

TEHAMA COUNTY BOARD OF SUPERVISORS AGENDA REQUEST FORM

AGENDA DATE July 27, 2010

PACKET

7/27/10 CONSENT #17

Consent Regular Anticipated Time Required _____

Public Hearing Public Hearing Notice Attached

Cite & Attach Copy of Code: _____

Prepared By (Name): Tricia Manasco Date: 7/19/2010

Contact Person (if different): _____ Phone: 528-3284

DEPARTMENT/DIVISION: Tehama County Health Services Agency/Public Health Division

PERSON(S) APPEARING & TITLE: _____

REQUESTED ACTION(S): Or indicate informational presentation only:

Request approval and authorization for the Executive Director to the sign the Agreement with Red Bluff Healthcare Center for provision of Influenza vaccine injections to certain employees of the contractor for the term July 1, 2010 through June 30, 2011.

FINANCIAL IMPACT: YES NO If yes, describe impact, indicate funding source and the amount budgeted.

No County general fund dollars are involved. This is a receivable for the Public Health Division and will provide an unstated amount of revenue. Fee charged to contractor is the cost of vaccine ordered plus a \$4.00 administrative fee for those injections administered by Public Health Nurses.

BACKGROUND, ALTERNATIVES AND IMPLICATIONS: Describe the effect of not taking the requested action, and provide any pertinent information.

If the Board does not approve this action, certain staff of contractor may be at greater risk of contracting and spreading Influenza. This could possibly lead to staff reduction during periods of outbreaks, in addition to increased exposure to the community.

RECOMMENDATIONS:

Respectfully recommend action as stated above.

REVIEWED AS REQUIRED BY POLICY

	Review Date
Auditor	_____
Board Committee	_____
Chief Administrator	_____
County Counsel	<u>6/10/2010</u>
Dept Head	<u>7/19/2010</u>
Personnel	<u>NA</u>
Purchasing	<u>NA</u>
Risk Management	<u>5/17/2010</u>

CLERK'S INSTRUCTIONS

Number of documents to be returned to dept.	
Originals	<input type="checkbox"/>
Copies	<input type="checkbox"/>
Minute Certifications needed:	Number <u>3</u>
Ordinance Required	Attached <input type="checkbox"/>
Resolution Required	Attached <input type="checkbox"/>
Budget Transfer Required	Submitted <input type="checkbox"/>
Processing Deadline:	_____
Further information attached	<input type="checkbox"/>

PDR on file w/Auditor NA
 Insurance Certificate Attached NA

AGREEMENT

COUNTY OF TEHAMA AND RED BLUFF HEALTHCARE CENTER

It is agreed that, for the period commencing **July 1, 2010, through June 30, 2011**, the County of Tehama, acting on behalf of the **Tehama County Health Services Agency, Public Health Division**, "County," will provide Influenza vaccine injections to those certain employees of **Red Bluff Healthcare Center**, an independent contractor, "Contractor."

These Influenza vaccine injections will be administered to employees whom the Contractor has designated to be at risk of exposure to Influenza Virus. These Influenza vaccine injections will be administered by a Registered Nurse or a Public Health Nurse in conformance with current guidelines established for administering Influenza vaccine injections.

It is understood that each employee of Contractor requesting an Influenza vaccine injection must have specific written permission from Contractor in order to receive the injection. Written permission may be in the form of an employee roster or permission slip (See **Exhibit A**) that is signed by an authorized signatory designated by the Contractor. Written permission must accompany the employee at the time of each injection.

BILLING AND PAYMENT

Contractor will be responsible for payment of the number of Influenza vaccine doses ordered for its employees (See **Exhibit B**) and County may bill Contractor for all vaccine ordered based on the request of Contractor. Contractor agrees to pay County for the **cost of the vaccine ordered and a Four Dollar (\$4.00) administration fee per injection** administered by a Registered Nurse or a Public Health Nurse. The County will bill Contractor within thirty (30) days following County's receipt of vaccine and/or administration of vaccine injections. Payments for Influenza vaccine will be made as soon as practicable after receiving the billing, but in no case later than thirty (30) days after receiving the billing.

