

34707

DATE: June 21, 2013

TO: Board of Acquisition and Contract

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

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

Term: 7/1/13 – 6/30/14

Amount: Not-to-Exceed \$82,500

The Westchester County Department of Health (“WCDH”) seeks authorization to enter into a new contract to accept funding from the New York State Department of Health (“NYSDOH”) for the Expanded Partner Services Pilot Program Grant initiative, pursuant to an approved budget, for the contract period 7/1/13 through 6/30/14, in the not-to-exceed amount of \$82,500.

This contract will promote the public health and general welfare of County residents by preventing the spread of HIV by linking HIV infected persons identified as lost to care through surveillance data with HIV medical 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.

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 funding from the New York State Department of Health for the Expanded Partner Services Pilot Program Grant, pursuant to an approved budget, for the contract period 7/1/13 through 6/30/14, in the not-to-exceed amount of \$82,500; 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
 10 County Center Road, 2nd Floor
 White Plains, New York 10607
 June 21, 2013

Original Agreement	\$
First Amendment	\$
This Amendment	\$
TOTAL	\$ _____

Agreement #

Account to be Charged/Credited	Fund	Dept	Major Program, Program & Phase or Unit	Object/ Sub-Object	Trust Account	Dollars
	263	27	499N	9853	T499	\$82,500

Budget Funding Year(s) (must match resolution) 2013-2014 Start Date 7/1/13 End Date 6/30/14

Funding Source	Tax Dollars	
	State Aid	
\$82,500	Federal Aid	Federal Indirect Pass Through NYSDOH
(must match resolution)	Other	