



MARK B HORTON, MD, MSPH
Director

State of California—Health and Human Services Agency
California Department of Public Health



ARNOLD SCHWARZENEGGER
Governor

August 9, 2007

DV Policy Letter: DV 07-08/01

**To: MATERNAL, CHILD AND ADOLESCENT HEALTH PROGRAM/
OFFICE OF FAMILY PLANNING (MCAH/OFPP)
BATTERED WOMEN SHELTER PROGRAM (BWSP) GRANTEEES**

**SUBJECT: DOMESTIC VIOLENCE ADMINISTRATIVE POLICIES AND
PROCEDURES – EQUIPMENT, SUBCONTRACT AGREEMENT
TRANSMITTAL AND NOTIFICATION OF CHANGES FORMS**

This policy letter is to inform you that the current Contractor Equipment Purchased with CDHS Funds, HAS 1203", the "Inventory/Disposition of CDHS-Funded Equipment, HAS 1204", the Subcontract Agreement Transmittal form and the Notification of Changes form have been revised to reflect the name of our new department which is the "California Department of Public Health". These forms replace the forms in your agency's current MCAH Domestic Violence grant and the Domestic Violence Administrative Policies and Procedures manual and should be implemented immediately. These forms are available for downloading on the www.safenetwork.net website. Copies are attached for your review.

Please retain a copy of this letter for audit and administrative review purposes. If you have any questions, please contact your Contract Manager.

Sincerely,

Sandra Bahn, Chief
MCAH Contracts and Grants
Maternal, Child and Adolescent Health Program

Enclosures

cc: Project Director
Fiscal Officer
Contract Manager
Program Consultant

INSTRUCTIONS FOR CDPH 1203 (Please read carefully.)

The information on this form will be used by the California Department of Public Health (CDPH) Asset Management (AM) to tag contract equipment and/or property (see definitions A, and B) which is purchased with CDPH funds and is used to conduct state business under this contract. After the Standard Agreement has been approved and each time state/ CDPH equipment and/or miscellaneous property has been received, the CDPH Program Contract Manager is responsible for obtaining the information from the Contractor and submitting this form to CDPH AM. The CDPH Program Contract Manager is responsible for ensuring the information is complete and accurate. (See *Health Administrative Manual (HAM)*, Section 2-1060 and Section 9-2310.)

Upon receipt of this form from the CDPH Program Contract Manager, AM will fill in the first column with the assigned state/ CDPH property tag, if applicable, for each item (See definitions A and B). AM will return the original form to the CDPH Program Contract Manager, along with the appropriate property tags. The CDPH Program Contract Manager will then forward the property tags and the original form to the Contractor and retain one copy until the termination of this contract. The Contractor should place property tags in plain sight and, to the extent possible, on the item's front left-hand corner. The manufacturer's brand name and model number are not to be covered by the property tags.

1. If the item was shipped via the CDPH warehouse and was issued a state/ CDPH property tag by warehouse staff, fill in the assigned property tag. If the item was shipped directly to the Contractor, leave the first column blank.
2. Provide the quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of:
 - A. **Major Equipment:**
 - Tangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
 - Intangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video).

These items are issued green numbered state/ CDPH property tags.
 - B. **Minor Equipment/Property:** Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than \$5,000. **These items are issued green unnumbered "BLANK" state/ CDPH property tags** with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers, and switches. NOTE: It is CDPH policy not to tag modular furniture. (See your Federal rules, if applicable.)
3. Provide the CDPH Purchase Order (STD 65) number if the items were purchased by CDPH. (See HAM, Section 2-1050.1.)
4. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services. (See HAM, Section 2-10050.)
5. If all items being reported do not fit on one form, make copies and write the number of pages being sent in the upper right-hand corner (e.g., "Page 1 of 3.") The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS 1801, P.O. Box 997377, 1501 Capitol Avenue, Sacramento, CA 95899-7377.
6. Property tags that have been lost or destroyed must be replaced. Replacement property tags can be obtained by contacting AM at (916) 650-0124.
7. Use the version on the CDPH Intranet forms site. The CDPH 1203 consists of one page for completion and one page with information and instructions.

INSTRUCTIONS FOR CDPH 1204 (Please read carefully.)

The information on this form will be used by the California Department of Public Health (CDPH) Asset Management (AM) to: (a) conduct an inventory of CDPH equipment and/or property (see definitions A, and B) in the possession of the Contractor and/or Subcontractors, and (b) dispose of these same items. Report all items, regardless of the items' ages, per number 1 below, purchased with CDPH funds and used to conduct state business under this contract. (See *Health Administrative Manual (HAM)*, Section 2-1060 and Section 9-2310.)

The CDPH Program Contract Manager is responsible for obtaining information from the Contractor for this form. The CDPH Program Contract Manager is responsible for the accuracy and completeness of the information and for submitting it to AM.

Inventory: List all CDPH tagged equipment and/or property on this form and submit it within 30 days prior to the three-year anniversary of the contract's effective date, if applicable. **The inventory should be based on previously submitted CDPH 1203s**, "Contractor Equipment Purchased with CDPH Funds." AM will contact the CDPH Program Contract Manager if there are any discrepancies. (See HAM, Section 2-1040.1.)

