RECOMMENDED ACTION AND JUSTIFICATION:

Recommend resolution authorizing Chair to sign the Certificate Regarding Lobbying, authorizing Chair to sign page one of the General Terms and Conditions (Exhibit C), authorizing Chair to sign the Standard Agreement number 04-35811 (Immunization Assistance Practices Program) encompassing three fiscal years beginning with Fiscal Year 2004-2005 and authorizing Health Officer to sign the Contractor’s Release form at the end of each fiscal year for the same three fiscal years.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Immunization Assistance Practices Program (IAP) has been approved by the Board of Supervisors for many fiscal years as part of a four-program package administered by the Department of Health Services Local Public Health Services Section (DHS LPHSS). Only this one program will continue to be administered by DHS LPHSS.

Sections 120325-120380 of the Health & Safety Code, Chapter 435, require immunizations against childhood diseases prior to school admittance. Health Officers are required to organize and maintain a program to make the required immunizations available. This contract assists the County in defraying costs of the program, which supports the State’s objectives to control diseases that are preventable by vaccines.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Authorize the Chair to sign the Contractor’s Release form at the end of each year.
2. Elimination of this mandated program may be a violation of H&S Codes.

Financial Impact? (X) Yes ( ) No Current FY Cost: $5,800 Annual Recurring Cost: $5,800
Budgeted In Current FY? (X) Yes ( ) No ( ) Partially Funded
Amount in Budget: $ 5,800
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

COUNTY ADMINISTRATIVE OFFICER: ____________________________
Requested Action Recommended ( ) No Opinion
Comments: ______________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Clerk’s Use Only:
Res. No.: 08-30 Ord. No. ____
Vote – Ayes: 5 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

CAO: Pm