TERMINATION OF AGREEMENT

If Contractor fails to perform its duties to the satisfaction of the County, or if Contractor fails to fulfill in a timely and professional manner its obligations under this agreement, or if Contractor violates any of the terms or provisions of this agreement, then the County shall have the right to terminate this agreement effective immediately upon the County giving written notice thereof to the Contractor. Either party may terminate this agreement on 30 days' written notice. County shall pay contractor for all work satisfactorily completed as of the date of notice. County may terminate this contract immediately upon oral notice should funding cease or be materially decreased or should the Tehama County Board of Supervisors decline to appropriate funding for this agreement in any fiscal year.

INDEMNIFICATION

Contractor shall hold harmless and indemnify Tehama County, its elected officials, officers, and employees, against all claims, suits, actions, costs, counsel fees, expenses, damages, judgments or decrees by reason of any person's or persons' bodily injury, including death, or property being damaged by Contractor or any person employed by Contractor in any capacity during the progress of the work, whether by negligence or otherwise. Contractor shall also indemnify County of any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board against the county with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security or income tax withholding.

NOTICES

Any notice required or permitted to be given pursuant to the terms and provisions of this Agreement shall be in writing and shall be deemed delivered when delivered in person or deposited in the United States mail, postage prepaid, addressed as follows:

IF TO COUNTY:

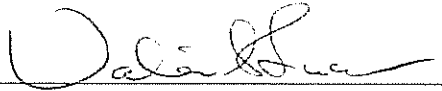
Tehama County Health Services Agency
Attn: Executive Director
Post Office Box 400
Red Bluff, CA 96080
PH: 527-8491

IF TO CONTRACTOR:

Red Bluff Healthcare center
Attn: President
555 Luther Road
Red Bluff, CA 96080
PH: 527-6232

IN WITNESS WHEREOF, the parties hereto have executed, or have caused to be executed by their duly authorized official or agent, this Agreement on the respective dates indicated below.

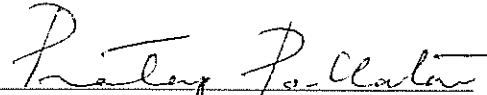
FOR COUNTY:



Valerie S. Lucero, Executive Director
Tehama County Health Services Agency

Date: 7/19/10

FOR CONTRACTOR:

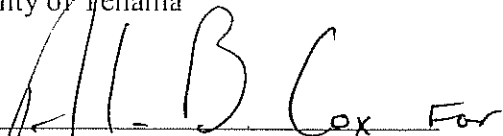


Pat Poddatoori, President
Red Bluff Healthcare Center

Date: 7/08/10

APPROVED AS TO FORM:

County of Tehama



Arthur J. Wylene, Assistant Co Counsel

Date: 5/27/10

ALAN B. COX

Deputy County Counsel

EXHIBIT A

TEHAMA COUNTY HEALTH SERVICES AGENCY

Public Health Division
1860 Walnut Street
Red Bluff, CA 96080
(530) 527-6824

PERMISSION SLIP FOR INFLUENZA VACCINE INJECTIONS

Contractor Name: _____

Employee Name: _____

Authorized Signature: _____

Date: _____

Vaccine Clinic Date: _____ Time: _____

Vaccine Clinic Location: Red Bluff Healthcare Center
555 Luther Road
Red Bluff, CA 96080

EXHIBIT B

TEHAMA COUNTY HEALTH SERVICES AGENCY

Public Health Division
1860 Walnut Street
Red Bluff, CA 96080
(530) 527-6824

INFLUENZA VACCINE ORDER FORM

Contractor Name: _____

Contractor Address: _____

of Doses Requested: _____

Authorized Signature: _____

Date: _____

TEHAMA COUNTY BOARD OF SUPERVISORS AGENDA REQUEST FORM

AGENDA DATE July 27, 2010

PACKET

7/27/10 CONSENT #18

Consent Regular Anticipated Time Required _____

Public Hearing Public Hearing Notice Attached

Cite & Attach Copy of Code: _____

Prepared By (Name): Tricia Manasco Date: 7/20/2010

Contact Person (if different): _____ Phone: 528-3284

DEPARTMENT/DIVISION: Tehama County Health Services Agency/Public Health Division

PERSON(S) APPEARING & TITLE: _____

REQUESTED ACTION(S): Or indicate informational presentation only:

Request approval and authorization for the Executive Director to the sign Memorandum of Agreement with Sunsweet Dryers for provision of Hepatitis A and/or Hepatitis B Vaccination to certain employees of contractor for the term July 1, 2010 through June 30, 2012.

