-kind, specify:    Nature: _____  Value: \$ _____		
<b>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:</b> <u>Briefed Congressional Delegation on the proposal and followed any proposed amendments to federal rulemaking as posted in the Federal Register.</u>  Attach Continuation Sheet(s) if necessary		
<b>15. Continuation Sheet(s) attached:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>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.</b>		Signature: <u>Susan D. Harrington</u>  Print Name: <u>Susan D. Harrington, M.S., R.D.</u>  Title: <u>Director, Department of Public Health</u>  Telephone No.: (____) (951) 358 - ____7036 Date: _____

**FEDERAL USE ONLY:**

Authorized for Local Reproduction  
Standard Form - LLL

## 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.

TB CONTROLLER SIGNATURE

*Barbara Cole*

DATE

9/23/11

PROGRAM DIRECTOR SIGNATURE

*Lusan D. Harrington*

DATE

9/27/11

EXECUTED IN THE COUNTY OF: RIVERSIDE