RECOMMENDED ACTION AND JUSTIFICATION:


BACKGROUND AND HISTORY OF BOARD ACTIONS:

The State had previously unilaterally decided to reduce grant amounts for AIDS Education and Prevention in small jurisdictions and rural areas where the prevalence of AIDS is low. The Mariposa County Health Officer, and other Health Officers as well, expressed opposition to this plan since prevention and education of AIDS has nothing to do with treating AIDS and, therefore, the number of cases in a jurisdiction does not dictate the educational prevention needs of a jurisdiction. (See Resolution Number 05-183)

The attached amended contract encompassing the two fiscal years represents reinstatement of the grant amount for only year 2 (2005-2006), a situation the Health Department has handled, with approval from the Board of Supervisors, by increasing the Registered Nurse .6 FTE by .2 FTE to .8 FTE until June 30, 2006, and not filling the AIDS Coordinator position vacated through retirement. The increase in FTE and restoration of funding was approved during the recent midyear budget process. (See Resolution Number 06-77)

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Refuse to participate in the contract with the State at all (not recommended because these grant funds continue to help provide Public Health Nursing services).

Financial Impact? (X) Yes ( ) No Current FY Cost: $69,945 Annual Recurring Cost: $
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded
Amount in Budget: $69,945
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

CLERK'S USE ONLY:
Res. No. 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