FINANCIAL IMPACT: YES NO If yes, describe impact, indicate funding source and the amount budgeted.

No County general fund dollars are involved. This Hepatitis A and/or Hepatitis B Vaccine Memorandum of Agreement will provide an unstated amount of revenue to Public Health. Fee charged to contractor is the cost of vaccine plus a \$4.00 administrative fee for those injections administered by Public Health staff.

BACKGROUND, ALTERNATIVES AND IMPLICATIONS: Describe the effect of not taking the requested action, and provide any pertinent information.

If this request is not granted, certain staff of the contractor could be at a greater risk of contracting Hepatitis A and/or Hepatitis B which may result in periodic decrease of staff.

RECOMMENDATIONS:

Respectfully recommend action as stated above.

REVIEWED AS REQUIRED BY POLICY

	Review Date
Auditor	_____
Board Committee	_____
Chief Administrator	_____
County Counsel	<u>5/27/2010</u>
Dept Head	<u>7/19/2010</u>
Personnel	<u>NA</u>
Purchasing	<u>NA</u>
Risk Management	<u>5/17/2010</u>

CLERK'S INSTRUCTIONS

Number of documents to be returned to dept.	
Originals	<input type="checkbox"/>
Copies	<input type="checkbox"/>
Minute Certifications needed:	Number <u>3</u>
Ordinance Required	Attached <input type="checkbox"/>
Resolution Required	Attached <input type="checkbox"/>
Budget Transfer Required	Submitted <input type="checkbox"/>
Processing Deadline:	_____
Further information attached	<input type="checkbox"/>

PDR on file w/Auditor NA
 Insurance Certificate Attached NA

MEMORANDUM OF AGREEMENT

TEHAMA COUNTY HEALTH SERVICES AGENCY
PO BOX 400
RED BLUFF, CALIFORNIA 96080

It is agreed that, for the period commencing **July 1, 2010, through June 30, 2012**, the County of Tehama, acting on behalf of the **Tehama County Health Services Agency, Public Health Division**, hereinafter referred to as "PROVIDER", will provide Hepatitis A and/or Hepatitis B Vaccinations to those certain employees of **Sunsweet Dryers**, hereinafter referred to as "CONTRACTOR." These Hepatitis A and/or Hepatitis B Vaccinations will be administered to employees whom the "CONTRACTOR" has designated to be at risk of exposure to bloodborne pathogens (Hepatitis B) or at risk to transmit viruses through food handling (Hepatitis A). These injections will be administered by a Registered Nurse or a Public Health Nurse in conformance with current guidelines established for administering Hepatitis A and/or Hepatitis B Vaccine injections.

It is understood that each employee of "CONTRACTOR" requesting Hepatitis A and/or Hepatitis B Vaccine series of injections must have specific written permission (**See Exhibit A**) from "CONTRACTOR" in order to receive each injection. A designated employee of the "CONTRACTOR" must sign a written permission slip, attached hereto as **Exhibit A**. Written permission must accompany the employee at the time of each injection.

It is also understood that "CONTRACTOR" will be responsible for payment of Hepatitis A and/or Hepatitis B Vaccine administered to its employees and that "PROVIDER" may bill "CONTRACTOR" for all vaccine used for its employees. The "CONTRACTOR" agrees to pay the "PROVIDER" for the **cost of the vaccine and a Four Dollar (\$4.00) administration fee, per injection**. The "PROVIDER" will bill "CONTRACTOR" on a quarterly basis. Payments for Hepatitis A and/or Hepatitis B Vaccine will be made as soon as practicable after receiving the billing, but in no case later than 30 days after receiving the billing.

This Memorandum of Agreement may be terminated by either party by a 30-day written notice to the other party.

