

20. Approve the acceptance of funds from the Board of State and Community Corrections for the Coronavirus Emergency Supplemental Funding in an amount not to exceed \$571,162, effective March 31, 2021 through January 31, 2022. Approve the Capital Asset purchase of a Solaris Lytbot Ultraviolet device for COVID-19 response in an amount not to exceed \$86,250. Approve the necessary budget adjustments (4/5th vote required).



Health & Human Services Agency

COUNTY OF TULARE AGENDA ITEM

BOARD OF SUPERVISORS

LARRY MICARI
District One

PETE VANDER POEL
District Two

AMY SHUKLIAN
District Three

EDDIE VALERO
District Four

DENNIS TOWNSEND
District Five

AGENDA DATE: March 23, 2021 REVISED

Public Hearing Required	N/A
Scheduled Public Hearing w/Clerk	N/A
Published Notice Required	N/A
Advertised Published Notice	N/A
Meet & Confer Required	N/A
Electronic file(s) has been sent	Yes
Budget Transfer (Aud 308) attached	Yes
Personnel Resolution attached	N/A
Agreement(s) attached	Yes

CONTACT PERSON: Karen Elliott PHONE: 559-624-8000

SUBJECT: Approve the acceptance of funds from the Board of State and Community Corrections

REQUEST(S):

That the Board of Supervisors:

1. Approve the acceptance of funds from the Board of State and Community Corrections in an amount not to exceed \$571,162 for the Coronavirus Emergency Supplemental Funding, effective March 31, 2021 through January 31, 2022.
2. Approve the necessary budget adjustments per the attached AUD-308 (4/5th vote required).
3. Approve the Capital Asset purchase of a Solaris Lytbot Ultraviolet device for COVID-19 response in an amount not to exceed \$86,250.
4. Authorize the Chair of the Board to sign two (2) copies of all grant documents.

SUMMARY:

On March 4, 2020, the Governor of California proclaimed a State of Emergency to help combat the spread of the Coronavirus (COVID-19). The Coronavirus Emergency Supplemental Funding (CESF) Program is administered by the U.S. Department of Justice, Bureau of Justice Assistance (BJA) through the Board of State and Community Corrections Agency to fund approaches that prevent, prepare for, and respond to the coronavirus. In Spring 2020, BJA released a federal CESF solicitation to states. The total CESF allocation to California was \$58,518,568 of which \$41,763,011 is available to California counties.

Tulare County was awarded \$571,162, as a non-competitive grant. The funds will be used to assist with offsetting unanticipated expenditures used for preventing, preparing for, and responding to the COVID-19. Allowable uses of funds include but are not limited

SUBJECT: Approve a memorandum of understanding with the California Government Operations Agency for COVID-19 Vaccine Distribution

DATE: March 23, 2021

to preventing, preparing for, and responding to COVID-19. Allowable projects and purchases include but are not limited to Personal Protection Equipment (PPE), medical provider salaries and benefits, and addressing medical needs of inmates and detainees in county jails.

HHSA is requesting the Board to accept the funds and approve the purchase of one (1) Solaris Lytbot Ultraviolet device. The purchase of this device will allow the Sheriff's Department to have a fast, effective tool to help control the environmental spread of COVID-19 in the detention facilities and reduce the time needed to clean cells and other common areas where COVID positive inmates have been housed. The Solaris Lytbot Ultraviolet device sanitizes areas and thus substantially reduces the need for a cleaning crew.

Acceptance of this grant will allow HHSA to offset unanticipated COVID-19-related expenditures and continue to enhance the services provided.

The CESF application requires Tulare County to ensure Wellpath has met the requirements as a condition of receiving the CESF. HHSA has confirmed Wellpath meets CESF requirements and is only listed on the application for this reason. Wellpath will not receive nor utilize the Solaris Lytbot Ultraviolet device.

FISCAL IMPACT/FINANCING:

The maximum amount of this grant agreement is \$571,162. An amount of \$250,312 will be included in Fiscal Year 2020/2021 budget, and the remaining \$320,850 will be included in the Fiscal Year 2021/2022 budget. The purpose of the attached AUD-308 is to incorporate the grant's funding into Fiscal Year 2020/2021 budget. The expenses and revenues associated with this program will be posted to HHSA's budget: 001-142-3412. There is no net cost to the County General Fund.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year strategic plan includes Quality of Life Initiative to promote health and well-being for the citizens of Tulare County. The acceptance of funds will help fulfill this initiative by providing enhanced health services to county adult inmates. This request also addresses the County's Strategic Plan by improving the Agency's organizational structure to optimize the efficiency and effectiveness of services delivery at the criminal justice facilities.

