MARIPOSA COUNTY AGENDA BOARD OF SUPERVISORS ACTION FORM DATE: March 9, 1993
AGENDA ITEM NO.: H-2

DEPARTMENT: |
BY: Public Health Charles B. Mosher, M.D., Health Officer 966-3689 |
PHONE: |
RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes No X)

Recommend resolution authorizing Chairman to sign EMS Hospital Contract for reimbursement to the Hospital of 25% of the EMS Fund for emergency medical care services rendered to the indigent. Funds come from SB-12, and this is the only use allowed for these funds.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Board has previously entered into similar RHS agreements for FY 89-90 and FY 90-91. There are no RHS funds available to the Hospital for Fiscal Year 1992-1993, however, there are EMS funds available to the Hospital, and, as with RHS funds, a Contract is needed to disburse these funds.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Do not sign agreement. Hospital may not receive the funds.

COSTS: (X) 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:


CLERK'S USE ONLY: Res. No.: 93-144 Ord. No. ____________________
Vote - Ayes: 4  Noes: ____________________
Absent: 2  Abstained: ____________________
Approved  ( ) Denied
( ) Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

Date: ____________________

ATTERT: MARIE 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