

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
ACTION AGENDA SUMMARY

DEPT: HEALTH SERVICES AGENCY  
Urgent \_\_\_\_\_ Routine X  
CEO Concurs with Recommendation YES by NO \_\_\_\_\_  
(Information Attached)

BOARD AGENDA # \*B-7  
AGENDA DATE August 28, 2001  
4/5 Vote Required YES \_\_\_\_\_ NO X

SUBJECT: AUTHORIZATION TO APPLY FOR A PROPOSITION 10 UNDESIGNATED PILOT PROJECT GRANT FROM THE STANISLAUS COUNTY CHILDREN AND FAMILIES COMMISSION FOR AN IMMUNIZATION REGISTRY PROJECT.

STAFF  
RECOMMEN-  
DATIONS:

1. AUTHORIZATION TO APPLY FOR A PROPOSITION 10 UNDESIGNATED PILOT PROJECT GRANT FROM THE STANISLAUS COUNTY CHILDREN AND FAMILIES COMMISSION FOR AN IMMUNIZATION REGISTRY PROJECT.
2. AUTHORIZE THE MANAGING DIRECTOR OF THE HEALTH SERVICES AGENCY OR HER DESIGNEE TO SIGN AND EXECUTE THE APPLICATION.

FISCAL  
IMPACT:

This is a grant application requesting \$50,000 to implement this pilot project. If awarded, the funds will provide temporary data entry clerk assistance to enter immunization data from private providers in Stanislaus County into the Immunization Registry. There will be no financial impact to the County General Fund.

BOARD ACTION AS FOLLOWS:

No. 2001-637

On motion of Supervisor Blom, Seconded by Supervisor Simon  
and approved by the following vote,  
Ayes: Supervisors: Mayfield, Blom, Simon, Caruso, and Chair Paul  
Noes: Supervisors: None  
Excused or Absent: Supervisors: None  
Abstaining: Supervisor: None

- 1) X Approved as recommended
- 2) \_\_\_\_\_ Denied
- 3) \_\_\_\_\_ Approved as amended

MOTION:

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

By: Deputy

File No.

**SUBJECT:** AUTHORIZATION TO APPLY FOR A PROPOSITION 10 UNDESIGNATED PILOT PROJECT GRANT FROM THE STANISLAUS COUNTY CHILDREN AND FAMILIES COMMISSION FOR AN IMMUNIZATION REGISTRY PROJECT.

**PAGE:** 2

**DISCUSSION:** The Stanislaus County Children and Families Commission is accepting Undesignated Pilot Project grant applications to support community-based projects that promote the development and support of young children (0-5 years of age) and their families in Stanislaus County.

HSA is proposing a pilot project to hire two temporary data entry clerks to assist private providers in Stanislaus County in entering their back-logged immunization data into the Immunization Registry and train them to maintain the registry once this temporary assistance ends. Stanislaus County is a member of the Regional Immunization Data Exchange (RIDE). This immunization registry contains immunization histories and provides immediate access for providers via a secured web site to a child's current shot status. RIDE also provides reminder/recall notices to parents when shots are due.

HSA Immunization Registry staff have entered over 10,000 children into RIDE, mostly from HSA's medical offices and the WIC program. Private provider data has been difficult to enter due to the lack of staff available from the private providers offices to address their backlog. This project proposes providing temporary assistance to the providers to address their backlog while, at the same time, training the private provider's staff to maintain the system once the temporary assistance ends.

Communities benefit from Immunization Registries because they help control vaccine-preventable disease; help identify high-risk and under-immunized populations; help prevent disease outbreaks; provide information on community and state coverage rates; and ensure vaccine safety.

**POLICY  
ISSUES:**

Approval to apply for this grant meets the Board of Supervisors priority of ensuring a safe, healthy community by improving the health of children aged 0-5 and preventing disease outbreaks.

**STAFFING  
IMPACTS:**

None.

## Proposition 10 Undesignated Pilot Agreement

Grant Recipient: Stanislaus County Health Services Agency  
 c/o (Contact Person): Nancy Bancroft  
 Organization Address: 830 Scenic Drive, Modesto, CA 95353

Designated Number: UNI-010

Duration of Grant Period: November 1, 2001 to October 31, 2002

Grant Type: Undesignated Pilot Program

Project Title: RIDE Immunization Registry Private  
 Provider Assistance Project

Awarded Amount \$50,000.00\*

*\*For specific program criteria identified in your  
 proposal only.*

### Terms and Conditions

#### Designated Representative

United Way of Stanislaus County, 113 Palm Avenue, Modesto, California 95350, at phone number (209) 523-4562, is the contracted agency who will administer this Grant Agreement on behalf of the Stanislaus County Children and Families Commission.

