

28923

DATE: August 27, 2012

TO: Board of Acquisition and Contract

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

RE: Authorization to enter into Contract to accept continued funding from the New York State Department of Health for the HIV Surveillance & Partner Services Program Grant, as follows:

Term: 10/1/12 – 9/30/17

Amount: Not-to-Exceed \$1,854,600

The Westchester County Department of Health (“WCDH”) seeks authorization to enter into contract to accept continued funding from the New York State Department of Health (“NYSDOH”) for the HIV Surveillance & Partner Services Program Grant, pursuant to an approved budget, for a five year contract period 10/1/12 through 9/30/17, in the not-to-exceed amount of \$1,854,600.

This contract will promote the public health and general welfare of County residents by preventing the spread of HIV and linking those already infected by the disease to treatment.

The goals and objectives of this program include promoting HIV testing and counseling, identifying HIV infected cases, ensuring that infected individuals are linked to appropriate medical care and services and that relevant contacts to such individuals are tested for HIV, providing education/information regarding HIV and partner services to HIV positive individuals and their partners, and providing information and assistance to medical providers to meet NYSDOH partner notification requirements.

Program monitoring includes surveillance activities, data collection, supervisory review, data entry in the NYSDOH electronic HIV Partner Services tracking system, time frames and case closure as directed by the NYSDOH and monthly reviews of all program activities by the WCDH program director. An average of approximately 150 new, unduplicated HIV cases requiring services are reported annually.

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

Approval of the attached resolution is respectfully requested.

/md
Attachment

RESOLUTION

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

RESOLVED, that the County of Westchester, acting by and through its Department of Health, is authorized to enter into contract to accept continued funding from the New York State Department of Health for the HIV Surveillance & Partner Services Program Grant, pursuant to an approved budget, for a five year contract period 10/1/12 through 9/30/17, in the not-to-exceed amount of \$1,854,600; 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.

Agreement #

Account to be Charged/Credited	Fund	Dept	Major Program, Program & Phase or Unit	Object/ Sub-Object	Trust Account	Dollars
	263	27	369M	9854	T369	\$370,920
	263	27	369N	9854	T369	\$370,920
	263	27	369O	9854	T369	\$370,920
	263	27	369P	9854	T369	\$370,920
	263	27	369Q	9854	T369	\$370,920

Budget Funding Year(s) (must match resolution) 2012-2017 Start Date 10/1/12 End Date 9/30/17

Funding Source	Tax Dollars	<hr/>
	State Aid	<hr/>
\$1,854,600	Federal Aid	<hr/>
(must match resolution)	Other	<u>NYSDOH</u>