

**25686**

**DATE:** March 20, 2012

**TO:** Board of Acquisition and Contract

**FROM:** Sherlita Amler, M.D.  
Commissioner of Health

**RE:** Authorization to amend a Resolution for a contract to accept funding from the New York State Department of Health for the Infertility Prevention Project (“IPP”) Program Grant as follows:

<u>Original Resolution</u>		<u>Amended Resolution</u>	
Contract Period:	1/1/12 – 12/31/12	Contract Period:	1/1/12 – 12/31/16
Amount Not-To-Exceed:	\$32,999	Amount Not-To-Exceed:	\$164,995

On February 23, 2012, Your Honorable Board approved a Resolution (the “February 23, 2012”) which authorized the County of Westchester, acting by and through its Department of Health (“WCDH”), to enter into contract with the New York State Department of Health (“NYSDOH”) to accept funding for the Infertility Prevention Project Program Grant, for the contract period 1/1/12 through 12/31/12, pursuant to an approved budget, in the amount not-to-exceed \$32,999. This contract has not been executed.

The NYSDOH has since sent the contract with a total not-to-exceed amount of \$164,995, increased by \$131,996, and also the contract period extended to 12/31/16 as well.

This program will promote the public health and general welfare of County residents by reducing the incidence and spread of the sexually transmitted disease (“std”), Chlamydia, by funding laboratory testing services through the County’s Department of Labs & Research.

The goal and objective of this program is to significantly reduce the incidence of Chlamydia related illness among all age groups throughout the County by providing laboratory testing, specifically through the use of nucleic acid amplification test kits recommended by the Centers for Disease Control and the Association of Public Health Laboratories.

This program is tracked and monitored by using the required information/forms to record the case management and investigations of confirmed Chlamydia cases which are electronically entered into NYSDOH’s Health Information Network (HIN). Completion of partner investigations, evaluation, treatment and final disposition of cases reported are also prepared by WCDH staff and sent on a quarterly basis to the NYSDOH.

I certify that my department, a) has copies of, or access to, all applicable laws, rules, regulations, grant applications, and grant agreements (including any master grant agreement), as well as any guidance or instructions received from the agency making the grant (the “Grant Terms”), b) has reviewed the Grant Terms, c) is aware of and understands all of the Grant Terms, and d) can and will comply with all of the Grant Terms.

All other terms of the original February 23, 2012 Resolution shall remain the same.

Approval of the attached resolution amendment is respectfully requested.

/md

**RESOLUTION**

UPON A COMMUNICATION FROM THE COMMISSIONER OF HEALTH, be it hereby

**RESOLVED,** that the Resolution dated February 23, 2012, is hereby amended in order to extend the contract period and increase the not-to-exceed amount for the Infertility Prevention Project grant, pursuant to an approved budget as follows:

<u>Original Resolution</u>		<u>Amended Resolution</u>	
Contract Period:	1/1/12 – 12/31/12	Contract Period:	1/1/12 – 12/31/16
Amount Not-To-Exceed:	\$32,999	Amount Not-To-Exceed:	\$164,995;

and, be it further

**RESOLVED,** all other terms of the original February 23, 2012 resolution shall remain the same;

and, be it further

**RESOLVED,** that the County Executive or his duly authorized designee be and hereby is authorized and empowered to execute all appropriate contracts or documents necessary to effectuate the purposes of this resolution in the manner prescribed by law

Department of Health  
 County of Westchester  
 145 Huguenot Street, 8<sup>th</sup> Floor  
 New Rochelle, New York 10801  
 March 20, 2012

Original Agreement	\$ 32,999
<b>This Amendment</b>	<b>\$131,996</b>
<b>TOTAL</b>	<b>\$164,995</b>

Agreement #

Account to be Charged/Credited9	Fund	Dept	Major Program, Program & Phase or Unit	Object/ Sub-Object	Trust Account	Dollars
	263	27	231N	9853	T231	\$32,999
	263	27	231O	9853	T231	\$32,999
	263	27	231P	9853	T231	\$32,999
	263	27	231Q	9853	T231	\$32,999
Budget Funding Year(s) (must match resolution) <u>2012</u> Start Date <u>1/1/12</u> End Date <u>12/31/16</u>						
Funding Source Tax Dollars _____						
State Aid _____						
<b>\$131,996</b> Federal Aid <u>Pass-thru NYSDOH</u>						
(must match resolution) Other _____						