DEPARTMENT: Community Services / Veterans  BY: Mary Williams/966-5315

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes( ) No(x))

Community Service / Veterans Department Head requests approval and authorization for the Chairman of the Board of Supervisors to sign the CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS SUBVENTION CERTIFICATE OF COMPLIANCE and MEDI-CAL CERTIFICATE OF COMPLIANCE for Fiscal Year 2005/2006. These are annual documents that must be renewed each fiscal year in order for the County of Mariposa to receive monies paid by the State of California to counties for the County Subvention Program and the Medi-Cal Cost Avoidance Program.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Historically the Board of Supervisors has signed these documents every year.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Funding from the State of California for the Veterans Services Officer position in the County of Mariposa would be terminated.

2. Veterans, their dependents and their survivors in the County of Mariposa could be deprived of assistance in filing for their rights to any privilege, preference, care or compensation provided for by the laws of the United States or the State of California.

COSTS: ( ) Not Applicable
A. Budgeted current FY $  
B. Total anticipated costs $  
C. Required additional funding $  
D. Internal transfers $  

SOURCE: ( ) 4/5ths Vote Required
A. Unanticipated revenues $  
B. Reserve for contingencies $  
C. Source description: Balance in Reserve for Contingencies, if approved: $  

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

Budget Action Form
Copy of Check #1899
Certificate of Compliance

CLERK’S USE ONLY:  
Res. No.: Ord. No. 
Vote - Ayes: Noes: 
Absent: 
( ) Approved ( ) Denied ( ) 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

ADMINISTRATIVE OFFICER’S RECOMMENDATION:
This item on agenda as:
( ) Recommended  
( ) Not Recommended  
( ) For Policy Determination  
( ) Submitted with Comment  
( ) Returned for Further Action

Comment:

A.O. Initials:

Action Form Revised 5/92
CALIFORNIA DEPARTMENT OF VETERANSAFFAIRS

SUBVENTION CERTIFICATE OF COMPLIANCE

FISCAL YEAR 2005/2006

MARTIPOSA COUNTY

COUNTY SUBVENTION PROGRAM

Charge:

Contribution to counties toward compensation and expenses of their County Veterans Service Office according to Military and Veterans Code Sections 972, and 972.1, a State General Funds Expenditure, and 972.2, a Special Fund Expenditure.

County Certification:

I certify that MARTIPOSA County has appointed a veteran to serve as the County Veterans Service Officer according to California Code of Regulations Title 12, Subchapter 4. This County Veterans Service Officer will administer the aid provided for in Military and Veterans Code Division 4, Chapter 5.

I further certify that the County Veteran Service Officer will assist every veteran of the United States, as well as their dependents and survivors, in presenting and pursuing such claim as they may have against the United States. The County Veterans Service Officer and all accredited staff will also assist in establishing veterans, dependents and survivors' rights to any privilege, preference, care or compensation provided for by the laws and regulations of the United States, the State of California, or any local jurisdiction.

I also agree that this county, through the County Veterans Service Office, will maintain annual records for audit. These records will be maintained until the final allocation of funds for the subject fiscal year is issued by the CDVA. We will also submit reports in accordance with the procedures and timelines established by CDVA. The County Veterans Service Officer will permit CDVA representatives to inspect all facilities and records.

I further authorize the County Veterans Service Officer to actively participate in the promotion of the California Veterans License Plate program.

Chair, County Board of Supervisors
(or other County Official authorized by the Board to act on their behalf)

Date

9/13/05

(rev 6/05)