NOTICES

Any notice required or permitted to be given pursuant to the terms and provisions of this Agreement shall be in writing and shall be deemed delivered when delivered in person or deposited in the United States mail, postage prepaid, addressed as follows:

IF TO PROVIDER:

Tehama County Health Services Agency
Attn: Executive Director
Post Office Box 400
Red Bluff, CA 96080
PH: 527-8491

IF TO CONTRACTOR:

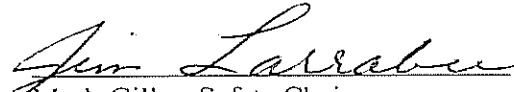
Sunsweet Dryers
Attn: Safety Chairman
23385 Hogsback Road
Red Bluff, CA 96080
PH: 527-3377

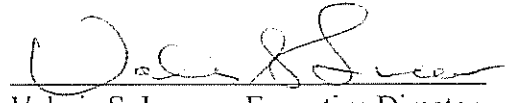
CONTRACTOR shall hold harmless and indemnify Tehama County, its elected officials, officers, and employees, against all claims, suits, actions, costs, counsel fees, expenses, damages, judgments or decrees by reason of any person's or persons' bodily injury, including death, or property being damaged by CONTRACTOR or any person employed by CONTRACTOR or in any capacity during the term of this Agreement, whether by negligence or otherwise.

IN WITNESS WHEREOF, the parties hereto have executed, or have caused to be executed by their duly authorized official or agent, this agreement on the respective dates indicated below.

FOR CONTRACTOR:

FOR COUNTY:


Mark Gilles, Safety Chairman
Sunsweet Dryers
JIM LARRABEE

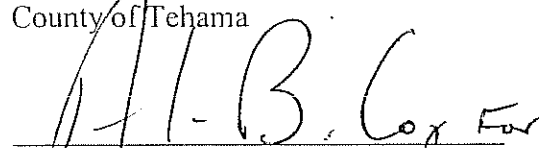

Valerie S. Lucero, Executive Director
Tehama County Health Services Agency

Date: 7/9/2010

Date: 7/19/10

APPROVED AS TO FORM:

County of Tehama


Arthur J. Wylene, Assistant Co Counsel

Date: 5/26/10

ALAN B. COX

Deputy County Counsel

Exhibit A

TEHAMA COUNTY HEALTH SERVICES AGENCY
PUBLIC HEALTH DIVISION
RED BLUFF, CA 96080
530-527-6824 / 1-800-655-6854

PERMISSION SLIP

DATE _____ EMPLOYEE NAME _____

AGENCY NAME _____

SUPERVISOR'S NAME _____

(printed)

(signature)

HEPATITIS A

First Dose _____

Second Dose _____ (at least 24 weeks after first dose)

HEPATITIS B

First Dose _____

Second Dose _____ (at least 4 weeks after first dose)

Third Dose _____ (at least 16 weeks after first dose and 8 weeks after second dose)

TWINRIX (Hepatitis A and Hepatitis B)

First Dose _____

Second Dose _____ (at least 4 weeks after first dose)

Third Dose _____ (at least 24 weeks after first dose and 8 weeks after second dose)

IMMUNIZATION CLINICS: Priority Service For Contracted Employees during this time only.
Every Tuesday and Wednesday 8:30 AM to 9:00 AM
1860 Walnut Street
Red Bluff, CA 96080

GENERAL IMMUNIZATIONS: Every Wednesday 9:00 AM to 11:00 AM and 5:00 PM to 6:00 PM
1860 Walnut Street
Red Bluff, CA 96080

CORNING IMMUNIZATIONS: Every Tuesday 4:00 PM to 6:00 PM
1600 Solano Street, Suite D
Corning, CA 96021
(530) 824-4890

TO RECEIVE THE HEPATITIS A AND/OR B VACCINE, YOU MUST BRING A SIGNED PERMISSION SLIP FOR EACH DOSE.

THE PERMISSION SLIP MUST BE COMPLETED ACCURATELY BY THE EMPLOYER/CONTRACTOR.