ADMINISTRATIVE SIGN-OFF:

/s/Karen M. Elliot _____
Karen Elliott
Director of Public Health

Cc: County Administrative Office

SUBJECT: Approve a memorandum of understanding with the California Government Operations Agency for COVID-19 Vaccine Distribution

DATE: March 23, 2021

Attachment(s):

Attachment A - CESF Proposal Checklist

Attachment B - Applicant Information Form

Attachment C - Criteria for Non-Governmental Organizations (Appendix C)

Attachment D - Certification of Compliance with BSCC Policies on Debarment, Fraud, Theft and Embezzlement (Appendix J)

Attachment E – Governing Board Resolution

Attachment F- AUD-308

CESF Program Proposal Checklist

A complete proposal package for funding under the Coronavirus Emergency Supplemental Funding (CESF) Program must contain the following items:

	Required Items:	✓
1	Cover Sheet (previous page) <ul style="list-style-type: none"> Insert Applicant Name and Date of Submission 	✓
2	CESF Proposal Checklist <ul style="list-style-type: none"> Signed by the authorized signatory with a digital signature OR a wet signature in blue ink. 	✓
3	Applicant Information Form <ul style="list-style-type: none"> Signed by the authorized signatory with a digital signature OR a wet signature in blue ink. 	✓
4	Proposal Narrative <ul style="list-style-type: none"> 6 pages or less 	✓
5	Criteria for Non-Governmental Organizations (Appendix C) <ul style="list-style-type: none"> Signed by the authorized signatory with a digital signature OR a wet signature in blue ink. 	✓
6	CESF Local Advisory Committee Membership Roster (Appendix D)	✓
7	Project Work Plan (Appendix E)	✓
8	Certification of Compliance with BSCC Policies on Debarment, Fraud, Theft and Embezzlement (Appendix J) <ul style="list-style-type: none"> Signed by the authorized signatory with a digital signature OR a wet signature in blue ink. 	✓
9	Budget Information (Budget Table & Narrative) <ul style="list-style-type: none"> Use the BSCC provided template 	✓
	Optional:	
	Governing Board Resolution (Appendix I) <i>Note: The Governing Board Resolution is due prior to contract execution but is not required at the time of proposal submission.</i>	✓

I have reviewed this checklist and verified that all required items are included in this proposal packet.

X


 Applicant Authorized Signature (see Applicant Information Form, Part L, next page)

CESF Applicant Information Form

A. APPLICANT < Name> County		B. TAX IDENTIFICATION NUMBER			
NAME OF APPLICANT County of Tulare		TAX IDENTIFICATION #:			
STREET ADDRESS 5957 S. Mooney Blvd		CITY Visalia	STATE Ca	ZIP CODE 93277	
MAILING ADDRESS (if different)		CITY	STATE	ZIP CODE	
C. PROJECT TITLE:		CESF Grant			
D. PROJECT SUMMARY (100-150 words):					
To enhance COVID-19 services in the jail by providing increased screening of inmates and staff. Increase the discharge services to inmates currently under quarantine, isolation, and observation. Purchase needed PPE for staff and inmates.					
E. GRANT FUNDS REQUESTED: See page 3 for funding by County			F. PASS-THROUGH FUNDS: Applicants must pass through a minimum of 20%		
\$ 571,161.06			\$ 437,182 and % 75.49		
G. LEAD PUBLIC AGENCY:		Tulare County Health and Human Services Agency			
H. PROJECT DIRECTOR:					
NAME Benjamin Mitchell		TITLE Health Services Manager		TELEPHONE NUMBER 559-624-8037	
STREET ADDRESS 5957 S Mooney Blvd		FAX NUMBER			
CITY Visalia	STATE Ca	ZIP CODE 93277	EMAIL ADDRESS benmitchell@tularecounty.ca.gov		
I. FINANCIAL OFFICER:					
NAME Rob Stewart		TITLE Director of Fiscal Operations		TELEPHONE NUMBER 559-624-8000	
STREET ADDRESS 5957 S. Mooney Blvd		FAX NUMBER			
CITY Visalia	STATE Ca	ZIP CODE 93277	EMAIL ADDRESS rstewart@tularecounty.ca.gov		
PAYMENT MAILING ADDRESS (if different)		CITY	STATE	ZIP CODE	
J. DAY-TO-DAY PROGRAM CONTACT:					
NAME Benjamin Mitchell		TITLE Health Services Manager		TELEPHONE NUMBER 559-624-8037	
STREET ADDRESS 5957 S Mooney Blvd		FAX NUMBER			
CITY Visalia	STATE Ca	ZIP CODE 93277	EMAIL ADDRESS benmitchell@tularecounty.ca.gov		

