Tulare County
Health & Human Services Agency

John Davis, Agency Director

AGENDA DATE: May 23, 2006 Item No. _____

SUBJECT: Continuation of funding for the Health Resources and Services Administration's (HRSA) National Bioterrorism Hospital Preparedness Program grant in the amount of $355,709 from CDHS and the Centers for Disease Control's (CDC) Public Health Emergency Preparedness Program grant in the amount of $841,578.

REQUEST(S): That the Board of Supervisors:

1. Authorize the Chairperson of the Board to sign the 2005 HRSA Local Funding Agreement in the amount of $355,709 for Hospital preparedness and $841,578 from CDC and Certification Regarding Lobbying.
2. Approve FY 2005/2006 budget adjustments as defined in the attached Budget Adjustment Form, AUD 308 (requires 4/5's vote).
3. Approve the fixed asset of a Nuaire Biological Safety Cabinet for the Tulare County Public Health Laboratory in the amount of $10,000.

SUMMARY: Congress authorized a continuing response to bioterrorism and other public health emergencies in June 2002. As part of this initiative, the Health Resources and Services Administration (HRSA) awarded funds to states for developing and implementing regional plans to improve the capacity of local health care systems to respond to incidents requiring mass immunizations, isolation, decontamination, diagnosis, and treatment, in the aftermath of terrorism or other public health emergencies. CDHS is providing Tulare County's health jurisdiction $355,709 to ready hospitals and supporting health care systems to deliver coordinated and effective care to victims of bioterrorism and other public health emergencies. Note: This is a retroactive agreement to September 01, 2005. The agreement was received from California Department of Health and Safety March 27, 2006 and was forwarded to County Counsel on March 28, 2006, who reviewed and approved the agreement April 10, 2006.

On October 25, 2005 under Board resolution # 2005-0676, HHSA was authorized to apply for the CDC Public Health Emergency Preparedness Program grant from CDHS and the Chairperson was authorized to sign the grant agreement and certification against supplanting. Since this time, Tulare's grant has been approved resulting in $841,578 in public health preparedness funding.

The Tulare County Public Health Laboratory has been approved by CDHS to serve as the Laboratory Response Network (LRN) Reference Laboratory for Tulare, Kings and Kern Counties. The Nuaire Biological Safety Cabinet is required in order to attain a Biological Safety Level 3 (BSL-3) capability for Reference Laboratories and to protect microbiologists as they handle select agents and other airborne pathogens.

FINANCING: Under the HRSA Local Funding Agreement in the amount of $355,709, $188,620 will be accepted by HHSA on behalf of the local health jurisdiction and $167,089 will be expended directly by CDHS for equipment for local entities. Accepting the funds will result in no net cost to the County. HHSA will accept $841,578 in CDC Public Health Emergency Preparedness funds. Accepting the funds will result in no net cost to the County. Requested adjustments to county budget lines 001-142-(6034, 6035, 6036, 6037, 6038, 6039, 6104, 6105) on attached Form AUD 308 reflect funding approval currently being requested, in addition to previously approved funding rolled over from FY 04/05 under the CDC local funding agreement and from three separate HRSA grants occurring in one County fiscal year.

ALTERNATIVES: Do not authorize the chairperson to sign the 2005 Cooperative Agreement with CDHS, resulting in a loss of $355,709 in hospital bioterrorism preparedness funding ($188,620) and equipment ($167,089). Do not accept the CDC Public Health Emergency Preparedness funds resulting in a loss of $841,578. Do not approve the FY 2005/2006 budget adjustments as defined in the attached Budget Adjustment Form, AUD 308. Do not approve the purchase of the Nuaire Biological Safety Cabinet.

INVOLVEMENT OF OTHER DEPARTMENTS/AGENCIES: This agreement has been approved as to form by County Counsel and no changes have been made since this approval.

SIGNATURE REQUIREMENTS: The signature of the Chairperson of the Board of Supervisors is required on two (2) original copies of the HRSA Local Funding Agreement. (Note: This includes signatures on the Agreement cover page and Exhibit D(F) pg 24, Please return original copies for distribution.

ADMINISTRATIVE SIGN-OFF: _____

Tulare County
Health & Human Services Agency

John Davis, Agency Director

BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA

IN THE MATTER OF: Continuation of funding for the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program grant in the amount of $355,709 from CDHS and the Centers for Disease Control's (CDC) Public Health Emergency Preparedness Program Grant in the amount of $841,578.