TEHAMA COUNTY BOARD OF SUPERVISORS AGENDA REQUEST FORM

AGENDA DATE July 27, 2010

PACKET

7/27/10 CONSENT #19

Consent Regular Anticipated Time Required _____
 Public Hearing Public Hearing Notice Attached

Cite & Attach Copy of Code: _____

Prepared By (Name): Tricia Manasco Date: 7/19/2010

Contact Person (if different): _____ Phone: 528-3284

DEPARTMENT/DIVISION: Tehama County Health Services Agency/Public Health Division

PERSON(S) APPEARING & TITLE: _____

REQUESTED ACTION(S): Or indicate informational presentation only:

Request approval and authorization for Executive Director to sign Acceptance of Allocation Agreement TCS-10-52 with the California Department of Public Health Tobacco Control Program in the amount of \$150,000 for the funding period July 1, 2010 - June 30, 2011.

FINANCIAL IMPACT: YES NO If yes, describe impact, indicate funding source and the amount budgeted.

No County general fund dollars are involved. This action provides revenue to the Tehama County Health Services Agency - Public Health Division in the amount of \$150,000 to support tobacco control activities for the fiscal year 2010-2011.

BACKGROUND, ALTERNATIVES AND IMPLICATIONS: Describe the effect of not taking the requested action, and provide any pertinent information.

This is a continuing allocation from the State of California for local assistance to fund TCHSA's efforts to control tobacco activities. If this agreement is not signed, TCHSA will lose the ability to provide services and education to our clients in need of such.

RECOMMENDATIONS:

Respectfully recommend action as stated above.

REVIEWED AS REQUIRED BY POLICY

	<u>Review Date</u>
Auditor	_____
Board Committee	_____
Chief Administrator	_____
County Counsel	<u>7/14/2010</u>
Dept Head	<u>7/19/2010</u>
Personnel	NA
Purchasing	NA
Risk Management	<u>7/13/2010</u>

CLERK'S INSTRUCTIONS

Number of documents to be returned to dept.	
Originals	<input type="checkbox"/> Copies <input type="checkbox"/>
Minute Certifications needed:	Number <input type="checkbox"/> 3
Ordinance Required	<input type="checkbox"/> Attached <input type="checkbox"/>
Resolution Required	<input type="checkbox"/> Attached <input type="checkbox"/>
Budget Transfer Required	<input type="checkbox"/> Submitted <input type="checkbox"/>
Processing Deadline:	_____
Further information attached	<input type="checkbox"/>

PDR on file w/Auditor NA
 Insurance Certificate Attached NA

ACCEPTANCE OF ALLOCATION AGREEMENT


The County of Tehama

Agreement Number: CTCP-10-52

Agreement Amount: \$150,000.00

FUNDING PERIOD: July 1, 2010 through June 30, 2011

I certify that this Tobacco Control Program will comply with all applicable policies, procedures, and legal requirements as described in the Comprehensive Tobacco Control Plan Guidelines including: the Allocation Agreement Terms, Local Lead Agency Administrative and Policy Manual, and any statutes, program letters, and other conditions stipulated by the California Tobacco Control Program.



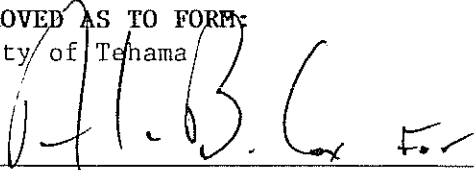
Authorized Signature

7/19/10
Date

Valerie S. Lucero, Executive Director, TCHSA

Printed Name and Title

APPROVED AS TO FORM:
County of Tehama



Arthur J. Wylene, Assistant County Counsel

Date:

