DEPARTMENT: Public Health  BY: Charles B. Mosher, M.D., MPH, Health Officer
PHONE: (209) 966-3689

RECOMMENDED ACTION AND JUSTIFICATION:
Recommend Resolution authorizing Chair to apply for Certified Unified Program Agency (CUPA) reimbursement funds and sign Disbursement Worksheet for Rural CUPA reimbursement funds for Fiscal Year 2008-2009 and authorizing the Health Officer to submit and sign additional documents to secure funding as necessary.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Resolution #01-194 authorized the Chair of the Board of Supervisors to inform Cal-EPA that Mariposa County intended to apply to become a CUPA.

On November 27, 2001, Resolution #01-328 authorized the Chair to sign and the Health Department to submit the initial application for CUPA reimbursement funds.

This application provides reimbursement funding to assist with costs associated with Health Programs in Rural communities. Mariposa County, pursuant to subdivision (d) of Section 25404.8 California Health and Safety Code (HSC), is eligible for an allocation of up to $60,000 with a 25% match. Fees have been established and are collected from affected agencies to provide the required matching funds.

It was discussed with the Business community and decided that they would prefer local regulation.

Mariposa County has applied, at the Board’s direction, for reimbursement each year since the initial application date.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
1. Increase fees to local agencies.
2. Authorize the Health Officer to apply and sign Disbursement Worksheet.
3. Should the County decide to discontinue the CUPA program it is likely the State will take over.

Financial Impact? (X) Yes ( ) No  Current FY Cost: $80,000.00  Annual Recurring Cost: $80,000
Budgeted In Current FY? (X) Yes ( ) No  ( ) Partially Funded N/A
Amount in Budget: $80,000
Additional Funding Needed: $0
Source:
Internal Transfer
Unanticipated Revenue  4/5’s vote
Transfer Between Funds  4/5’s vote
Contingency  4/5’s vote
( ) General  ( ) Other

List Attachments, number pages consecutively
Disbursement Worksheet for Rural CUPA Reimbursement Funds Fiscal Year 2008-2009

CLERK’S USE ONLY:
Res. No. 3859  Ord. No. _____
Vote – Ayes: _____  Noes: _____
Absent: _____
Approved
( ) Minute Order Attached  ( ) No Action Necessary

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

COUNTY ADMINISTRATIVE OFFICER:
Requested Action Recommended
No Opinion
Comments:

CAO: _________________________

Revised Dec. 2002
DISBURSEMENT WORKSHEET FOR
RURAL CUPA REIMBURSEMENT FUNDS
Fiscal Year 2008-09

CUPA
CUPA Name __MARIPOSA COUNTY__ Certification date June 30, 2003
Street Address 5100 Bullion Street, Post Office Box 5
City/Zip Mariposa, California 95338
Contact Person C.B. Mosher, M.D., MPH, HQ Phone (209)966-2220
County Mariposa Email health@mariposacounty.org

Total final adopted budget amount for unified program
(A copy of the final adopted program budget with specifics regarding the budgeted amounts for the
CUPA program must be attached. If the budget was not adopted in this manner, call the Unified Program
representative below.)

A  $ 80,000

Using an official County population estimate (Department of Finance population estimate effective January 1, 2008 or other recognized source effective January 1, 2006) identify the county population.

B  $ 18,216

1) If B is less than 70,000 persons the requested amount shall not exceed 75% of A.
2) If B is more than 70,000 but less than 100,000 persons the requested amount shall not exceed 50% of A.
3) If B is more than 100,000 but less than 150,000 persons the requested amount shall not exceed 36% of A.

Multiply the adopted budget, A 80,000 times the percent 1,2, or 3 above - this will equal the
total reimbursement amount based upon the adopted budget.

C  $ 60,000

The total reimbursement amount per county cannot exceed $60,000. If C does not exceed
$60,000, please write amount in D. If C equals more than $60,000, please write $60,000 in D.

D  $ 60,000

Unexpended funds from prior fiscal year:

E  $ 0

Amount Requested from the CUPA Reimbursement Fund:
(Subtract E from D)

$ 60,000

Disbursement should be made to the following person/agency Mariposa County
Post Office Box 729, Mariposa, California 95338
(mailing address)

Disbursement will be made after receipt of all pertinent information above.

I have read the reimbursement guidelines and to the best of my knowledge and belief, data in this application are true and correct.
The budget has been duly approved and authorized by the governing board of the applicant CUPA and the CUPA will maintain
compliance with Title 27, California Code of Regulations.

Lyle Turpin Chair 11-10-08

Attachments requested: official population estimate, approved unified program budget with authorized signatures,
evidence of adoption of single fee system.

Return disbursement worksheet and attachments to: Kareem Taylor, Environmental
Scientist, Unified Program, Cal/EPA, 1001 I Street, 4th Floor, Sacramento, CA 95814,
telephone 916.327.9557 fax 916.322.5615