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

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

Veterans / Community Service Department Head requests approval of and signature on two documents for the California Department of Veterans Affairs. These are annual documents due in January of each 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

CLERK'S USE ONLY
Res. No.: S-25  Ord. No. __________
Vote - Ayes: __________  Noes: __________
Absent: __________  Denied: __________
Approved: __________  Abstained: __________
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 of Supervisors of Mariposa County, 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