Disposal: (*Definition: Trade in, sell, junk, salvage, donate, or transfer; also, items lost, stolen, or destroyed (as by fire).*) The CDPH 1204 should be completed, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of; (a) during the term of this contract and (b) 30 calendar days before the termination of this contract. After receipt of this form, the AM will contact the CDPH Program Contract Manager to arrange for the appropriate disposal/transfer of the items. (See HAM, Section 2-1050.4.)

1. List the state/ CDPH property tag, quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of;

A. Major Equipment: **(These items were issued green numbered state/ CDPH property tags.)**

- Tangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
- Intangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video.)

B. Minor Equipment/Property:

Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than \$5,000. The minor equipment and/or property items were issued green unnumbered "BLANK" state/ CDPH property tags with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers and switches.

2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services. (See HAM, Section 2-10050.)

3. If all items being reported do not fit on one page, make copies and write the number of pages being sent in the upper right-hand corner (e.g. "Page 1 of 3.")

4. The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS1801, P.O. Box 997377, 1501 Capitol Avenue, Sacramento, CA 95899-7377.

5. Use the version on the CDPH Intranet forms site. The CDPH 1204 consists of one page for completion and one page with information and instructions.

For more information on completing this form, call AM at (916) 650-0124.

SUBCONTRACT AGREEMENT TRANSMITTAL FORM

This transmittal form is used to obtain Maternal, Child and Adolescent Health (MCAH) approval of any subcontract of \$5,000 or more for the MCAH Grant term. Complete this form for each subcontract.

GRANTEE IDENTIFICATION

Grantee Name: _____

Grant Number: _____ Grant Term: _____

Contact Person: _____

(Grantee person to contact regarding this subcontract agreement)

Phone Number: _____ FAX Number: _____

E-Mail address: _____

SUBCONTRACTOR INFORMATION

Subcontractor or Consultant Name: _____

Federal I.D. Number or Social Security Number: _____

Address: _____

Subcontract Amount: _____ Subcontract Term: _____

Phone Number: _____ FAX Number: _____

Is the subcontractor a non-profit organization? YES NO

Signature of Subcontractor with Authority to Sign for Agency. _____ Date
(Sign in blue ink)

Title

This is to acknowledge that the above named Subcontractor will comply with the terms and conditions of the above referenced Grant.

Signature of Grantee with Authority to Sign for Agency. _____ Date
(Sign in blue ink)

Title

PROVIDE A BRIEF DESCRIPTION OF THE SUBCONTRACTOR'S
ACTIVITIES ON THE FOLLOWING PAGE

SUBCONTRACT AGREEMENT TRANSMITTAL FORM

SUBCONTRACTOR ACTIVITIES:

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
MATERNAL, CHILD AND ADOLESCENT HEALTH PROGRAM/
OFFICE OF FAMILY PLANNING
NOTIFICATION OF CHANGES**

**At the beginning of each fiscal year, complete the applicable sections and email to your Contract Manager.
During the fiscal year, in the event of a change to your agency's address or to information pertaining to staff
occupying the positions previously listed, complete this form, reflecting only the CHANGES.
Email the form directly to your Contract Manager.**

Complete Legal
Agency Name: _____

Agreement Number: _____

NOTES

- 1: Please complete the above information on every page.**
- 2: Agreement refers to Allocation, Grant or Contract**

Business Office
Address: _____

Agency Website
Address: _____

The positions on the subsequent pages are numbered. Please refer to the following table to determine which positions are applicable to the agreement for which you are funded.

POSITION NUMBERS	THESE POSITIONS ARE APPLICABLE TO:
1 THRU 3	All Agencies
4	All Agencies Excluding County Allocations
5	Domestic Violence (DV) Shelter Agreements
6	Adolescent Family Life Program (AFLP) Agreements
7	Adolescent Sibling Pregnancy Prevention Program (ASPPP) Agreements
8 THRU 11	County Allocations

Complete Legal
Agency Name: _____

Agreement Number: _____

1 EXECUTIVE/AGENCY DIRECTOR

Name: _____
Title: _____
Mailing Address: _____
City: _____ Zip: _____
Phone: _____ Ext. _____ FAX: _____
Internet or E-Mail Address: _____

2 FISCAL CONTACT

BUDGETS

Name: _____
Title: _____
Mailing Address: _____
City: _____ Zip: _____
Phone: _____ Ext. _____ FAX: _____
Internet or E-Mail Address: _____

INVOICES

Name: _____
Title: _____
Mailing Address: _____
City: _____ Zip: _____
Phone: _____ Ext. _____ FAX: _____
Internet or E-Mail Address: _____

3 PERSON AUTHORIZED TO SIGN FOR AGENCY

Name: _____
Title: _____
Mailing Address: _____
City: _____ Zip: _____
Phone: _____ Ext. _____ FAX: _____
Internet or E-Mail Address: _____

