



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:** December 9, 2008

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 type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Personnel Resolution attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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: Christina Jones PHONE: 737-4660

**SUBJECT:** Approve termination of Agreement No. 22444 with Tulare County Workforce Investment Board.

**REQUEST(S):**

That the Board of Supervisors:

1. Approve termination of Agreement No. 22444 and as amended A-D with Tulare County Workforce Investment Board (WIB) effective January 10, 2009.
2. Authorize the Chairman of the Board to sign the Notice of Termination.

**SUMMARY:**

The funding provided to WIB through this agreement was for administration of the Welfare to Work Program. Administration was primarily accomplished by subcontracting with non-profit agencies in the County.

Due to the recent budget crisis and significant cuts in program allocations from the State of California, the funding no longer exists to continue the agreement for administrative services provided by the Tulare County Workforce Investment Board. The Health and Human Services Agency will now assume these responsibilities

**FISCAL IMPACT/FINANCING:**

Termination of this contract will provide a cost savings of \$ \$1,983,019 with regard to Agreement No. 22444 with Tulare County Workforce Investment Board. No net

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changes to County dollars.

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

The County's five-year strategic plan includes the Quality of Life initiative that encourages innovative provision of quality supportive services for at-risk adults, youth and children in state and federally mandated programs. Termination of this agreement will make Health and Human Services the primary administrator of the Welfare to Work contracts.


**ALTERNATIVES:**

The Board could choose not to approve the termination of this agreement, but that is not recommended because the cost savings will contribute toward avoiding a budget deficit in the TulareWORKs Division.

**INVOLVEMENT OF OTHER DEPARTMENTS OR AGENCIES:**

County Counsel has reviewed and approved the termination of this agreement.

**ADMINISTRATIVE SIGN-OFF:**

  
\_\_\_\_\_  
Donnie Griffin  
Director Human Services

Cc: Auditor/Controller  
County Counsel  
County Administrative Office (3)

Notice of Termination

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

**IN THE MATTER OF:**

Approve termination of Agreement No. )  
22444 with Tulare County Workforce )  
Investment Board. )

**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: JEAN M. ROUSSEAU  
COUNTY ADMINISTRATIVE OFFICER  
CLERK, BOARD OF SUPERVISORS

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

\* \* \* \* \*

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