K. DAY-TO-DAY FISCAL CONTACT:			
NAME	TITLE	TELEPHONE NUMBER	
Benjamin Mitchell	Health Services Manager	559-624-8037	
STREET ADDRESS		FAX NUMBER	
5957 S Mooney Blvd			
CITY	STATE	ZIP CODE	EMAIL ADDRESS
Visalia	Ca	93277	benmitchell@tularecounty.ca.gov

L. AUTHORIZED SIGNATURE			
By signing this application, I hereby certify that I am vested by the Applicant with the authority to enter into contract with the BSCC, and that the grantee and any subcontractors will abide by the laws, policies and procedures governing this funding.			
NAME OF AUTHORIZED OFFICER	TITLE	TELEPHONE NUMBER	EMAIL ADDRESS
Amy Shuklian	Chair, Board of Supervisors	559-636-5000	clerkoftheboard@tularecounty.ca.gov
STREET ADDRESS	CITY	STATE	ZIP CODE
2800 W Burrel	Visalia	Ca	93291
EMAIL ADDRESS clerkoftheboard@tularecounty.ca.gov			
APPLICANT'S SIGNATURE (Signed by the authorized signatory with a digital signature OR a wet signature in blue ink.)			DATE
X 			3-13-21

Authorized Signature: Must be a representative with the authority to sign documents and obligate the applicant

CONFIDENTIALITY NOTICE

All documents submitted as a part of the Coronavirus Emergency Supplemental Funding (CESF) Program are public documents and may be subject to a request pursuant to the California Public Records Act. The BSCC, as a state agency, may have to disclose these documents to the public. The BSCC cannot ensure the confidentiality of any information submitted in or with this proposal. (Gov. Code, §§ 6250 et seq.)

Appendix C: Criteria for Non-Governmental Organizations Receiving CESF

(Page 1 of 2)

The Coronavirus Emergency Supplemental Funding (CESF) Program Request for Proposals (RFP) includes requirements that apply to non-governmental organizations that receive funds under this grant. All grantees are responsible for ensuring that any contracted third parties continually meet these requirements as a condition of receiving CESF. The RFP describes these requirements as follows.

Any non-governmental organization that receives CESF (as either subgrantee or subcontractor) must:

- Have been duly organized, in existence, and in good standing for at least six months prior to the effective date of its fiscal agreement with the BSCC or with the CESF grantee.
- In either instance (applicant or subgrantee), non-governmental entities that have recently reorganized or have merged with other qualified non-governmental entities that were in existence prior to the six-month date are also eligible, provided all necessary agreements have been executed and filed with the California Secretary of State prior to the start date of the grant agreement with the BSCC or the start date of the grantee-subcontractor fiscal agreement.
- Be registered with the California Secretary of State's Office, if applicable;
- Have a valid business license, Employer Identification Number (EIN), and/or Taxpayer ID (if sole proprietorship);
- Have any other state or local licenses or certifications necessary to provide the services requested (e.g., facility licensing by the Department of Health Care Services), if applicable; and
- Have a physical address.

In the table below, provide the name of the Grantee and list all contracted parties.

(Page 2 of 2)

Grantee Name: County of Tulare

Name of Contracted Party	Address	Email / Phone	Meets All Requirements
Wellpath	1283 Murfreesboro Road Nashville, TN 37217	1-800-592-2974	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Grantees are required to update this list and submit it to the BSCC any time a new third-party contract is executed after the initial assurance date. Grantees shall retain (on-site) applicable source documentation for each contracted party that verifies compliance with the requirements listed in the CESF RFP. These records will be subject to the records and retention language found in Appendices A and C of the Standard Agreement.

Unless prior approval is obtained, the BSCC prohibits disbursement or reimbursement to any NGO that does not meet the requirements listed above and for which the BSCC does not have a signed grantee assurance on file.

A signature below is an assurance that all requirements listed above have been met.