Resolution No.:_____

Agreement No.:_____

UPON MOTION OF SUPERVISOR _____ , SECONDED BY

SUPERVISOR _____, THE FOREGOING WAS ADOPTED BY THE

BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD May 23, 2006 ,

BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: C. BRIAN HADDIX
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

The Board of Supervisors hereby:

1) Authorized the Chairperson of the Board to sign the 2005 HRSA Local Funding Agreement in the amount of $355,709 for Hospital Preparedness and $841,578 from CDC and Certification Regarding Lobbying.
2) Approved FY 2005/2006 budget adjustments as defined in the attached Budget Adjustment Form, AUD 308 (requires 4/5's vote).
3) Approved the purchase of a Nuaire Biological Safety Cabinet for the Tulare County Public Health Laboratory.

County of Tulare Adjustment Form

1:29 PM

Date	Doc ID	APRD fm fm fy fy	Budget F/Y fy fy
05/01/06		02/06	05

Agency Name	Contact Person	Phone	Ext
Health & Human Services	Marla Phillips	737-4660	2349

Action** A,C,D	Fund	Agcy	Orgn	APPR #	Expense Object*	Revenue Source*	Current Amount	Revised Amount	Inc / Dec Amt
C	001	142	6035		2030		1,000	1,915	915
C	001	142	6035		2050		500	-	(500)
C	001	142	6035		2110		12,000	-	(12,000)
C	001	142	6035		2140		1,000	932	(68)
C	001	142	6035		2150		3,000	3,034	34
C	001	142	6035		2200		3,500	87,741	84,241
C	001	142	6035		2210		1,000	325	(675)
C	001	142	6035		2220		2,650	5,055	2,405
C	001	142	6035		3316		10	214	204
C	001	142	6035		3995		(329,492)	(324,048)	5,444
C	001	142	6035		7013		80,000	-	(80,000)
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Each fund must balance							Total Inc/Dec must be zero	(224,832)	

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

To adjust the County budget to reflect actual CDHS allocation for FY 05/06 and the activities described in the grant.

Affected Dept Head Signature

Other Affected Dept Head Signature

Auditor and CAO Use Only

Checked By: _____

County Executive Office Action: No. _____ Date: _____

( ) Approved ( ) Disapproved

By: _____

Board of Supervisors Action: No. _____ Date: _____

Auditor Use Only

Entered By: _____

Date: _____

Distribution: 1: BOS/CAO/Auditor

**** Action Codes: A=Add, C=Change, D=Deactivate**

* Whenever a 33XX account budget is adjusted, a corresponding 67XX account revenue budget must be adjusted in the billing agency.

* Whenever a 35XX account budget is adjusted, a corresponding 68XX account revenue budget must be adjusted in the billing agency.

* Whenever a 36XX account budget is adjusted, a corresponding 39XX account revenue budget must be adjusted in the billing agency.

AUD 308 (Revised 12/15/04)

County of Tulare Adjustment Form 1:29 PM

05/01/06		02/06	05
Date	Doc ID	APRD fm fm fy fy	Budget F/Y fy fy

	Health & Human Services	Marla Phillips	737-4660	2349
	Agency Name	Contact Person	Phone	Ext

Action** A,C,D	Fund	Agcy	Orgn	APPR #	Expense Object*	Revenue Source*	Current Amount	Revised Amount	Inc / Dec Amt
A	001	142	6036		2030			6,209	6,209
C	001	142	6036		2140		100		(100)
C	001	142	6036		2150		31,558	9,889	(21,669)
C	001	142	6036		2200		56,500	36,043	(20,457)
C	001	142	6036		3995		(88,158)	(52,141)	36,017
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Each fund must balance							Total Inc/Dec must be zero		

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

To adjust the County budget to reflect actual CDHS allocation for FY 05/06 and the activities described in the grant.

Affected Dept Head Signature

Other Affected Dept Head Signature

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AUD 308 (Revised 12/15/04)

County of Tulare Adjustment Form

1:29 PM

Date	Doc ID	APRD fm fm fy fy	Budget F/Y fy fy
05/01/06		02/06	05

Agency Name	Contact Person	Phone	Ext
Health & Human Services	Marla Phillips	737-4660	2349

Action** A,C,D	Fund	Agcy	Orgn	APPR #	Expense Object*	Revenue Source*	Current Amount	Revised Amount	Inc / Dec Amt
C	001	142	6037		2140		3,000	1,486	(1,514)
C	001	142	6037		2150		64,448	49,648	(14,800)
C	001	142	6037		2210		600		(600)
C	001	142	6037		2220		1,000		(1,000)
C	001	142	6037		3995		(101,022)	(83,108)	17,914
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Each fund must balance							Total Inc/Dec must be zero	**(31,974)**	

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

To adjust the County budget to reflect actual CDHS allocation for FY 05/06 and the activities described in the grant.

Affected Dept Head Signature

Other Affected Dept Head Signature

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( ) Approved ( ) Disapproved

By: ____________________

Board of Supervisors Action No. __________ Date: __________

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County of Tulare Adjustment Form 1:29 PM

Date	Doc ID	APRD fm fm fy fy	Budget F/Y fy fy
05/01/06		02/06	05

Agency Name	Contact Person	Phone	Ext
Health & Human Services	Marla Phillips	737-4660	2349

Action** A,C,D	Fund	Agcy	Orgn	APPR #	Expense Object*	Revenue Source*	Current Amount	Revised Amount	Inc / Dec Amt
A	001	142	6038		2030			240	240
C	001	142	6038		2140		3,500	261	(3,239)
C	001	142	6038		2150		2,500	-	(2,500)
C	001	142	6038		2200		4,000	14,995	10,995
C	001	142	6038		2220		1,000	218	(782)
C	001	142	6038		3995		(43,067)	(47,781)	(4,714)
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Each fund must balance							Total Inc/Dec must be zero	(32,067)	

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

To adjust the County budget to reflect actual CDHS allocation for FY 05/06 and the activities described in the grant.

Affected Dept Head Signature

Other Affected Dept Head Signature

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County Executive Office Action: No. _____ Date: _____

( ) Approved ( ) Disapproved

By: _____

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1:29 PM

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05/01/06		02/06	05

Agency Name	Contact Person	Phone	Ext
Health & Human Services	Marla Phillips	737-4660	2349

Action** A,C,D	Fund	Agcy	Orgn	APPR #	Expense Object*	Revenue Source*	Current Amount	Revised Amount	Inc / Dec Amt
C	001	142	6039		2110		3,000	-	(3,000)
C	001	142	6039		2150		17,715	97,065	79,350
C	001	142	6039		2200		29,260	82,758	53,498
C	001	142	6039		2210		3,375	818	(2,557)
C	001	142	6039		2220		3,267	5,573	2,306
C	001	142	6039		7035		-	10,000	10,000
C	001	142	6039		3995		(599,250)	(738,847)	(139,597)
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Each fund must balance							Total Inc/Dec must be zero	(542,633)	

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

To adjust the County budget to reflect actual CDHS allocation for FY 05/06 and the activities described in the grant.

Page 6 of 8

Affected Dept Head Signature

Other Affected Dept Head Signature

Auditor and CAO Use Only

Checked By:

County Executive Office Action: No. Date:

( ) Approved ( ) Disapproved

By:

Board of Supervisors Action: No. Date:

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Entered By:

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AUD 308 (Revised 12/15/04)

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1:29 PM

Date	Doc ID	APRD fm fm fy fy	Budget F/Y fy fy
05/01/06		02/06	05

Agency Name	Contact Person	Phone	Ext
Health & Human Services	Marla Phillips	737-4660	2349

Action** A,C,D	Fund	Agcy	Orgn	APPR #	Expense Object*	Revenue Source*	Current Amount	Revised Amount	Inc / Dec Amt
C	001	142	6104		2200		75,000	76,391	1,391
C	001	142	6104		2220		1,000		(1,000)
C	001	142	6104		3995		(148,957)	(149,348)	(391)
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Each fund must balance							Total Inc/Dec must be zero		(72,957)

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

To adjust the County budget to reflect actual CDHS allocation for FY 05/06 and the activities described in the grant.

Affected Dept Head Signature

Other Affected Dept Head Signature

Auditor and CAO Use Only

Checked By: ______

County Executive Office Action: No. Date: ______

( ) Approved ( ) Disapproved

By: ______

Board of Supervisors Action: No. Date: ______

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05/01/06			02/06	05

Agency Name	Contact Person	Phone	Ext
Health & Human Services	Marla Phillips	737-4660	2349

Action** A,C,D	Fund	Agcy	Orgn	APPR #	Expense Object*	Revenue Source*	Current Amount	Revised Amount	Inc / Dec Amt
A	001	142	6105		2140			100	100
C	001	142	6105		2150		153,582	144,230	(9,352)
C	001	142	6105		2200		81,587	388,604	307,017
C	001	142	6105		3020		28,445		(28,445)
C	001	142	6105		3099			46,395	46,395
C	001	142	6105		7051		165,400	81,294	(84,106)
C	001	142	6105			5720	429,015	660,624	(231,609)
C	001	142	1142		3999		14,641,608	14,595,213	(46,395)
C	001	142	1142		2150		934,885	981,280	46,395
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Each fund must balance							Total Inc/Dec must be zero	16,897,740	

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

To adjust the County budget to reflect the revenues and expenditures of three separate HRSA grants occurring in one County fiscal year.

-Ajustment specifically needed to:

1) Add in the 2005 HRSA grant
2) Reflect expenses and associated revenues that were anticipated to occur in County FY 04/05 that actually occurred in FY 05/06

Affected Dept Head Signature

Other Affected Dept Head Signature

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( ) Approved ( ) Disapproved

By: _____

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AUD 308 (Revised 12/15/04)