DEPARTMENT: HEALTH

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend resolution authorizing Chair to sign 2009-10 Centers for Disease Control and Prevention (CDC) Public Health Emergency Response (PHER) Phase III Agreement ($126,617). Also authorize chair to sign other documents to secure funding as delineated within the agreement.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Activities are in accordance with the CDC 2009-10 Program Guidance Public Health Emergency Response plan. This year the CDC and HPP programs include three phases of H1N1 Program activities, with funding for two phases included in Agreement Number EPO 09-22, Resolution No. 09-505, approved on October 20, 2009.

As always, the Health Officer has implemented the program such that it will maximally benefit citizens doing day-to-day operations, not just extreme or unusual emergency circumstances.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. The budgeted program will either need County General Funds or will not be funded.
2. Staff will be lost.
3. Local response to Pandemic Influenza (H1N1) may not be adequate to address local community needs.

Financial Impact? (X) Yes ( ) No Current FY Cost: $126,617 Annual Recurring Cost: $0
Budgeted in Current FY? (X) Yes ( ) No ( ) Partially Funded
Amount in Budget: $0
Additional Funding Needed: $126,617
Source: List Attachments, number pages consecutively
Internal Transfer Budget Action Form
Unanticipated Revenue CDC PHER Phase III Agreement
Transfer Between Funds Exhibit A, B, B Attachment 1, C, D, E
Contingency ( ) General ( ) Other
( ) 4/5's vote

CLERK’S USE ONLY:
Res. No. Ord. No. _
Vote - Ayes _ Noes _
Absent _
Approved _
( ) Minute Order Attached ( ) No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:
(Requested Action Recommended
 No Opinion
Comments:

The foregoing instrument is a correct copy of the original on file in this office.
Date: ____________________________
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: ____________________________
Deputy

CAO: ____________________________
Revised Dec. 2002
## BUDGET ACTION FORM

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEPT/ DIV</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>INCREASE</th>
<th>DECREASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>429</td>
<td>04-34</td>
<td>305-52-21</td>
<td>PHER PHASE III - REVENUE</td>
<td>($126,617)</td>
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<tr>
<td>429</td>
<td>04-34</td>
<td>683-04-16</td>
<td>PHER PHASE III TRANSFER OUT</td>
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<td>$126,617</td>
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<tr>
<td>001</td>
<td>04-01</td>
<td>309-16-75</td>
<td>PHEP TRANSFER IN</td>
<td>($126,617)</td>
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<tr>
<td>001</td>
<td>04-01</td>
<td>621-02-03</td>
<td>CLINIC EXTRA HELP</td>
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<td>$10,000</td>
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<tr>
<td>001</td>
<td>04-01</td>
<td>621-04-41</td>
<td>PHEP EXPENDITURES</td>
<td></td>
<td>$116,617</td>
</tr>
</tbody>
</table>

### TOTAL $0

**ACTIONS REQUESTED:** (Check all that apply)

[ ] Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget, or appropriating Reserve for Contingencies;

[ ] Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit.

**JUSTIFICATION:** State Grant requires separate interest bearing fund be created for this funding source. Special funds will be transferred to Fund 001-0401-309-1675. Clinic X-H includes nurses to staff H1N1 clinics. Remaining funds are program operating expenses for costs associated with local response to H1N1 (pandemic influenza).

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**DEPT HEAD SIGNATURE**

**DATE** 12/01/2009

**CHARLES B. MOSHER, M.D., MPH, HEALTH OFFICER, PUBLIC HEALTH DEPT**

**APPROVED BY RES NO.** 09-S20

**CLERK**

**DATE** 12-1-09

**AUDITOR’S USE ONLY**

**BA #**