

**STANDARD AGREEMENT TO ENTER DEATH CERTIFICATE DATA INTO THE
AUTOMATED VITAL STATISTICS SYSTEM (AVSS) OR THE
CALIFORNIA ELECTRONIC DEATH REGISTRATION SYSTEM (CA-EDRS)**

COUNTY OF EL DORADO

The State of California (hereinafter called the State) by and through the California Department of Public Health, Center for Health Statistics, Office of Vital Records (OVR) and the *County of El Dorado* (hereinafter called the County) in consideration of the covenants, conditions, agreements and stipulations hereinafter expressed do hereby agree as follows:

Article I

This Agreement is entered into pursuant to the provisions of the Health and Safety Code, Section 102249, relating to Vital Statistics.

Article II

Funds provided pursuant to this Agreement are to allow entry of death certificate data into the Automated Vital Statistics System (AVSS) or the California Electronic Death Registration System (CA-EDRS). If the county transition to CA-EDRS during the term of this agreement, data will be entered into AVSS until the county begins entering records into CA-EDRS.

Article III

1. The State shall authorize payment to the County in the amount of \$1.00 for each death that occurs on or after the effective date and entered into AVSS or CA-EDRS. Reimbursement will be made quarterly based on the number of records received within timeliness standards.
2. The maximum amount payable under this agreement shall not exceed **\$ 1,011.00**.
3. The term of this Agreement shall be from July 1, 2008 through June 30, 2009.
4. The instructions for entering death certificate data into AVSS are available on request. The instructions for use of CA-EDRS are located on the www.edrs.us website.
5. The terms of this Agreement may be modified in writing upon mutual consent of both parties.
6. The State or the county may terminate this Agreement. Should either party terminate this Agreement, the terminating party shall give 30 days notice to the other party. Notification shall specify the reason(s) for termination and the effective date of termination.
7. All written communications are to be addressed and delivered to the:

David Fisher
California Department of Public Health
Center for Health Statistics
MS 5102
PO Box 997410
Sacramento, CA 95899-7410

IN WITNESS THEREOF, this Agreement has been executed by the parties hereto:

STATE OF CALIFORNIA

COUNTY OF EL DORADO

Signature: _____
Tony Agurto

Signature: _____
Ron Briggs, Chairman

Title: Chief

Title: _____
El Dorado County

Center for Health Statistics

Board of Supervisors

Date: _____

Date: _____