AUTHORIZED SIGNATURE (This document must be signed by the person who is authorized to sign the Grant Agreement.)			
NAME OF AUTHORIZED OFFICER Amy Shuklian	TITLE Chair, Board of Supervisors		TELEPHONE 559-636-5000
STREET ADDRESS 2800 W Burrel	CITY Visalia	STATE Ca	ZIP CODE 93291
EMAIL ADDRESS clerkoftheboard@tularecounty.ca.gov			
SIGNATURE (This document must be signed by the person who is authorized to sign the Grant Agreement. The authorized signatory may sign with a digital signature <u>OR</u> a wet blue ink signature.) X 			DATE 3-7-21

Appendix I: Certification of Compliance with BSCC Policies on Debarment, Fraud, Theft and Embezzlement

(Page 1 of 2)

It is the policy of the BSCC to protect grant funds from unreasonable risks of fraudulent, criminal, or other improper use. As such, the Board will not enter into contracts or provide reimbursement to applicants that have been:

1. debarred by any federal, state, or local government entities during the period of debarment; or
2. convicted of fraud, theft, or embezzlement of federal, state, or local government grant funds for a period of three years following conviction.

Furthermore, the BSCC requires grant recipients to provide an assurance that there has been no applicable debarment, disqualification, suspension, or removal from a federal, state or local grant program on the part of the grantee at the time of application and that the grantee will immediately notify the BSCC should such debarment or conviction occur during the term of the Grant contract.

BSCC also requires that all grant recipients include, as a condition of award to a subgrantee or subcontractor, a requirement that the subgrantee or subcontractor will provide the same assurances to the grant recipient. If a grant recipient wishes to consider a subgrantee or subcontractor that has been debarred or convicted, the grant recipient must submit a written request for exception to the BSCC along with supporting documentation.

By checking the following boxes and signing below, applicant affirms that:

- I/We are not currently debarred by any federal, state, or local entity from applying for or receiving federal, state, or local grant funds.
- I/We have not been convicted of any crime involving theft, fraud, or embezzlement of federal, state, or local grant funds within the last three years. We will notify the BSCC should such debarment or conviction occur during the term of the Grant contract.
- I/We will hold subgrantees and subcontractors to these same requirements.

A grantee may make a request in writing to the Executive Director of the BSCC for an exception to the debarment policy. Any determination made by the Executive Director shall be made in writing.

(Page 2 of 2)

AUTHORIZED SIGNATURE (This document must be signed by the person who is authorized to sign the Grant Agreement.)			
NAME OF AUTHORIZED OFFICER Amy Shuklian	TITLE Chair, Board of Supervisors	TELEPHONE NUMBER 559-636-5000	
STREET ADDRESS 2800 W Burrel	CITY Visalia	STATE Ca	ZIP CODE 93291
EMAIL ADDRESS clerkoftheboard@tularecounty.ca.gov			
AUTHORIZED OFFICER SIGNATURE (This document must be signed by the person who is authorized to sign the Grant Agreement. The authorized signatory may sign with a digital signature <u>OR</u> a wet blue ink signature.) X 			DATE 3-23-21

AUD-308 - Budget Adjustment Form 1:50 PM

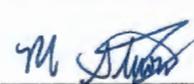
Date: 03/02/21	Document ID Number	Accounting Period: 09/21	Budget Fiscal Year: 2021
Health and Human Services Agency		Contact Person: Ben Mitchell	Phone: 624-8037
Agency Name		Extension: N/A	

Action** A,C,D	Fund	Dept	Appr #	LEVEL 1 Finish Here	Current Amount	Revised Amount	Inc / Dec Amt	
C	001	142	142SSUP		192,139,250	192,303,312	164,062	
C	001	142	142CAP		1,620,958	1,707,208	86,250	
							-	
							-	
							-	
							-	
							-	
							-	
							-	
							-	
							-	
Appropriations Total					<i>Need Not Equal Zero</i>	193,760,208	194,010,520	250,312

Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt	
A	001	142	142SSUP	3412	7052				136,037	136,037	
A	001	142	142SSUP	3412	7066				28,025	28,025	
A	001	142	142CAP	3412	8312				86,250	86,250	
A	001	142		3412		5054			250,312	(250,312)	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
Line Total								<i>Must Equal Zero</i>	\$ -	\$ 500,624	\$ -

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

Budget for expenses and revenues for a new State Grant for COVID-19 response (see attached Board Agenda Item).


 Affected Dept Head Signature

 Other Affected Dept Head Signature

Checked By: _____ County Executive Office Action: No. _____ Date: _____ (<input checked="" type="checkbox"/>) Approved (<input type="checkbox"/>) Disapproved By:  Board of Supervisors Action: No. 7021-6195 Date: 3/23/21	Entered By: _____ Date: _____ Distribution: 1: BOS/CAO/Auditor
--	--

**** Action Codes: A=Add; C=Change, D=Deactivate**
 * Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, **except for ISFs**
 * Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa
 * Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa

