

Agenda item 65

**CITY OF SAN ANTONIO
SAN ANTONIO METROPOLITAN HEALTH DISTRICT
CITY COUNCIL AGENDA MEMORANDUM**

TO: Sheryl Sculley, City Manager

FROM: Fernando A. Guerra, MD, MPH, Director of Health

SUBJECT: Title V Family Planning Program

DATE: June 29, 2006

SUMMARY AND RECOMMENDATIONS

This Ordinance authorizes the City Manager to accept and execute Contract Change Notice No. 6 Attachment No. 05A, for an additional \$250,000.00 for a total of \$323,622.00 from the Texas Department of State Health Services (TDSHS) to augment support for the ongoing Title V Family Planning Program in the San Antonio Metropolitan Health District (SAMHD) for the period January 1, 2006 to August 31, 2006. This ordinance will also revise the program budget.

Staff recommends approval.

BACKGROUND INFORMATION

The City Manager was authorized to execute contract 7460020708A 2006 Contract Change Notice No. 03, Attachment 05 with TDSHS to renew support for the ongoing Title V Family Planning Program in the SAMHD for the period January 1, 2006 through August 31, 2006 through an ordinance passed and approved on October 20, 2005.

The Title V Family Planning Program provides family planning services for women who do not qualify for Medicaid or have no health insurance and live below 185% of the Federal Poverty Level. Annually, this funding assists SAMHD in providing services to 5,100 women of child-bearing age, providing physical examinations, health counseling, follow-up and referral to other agencies. The services are provided at nine public health clinics located throughout the city.

TDSHS is now offering a contract change which will provide an additional \$250,000.00 to augment funding for the Family Planning Program and allow SAMHD to serve 1,821 more patients. These additional dollars are available to SAMHD because other grantees in the State were unable to use all of their allocated funds.

There is no change to the personnel complement of this contract.

POLICY ANALYSIS

Acceptance of this contract change from TDSHS will continue the long-standing practice of utilizing Federal and State aid to support local public health programs of the City.

FISCAL IMPACT

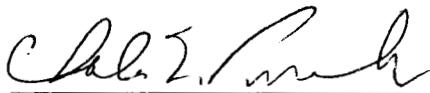
This contract change provides an additional \$250,000.00 for a total of \$323,622.00 to support the ongoing Title V Family Planning Program for the period January 1, 2006 through August 31, 2006. In addition, this budget includes estimated Title V patient co-payments of \$500.00 (to be deposited back into the grant fund), for a total budget of \$324,122.00.

COORDINATION

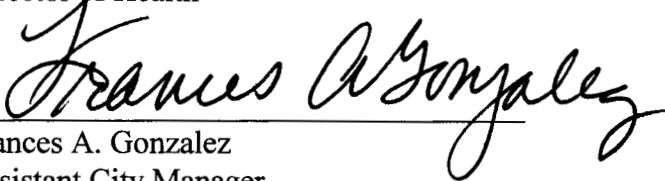
The City Attorney's Office and the Human Resources Department, Risk Management Division, have reviewed and approved the contract with TDSHS. This ordinance has also been coordinated with the Office of Management and Budget and the Finance Department.

SUPPLEMENTARY COMMENTS

A Discretionary Contracts Disclosure form is not required for this item.

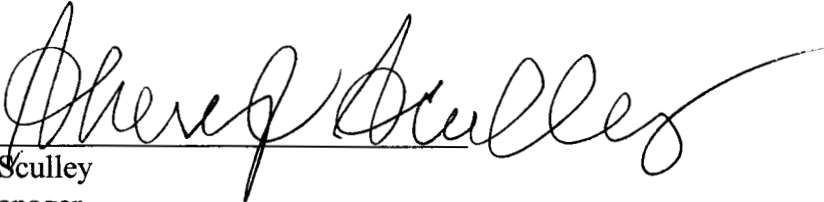


Fernando A. Guerra, MD, MPH
Director of Health



Frances A. Gonzalez
Assistant City Manager

Approved for Council Consideration:



Sheryl Sculley
City Manager



**DEPARTMENT OF STATE HEALTH SERVICES
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199**

STATE OF TEXAS

DSHS Document No. 7460020708A2006

COUNTY OF TRAVIS

Contract Change Notice No. 06

The Department of State Health Services, hereinafter referred to as RECEIVING AGENCY, did heretofore enter into a contract in writing with SAN ANTONIO METROPOLITAN HEALTH DISTRICT hereinafter referred to as PERFORMING AGENCY. The parties thereto now desire to amend such contract attachment(s) as follows:

SUMMARY OF TRANSACTION: ATT NO. 05A CHS-FEE FOR SERV.-FAMILY PLANNING

Revised Contract Total: 323,622.00

Revised Number to be Served/Units of Service: 2,490

All terms and conditions not hereby amended remain in full force and effect.

EXECUTED IN DUPLICATE ORIGINALS ON THE DATES SHOWN.