The funding period shall be from November 1, 2001, through October 31, 2002. This grant is made with the understanding that United Way of Stanislaus County has no obligation to find other additional support or grants to the Grant Recipient.

#### **Program Evaluation Report**

Initial Report Due: March 15, 2002 (Reporting November 1, 2001 – February 28, 2002)

Mid- Report Due: July 15, 2002 (Reporting November 1, 2001 – June 30, 2002)

Final Report Due: October 15, 2002 (Reporting November 1, 2001 – October 31, 2002)

#### **Grant Award and Fund Disbursement**

All parties in this Grant Agreement understand that this initiative grant may be used only for Undesignated Pilot Program benefiting children prenatal to age five (5). The purpose of the Undesignated Pilot Program is to support one of the four Strategic Results that were highlighted in the Commission's Strategic Plan. The funds may not be used to supplant another fund.

The contract must be signed and submitted to United Way of Stanislaus County before disbursement can take place.

#### **Funding**

Grant Recipient is entitled to funding for specific identified items and services requested in the proposal as approved by Stanislaus County Children and Families Commission only. Grantee must present invoice billing to United Way in form of an invoice, original receipt or purchase order for payment of costs rendered for the RIDE Immunization Registry Private Provider Assistance Project.

A systematic accounting record shall be kept by the Grant Recipient of adequate financial records of this grant. Accounting records must be made readily available for use by United Way of Stanislaus County.

Random site visits will be made by United Way on a scheduled basis during the program period beginning November 1, 2001 through October 31, 2002.

#### **Declination of Award**

Notification of declination of award shall be sent in writing by the awarded grantee, stating the reasons for cancellation.

United Way of Stanislaus County and the Stanislaus County Children and Families Commission is entitled to cancel the contract in the event the Grant Recipient is unwilling to follow Proposition 10 funding objectives and guidelines.

#### **Changes in Condition**

Grant Recipient agrees to provide immediate written notice to United Way if significant changes or events occur during the term of this award which could potentially impact the progress or outcome of the grant.

**Right of Ownership, right use and licensing**

Equipment: Unless otherwise agreed in writing or specified in these general terms of contract, the Grant Recipient owns the equipment purchased with project funds.

The Grant Recipient is required to insure the condition of the equipment and keep it in good working order. The Grant Recipient shall not grant any security interest in such equipment.

**Hold Harmless Agreement**

To the fullest extent permitted by law, Grant Recipient shall defend, indemnify and hold harmless the Stanislaus County Children and Families Commission and their officers, agents, departments, officials, representatives and employees from and against any all claims, liabilities, loss, costs, damages, injury or death, fees, expenses, demands and actions including payment of reasonable attorneys' fees arising out of or resulting from any action or claim.

**Acknowledgement of Funds**

The Stanislaus County Children and Families Commission is funded by taxpayers' dollars. It is important that the public know the organizations that are receiving funds through the Commission's grant making components. Therefore, the Grant Recipient shall acknowledge the grant in statements or printed materials appropriate to the purpose of the grant. All printed materials related to this grant shall contain the following information in a type size and style appropriate to the materials.

*Made possible by a grant from the  
Stanislaus County Children and Families Commission*

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United Way of Stanislaus County in partnership with Stanislaus County Children and Families Commission is pleased to make this grant to your organization. Please sign and return one copy of this Grant Agreement as evidence of your understanding of the terms outlined. Return the completed documentation to United Way of Stanislaus County, c/o Dorali Mitre, Community Impact Associate, P.O. Box 3066, Modesto, CA 95353-3066. If you have questions, please call Dorali Mitre, Community Impact Associate, United Way of Stanislaus County, at (209) 523-4562 ext. 125.

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I, Kathy Korhman, accept and agree to the above contract terms set forth by United Way of Stanislaus County and the Stanislaus County Children and Families Commission. I understand that the funds being awarded in this request do not supplant any existing revenue sources.

Organization Name: Stanislaus County Health Services Agency

If Applicable: Business License No. \_\_\_\_\_  
Non-Profit ID No. \_\_\_\_\_

Mailing Address: 830 Scenic Drive Modesto 95350  
(City) (Zip Code)

Shipping Address: Same \_\_\_\_\_  
(City) (Zip Code)

Kathy Korhman 11-29-01  
Contractor's Signature (Grant Recipient) Date

Kathy Korhman Interim Managing Director  
Print Name Title