



MENDOCINO COUNTY BOARD OF SUPERVISORS ONLINE AGENDA SUMMARY

BOARD AGENDA # 4(j)

- Arrangements for public hearings and timed presentations must be made with the Clerk of the Board in advance of public/media noticing
- Agenda Summaries must be submitted no later than *noon* Monday, 15 days prior to the meeting date (along with electronic submittals)
- Send 1 complete original single-sided set and 1 photocopy set – Items must be signed-off by appropriate departments and/or Co. Co.
Note: If individual supporting document(s) exceed 25 pages each, or are not easily duplicated, please provide 10 hard-copy sets)
- Transmittal of electronic Agenda Summaries, records, and supporting documentation must be emailed to: bosagenda@co.mendocino.ca.us
- Electronic Transmission Checklist: ☒ Agenda Summary ☐ Records ☐ Supp. Doc. ☐ If applicable, list other online information below
- Executed records will be returned to the department within one week. *Arrangements for expedited processing must be made in advance*

TO: Board of Supervisors DATE: February 7, 2012

FROM: HHSA- Public Health MEETING DATE: February 28, 2012

DEPARTMENT RESOURCE/CONTACT: Stacey Cryer PHONE: 463-7774 Present ☐ On Call ☒

Additional Contact: Doug Gherkin PHONE: 463-7882 Present ☐ On Call ☒

Consent Agenda ☒ Regular Agenda ☐ Noticed Public Hearing ☐ Time Allocated for Item: _____

■ AGENDA TITLE: Approve Amendment #A01 to State Master Agreement #10-95271 with California Department of Public Health, Office of AIDS, Decreasing Funding Levels for Years 2 and 3 of Contract Term 7/1/10 through 6/30/13 for the HIV/AIDS Surveillance Program and HIV Care Program - Health & Human Services Agency (HHSA) - Public Health

■ PREVIOUS BOARD/BOARD COMMITTEE ACTIONS: Providing services since 1986. Most recent action 12/7/10, BOS #10-210.

■ SUMMARY OF REQUEST: The State Master Agreement (MA) allows for the provision of services in the following areas: HIV/AIDS Surveillance Program and HIV Care Program. The HIV/AIDS Surveillance Program funding augments staff time while the HIV Care Program funding is subcontracted with a local sole source non-profit agency to provide services with the County retaining 10% of funds to monitor the delivery of services. Funding levels for Year 2 (7/1/11-6/30/12) and Year 3 (7/1/12-6/30/13) are being reduced as follows: HIV/AIDS Surveillance, \$1,107/year; and, HIV Care Program, \$4,635/year. Total funding reduced by \$11,484 for contract term (7/1/10-6/30/13).

■ SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT:

■ ADDITIONAL INFORMATION ON FILE WITH THE CLERK OF THE BOARD (CHECKED BY COB IF APPLICABLE): ☐

FISCAL IMPACT:			
Source of Funding	Current F/Y Cost	Annual Recurring Cost	Budgeted in Current F/Y
CA Dept. of Public Health	\$82,778 Year 2 \$254,076 contract term	Dependent upon available funding	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

■ Grant Related: ☐ yes ☐ no If yes, is there a County match? ☐ yes ☐ no Amount: _____

■ SUPERVISORIAL DISTRICT: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ All ☒ VOTE REQUIREMENT: Majority ☐ 4/5ths ☐

■ RECOMMENDED ACTION/MOTION: Approve and authorize the Board Chair to sign amendment #A01 to state master agreement #10-95271 with California Department of Public Health, Office of AIDS decreasing funding levels for years 2 and 3 of contract term 7/1/10-6/30/13 for the HIV/AIDS Surveillance Program and HIV Care Program. Please return all amendments with original signatures. We also require **one certified copy of the Board's action when available.**

■ ALTERNATIVES: Do not approve this amendment.

■ CEO REVIEW (NAME): _____ **PHONE:** _____

RECOMMENDATION: Agree ☐ Disagree ☐ No Opinion ☐ Alternate ☐ Staff Report Attached ☐

BOARD ACTION (DATE: _____): ☐ Approved ☐ Referred to _____ ☐ Other _____

RECORDS EXECUTED: ☐ Agreement: _____ ☐ Resolution: _____ ☐ Ordinance: _____ ☐ Other _____