7/14/10

**California Tobacco Control Program
Local Lead Agency Allocation Table for FY's 2010-11, 2011-12, and 2012-13**

LOCAL LEAD AGENCY	AGREEMENT NUMBER	\$16,242,000	\$673,000	\$16,216,000	\$14,632,000	\$14,047,000	TOTAL CONTRACT
		FY 10/11 ALLOCATION	FY 10/11 May 2010 Review adjustment	FY 10/11 ALLOCATION (May 2010 Review)	FY 10/12 ALLOCATION Estimate	FY 10/13 ALLOCATION Estimate	
Alameda	CTCP-10-01	\$507,959	\$49,458	\$557,417	\$270,205	\$237,658	\$855,324
Berkeley	CTCP-10-01A	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Colma	CTCP-10-02	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Contra Costa	CTCP-10-03	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
East	CTCP-10-04	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Calaveras	CTCP-10-05	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Colusa	CTCP-10-06	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Contra Costa	CTCP-10-07	\$171,837	\$15,604	\$187,441	\$150,000	\$150,000	\$487,641
Del Norte	CTCP-10-08	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
El Dorado	CTCP-10-09	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Fresno	CTCP-10-10	\$255,917	\$25,004	\$280,921	\$237,925	\$219,925	\$741,399
Glenn	CTCP-10-11	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Humboldt	CTCP-10-12	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Imperial	CTCP-10-13	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Inyo	CTCP-10-14	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Kern	CTCP-10-15	\$150,000	\$30,606	\$180,606	\$150,000	\$150,000	\$480,606
Kings	CTCP-10-16	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Lake	CTCP-10-17	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Lassen	CTCP-10-18	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Los Angeles	CTCP-10-19	\$3,221,510	\$434,631	\$3,656,141	\$3,542,622	\$3,257,162	\$11,056,593
Madison	CTCP-10-20	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Long Beach	CTCP-10-21A	\$302,599	\$22,166	\$324,765	\$150,000	\$173,764	\$656,999
Madra	CTCP-10-22	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Marin	CTCP-10-21	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Maricopa	CTCP-10-22	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Maricopa	CTCP-10-23	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Maricopa	CTCP-10-24	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Medoc	CTCP-10-25	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Medoc	CTCP-10-26	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Merced	CTCP-10-27	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Mesa	CTCP-10-28	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Merricks	CTCP-10-29	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Orange	CTCP-10-30	\$465,649	\$53,666	\$519,315	\$456,251	\$420,026	\$1,416,508
Placer	CTCP-10-31	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Plumas	CTCP-10-32	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Shasta	CTCP-10-33	\$503,307	\$33,150	\$536,457	\$282,000	\$250,161	\$878,675
Sacramento	CTCP-10-34	\$573,733	\$34,630	\$608,363	\$291,652	\$256,124	\$908,980
San Benito	CTCP-10-35	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
San Bernardino	CTCP-10-36	\$361,857	\$29,997	\$391,854	\$336,437	\$310,406	\$1,048,297
San Diego	CTCP-10-37	\$571,498	\$62,637	\$634,135	\$531,350	\$490,235	\$1,655,624
San Francisco	CTCP-10-38	\$513,625	\$55,204	\$568,829	\$477,542	\$440,556	\$1,487,967
San Joaquin	CTCP-10-39	\$165,939	\$15,166	\$181,105	\$150,000	\$150,000	\$481,105
San Luis Obispo	CTCP-10-40	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
San Mateo	CTCP-10-41	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Santa Barbara	CTCP-10-42	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Santa Clara	CTCP-10-43	\$495,826	\$54,696	\$550,522	\$454,713	\$426,758	\$1,447,992
Santa Cruz	CTCP-10-44	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Shasta	CTCP-10-45	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Sierra	CTCP-10-46	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Siskiyou	CTCP-10-47	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Solano	CTCP-10-48	\$178,750	\$13,275	\$192,025	\$152,923	\$157,374	\$562,922
Sonoma	CTCP-10-49	\$157,604	\$12,666	\$170,270	\$155,703	\$152,124	\$582,015
Stanislaus	CTCP-10-50	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Sutter	CTCP-10-51	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Tehama	CTCP-10-52	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Trinity	CTCP-10-53	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Tulare	CTCP-10-54	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Tuolumne	CTCP-10-55	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Ventura	CTCP-10-56	\$150,000	\$13,676	\$163,676	\$150,000	\$150,000	\$463,676
Yolo	CTCP-10-57	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
Yuba	CTCP-10-58	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$450,000
TOTALS		\$16,242,000	\$673,000	\$16,216,000	\$14,632,000	\$14,047,000	\$44,884,000