Authorized Contracting Entity (type above if different from PERFORMING AGENCY) for and in behalf of:

PERFORMING AGENCY:

SAN ANTONIO METROPOLITAN HEALTH DISTRICT

By: _____
(Signature of person authorized to sign)

(Name and Title)

Date: _____

RECOMMENDED:

By: _____
(PERFORMING AGENCY Director, if different from person authorized to sign contract)

RECEIVING AGENCY:

DEPARTMENT OF STATE HEALTH SERVICES

By: _____
(Signature of person authorized to sign)

Bob Burnette, Director
Client Services Contracting Unit

(Name and Title)

Date: _____

DETAILS OF ATTACHMENTS

Att/ Amd No.	DSHS Program ID/ DSHS Purchase Order Number	Term		Financial Assistance		Direct Assistance	Total Amount (DSHS Share)
		Begin	End	Source of Funds*	Amount		
01A	CHS/BC 0000307284	07/01/05	06/30/06	93.919	147,700.00	0.00	147,700.00
02A	CHS/FEE 0000309680	09/01/05	08/31/06	State 93.994	361,633.00	0.00	361,633.00
03	M&D 0000309948	09/01/05	08/31/06	State	0.00	0.00	0.00
04	CHS/TTLXX	01/01/06	08/31/06	93.667	226,917.00	0.00	226,917.00
05A	CHS/FEE-FP	01/01/06	08/31/06	State	323,622.00	0.00	323,622.00
DSHS Document No.7460020708A2006 Change No. 06					Totals	\$ 0.00	\$1,059,872.00

*Federal funds are indicated by a number from the Catalog of Federal Domestic Assistance (CFDA), if applicable. REFER TO BUDGET SECTION OF ANY ZERO AMOUNT ATTACHMENT FOR DETAILS.

CERTIFICATION REGARDING LOBBYING
CERTIFICATION FOR CONTRACTS, GRANTS,
LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-111, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Date

Print Name of Authorized Individual

7460020708A 2006-05

Application or Contract Number

SAN ANTONIO METROPOLITAN HEALTH DISTRICT

Organization Name and Address

332 W COMMERCE ST STE 307

SAN ANTONIO, TX 78205-2489

ATTACHMENT II
Title V Project 2005-2006
TDSHS Contract No. 7460020708A 2006
Fund No. 26016000

ESTIMATED REVENUES

	<u>SAP GL No.</u>		ADD (DEDUCT)	REVISED BUDGET
Attachment #05	4501110	\$ 73,622		73,622
Title V FP Patient Co-pay	4502230	500		500
Attachment #05A	4501110		250,000	250,000
Total Estimated Revenues		<u>74,122</u>	<u>250,000</u>	<u>324,122</u>
		\$		

APPROPRIATIONS

Title V Family Planning Program

Activity: 36-06-29 01/01/06 to 08/31/06

Cost Center 3606290002

Internal Order 136000000305

Regular Salaries & Wages	5101010	49,500	48,750	98,250
Language Skill Pay	5101050	500	100	600
Retirement Benefits - Soc. Sec.	5103005	3,094	4,515	7,609
Life Insurance	5103010	250		250
Car Expense Allowance	5103055	2,500	(2,500)	-
Transportation Allowance	5103056		3,500	3,500
Flexible Benefits Contribution	5104030	6,800	8,800	15,600
Retirement Benefits - TMRS	5105010	3,800	8,500	12,300
Membership Dues and Licenses	5203050	50	-	50
Travel-Official	5207010	0	2,500	2,500
Office Supplies	5302010	0	8,500	8,500
Binding, Printing & Reproduction	5203060	0	4,500	4,500
Maint & Rep - Mach & Equip	5204080	0	500	500
Temporary Services	5202010	0	16,800	16,800
Education	5201025	400	500	900
Fees to Professional Contractors	5201040	0	55,800	55,800
Food	5304010			
Chemicals, Medical & Drugs	5304040	3,058	68,435	71,493
Tools, Apparatus & Accessories	5304050	0	1,500	1,500
Communications: Telephones	5403010	0	1,500	1,500
Pagers	5403030	40	-	40
Automatic Data Processing Services	5403520	210	1,400	1,610
Workers' Disability Compensation	5405020	150	750	900
Liability, Hazard & Fidelity Insurance	5405030	150	750	900
Indirect Cost	5406530	1,120	6,800	7,920
Computer Equipment	5501000	2,500	2,500	5,000
Furniture and Fixtures	5501065	0	2,000	2,000
Machinery and Equipment	5501055	0	3,600	3,600
Total Appropriations		<u>\$ 74,122</u>	<u>250,000</u>	<u>324,122</u>

PERSONNEL COMPLIMENT

Activity 36-06-29

Cost Center 3606290002

Internal Order 136000000305

	PREVIOUS POSITIONS	ADD (DEDUCT)	REVISED POSITIONS
0010 Office Assistant (.50 FTE)	1	0	1
0243 Public Health Nurse Practitioner (.50 FTE)	1	0	1
0244 Senior Public Health Nurse (.50 FTE)	1	0	1
0261 Senior Public Health Physician (.50 FTE)	3	0	3
0866 Special Projects Manager	1	0	1
0896 Department System Specialist	1	0	1
	<u>8</u>	<u>0</u>	<u>8</u>