



**Health & Human Services  
Agency  
COUNTY OF TULARE  
AGENDA ITEM**

**BOARD OF SUPERVISORS**

ALLEN ISHIDA  
District One

CONNIE CONWAY  
District Two

PHILLIP A. COX  
District Three

J. STEVEN WORTHLEY  
District Four

MIKE ENNIS  
District Five

**AGENDA DATE:** March 20, 2007

Public Hearing Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Resolution, Ordinance or Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)						
	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
CONTACT PERSON: Steven Debuskey    PHONE: 737-4660						

**SUBJECT:** Approval of Sole Source purchase on an Ultrasound machine for the Tulare County Health and Human Services Health Care Centers.

**REQUEST(S):**  
That the Board of Supervisors:

1. Approve the purchase of a new Ultrasound machine in the amount of \$23,570.31 for the Tulare County Health Care Centers.
2. Approve the attached AUD308 Budget Adjustment Form (requires 4/5<sup>th</sup> vote)

**SUMMARY:**  
The Health and Human Services Agency (HHS) has negotiated with McKesson Corp. a purchase price of a Toshiba Nemio 10 ultrasound machine in the amount of \$23,570.31. This will replace an obsolete ultrasound machine that cannot be repaired. The new equipment being considered is a black and white ultrasound machine that will accommodate larger patients. It delivers superb image quality in an efficient and user-friendly ultrasound system.

This equipment is well suited for the Health Care Centers Obstetrics/Gynecology Federally Qualified Health Centers (FQHC) clinical practice and the physician is able to address a full range of clinical and diagnostic needs such as the size, positions and development of a fetus. It brings the latest technology to our patients and our providers. It is a portable piece of equipment and can be utilized at various Health Care facilities within the Health and Human Services clinics.

**SUBJECT:** Approval of Sole Source purchase on an Ultrasound machine for the Tulare County Health and Human Services Health Care Centers.  
**DATE:** March 20, 2007

**FISCAL IMPACT/FINANCING:**

The funding for the ultrasound equipment has been included in the FY 06/07 approved budget. This is a revenue-producing service equipment for which the County can expect income to compensate cost. There is no net county cost. The attached AUD308 reflects the changes to the approved budget.

**LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:**

Quality of Life

**ALTERNATIVES:**

Not to provide in-house Ultrasound exams and contract a vendor to provide services.

**INVOLVEMENT OF OTHER DEPARTMENTS OR AGENCIES:**

None

**ADMINISTRATIVE SIGN-OFF:**

  
\_\_\_\_\_  
Ray Bullick – Director Health

Cc: Auditor/Controller  
County Counsel  
County Administrative Office (2)

Attachment(s): AUD308

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

**IN THE MATTER OF**

Approval of Sole Source purchase on  
an Ultrasound machine for the Tulare  
County Health and Human Services  
Health Care Centers.

) **RESOLUTION NO.**  
)  
) **AGREEMENT NO.**  
)

UPON MOTION OF SUPERVISOR \_\_\_\_\_, SECONDED BY  
SUPERVISOR \_\_\_\_\_, THE FOLLOWING WAS ADOPTED BY THE  
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD \_\_\_\_\_  
\_\_\_\_\_, BY THE FOLLOWING VOTE:

AYES:  
NOES:  
ABSTAIN:  
ABSENT:

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

BY: \_\_\_\_\_  
Deputy Clerk

\*\*\*\*\*

1. Approved the purchase of a new Ultrasound machine in the amount of \$23,570.31 for the Tulare County Health Care Centers.
2. Approved the attached AUD308 Budget Adjustment Form (required 4/5<sup>th</sup> vote)

County of Tulare Adjustment Form

1:35 PM

Date: 02/05/07					Doc ID:	APPR: 08/07		Budget FY: 07	
					<b>HESA</b>		Contact Person: <b>Gilda Zárate-Gonzalez / 737-4660 Ext 2227</b>		
					Agency Name:		Phone:		
Action A/C/D	Fund	Agcy	Orgn	APPR#	Expense Object	Revenue Source	Current Amount	Revised Amount	Inc./Dec Amt
C	001	142	3001	1422	2200		769,600	746,029	(23,571)
A	001	142	3001	1425	7035			23,571	23,571
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<b>Each fund must balance</b>							<b>Total must be zero</b>		

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

To purchase fixed asset for Health Care Centers: one Ultrasound equipment to replace obsolete and unrepairable machine.

To purchase fixed asset for Health Care Centers: The new ultrasound equipment is a black and white ultrasound machine that will accommodate large patients It delivers superb image quality in an efficient and user-friendly ultrasound system. This equipment is well suited for the Ob/Gyn Federally Qualified Health Center clinical practice and the physician is able to address a full range of clinical and diagnostic needs such as the size, positions and development of a fetus. It brings the latest technology to our patients and our providers. Model: Toshiba Nemio 10 Ultrasound.


 Affected Dept Head Signature
 

 Other Affected Dept Head Signature

Auditor and CAO Use Only	Auditor Use Only
Checked By: _____	Entered By: _____
County Executive Office Action: ( ) No ( ) Yes Date: _____	Date: _____
( ) Approved ( ) Disapproved	Distribution: 1: ECS/CAO/Auditor
Board of Supervisors Action: ( ) No ( ) Yes Date: _____	

**\*\* 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.