RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes__ No X_)

Recommend resolution authorizing Health Officer to sign Agreement between Central San Joaquin Valley HIV Care Consortium and Mariposa County Health Department for Fiscal Year 1992-1993. These funds ($5,000) are used exclusively for coordination of services to individuals and their families with HIV disease, or individuals at risk of HIV disease. These services include but are not limited to: social, medical, and psychological needs monitoring. These funds will offset County cost of AIDS Coordinator salary costs associated with Ryan White activities.

BOARD AND HISTORY OF BOARD ACTIONS:

The Board previously approved Res. No. 93-120 which retained $5,000 of the funds allocated to Mariposa County, and directed the HIV Care Consortium to utilize the remainder of funds for care provided by other counties to Mariposa County populace.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Don't direct Health Officer to sign Agreement.

2. Return funds to the Ryan White Trust, which may reduce future allocations.

COSTS: ( ) Not Applicable
A. Budgeted current FY $ 0
B. Total anticipated costs $ 5,000
C. Required additional funding $ 5,000
D. Internal transfers $ 

SOURCE: (X) 4/5ths Vote Required
A. Unanticipated revenues $ 
B. Reserve for contingencies $ 5,000
C. Source description: Ryan White Trust Fund
Balance in Reserve for Contingencies, if approved: $ 

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

CLERK'S USE ONLY:
Res. No.: 93-230
Ord. No. 
Vote - Ayes: ___________ Absent: ___________ 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: 
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: W

Action Form Revised 5/92
COUNTY OF
MARIPOSA

BUDGET ACTION FORM

DEPT/DIV: Public Health  CONTACT: Charles B. Mosher, M.D., Health Officer
DATE: June 8, 1993  PHONE: (209) 966-3689

ACTION REQUESTED: (Check All That Apply)

(XX) Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the County budget, or in any one fund of the budget, or appropriating Reserve for Contingencies;

( ) Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit;

( ) Transfer by Administrator: Moving existing appropriations within a single budget category between line items (i.e. services and supplies, etc.)

( ) Transfer by Auditor: Moving salaries between line items to accommodate variances internal to salaries; OR transfers within the County budget under $50.00 to accommodate minor variations from the budget.

<table>
<thead>
<tr>
<th>FUND/DEPT/ACCT NO.</th>
<th>LINE ITEM DESCRIPTION</th>
<th>AMOUNT (FROM)/TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-450-8-351</td>
<td>Ryan White Fund</td>
<td>($5,000.00)</td>
</tr>
<tr>
<td>001-103-6-000</td>
<td>Reserve for Contingency</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>001-103-6-000</td>
<td>Reserve for Contingency</td>
<td>($5,000.00)</td>
</tr>
<tr>
<td>001-450-1-103</td>
<td>AIDS Coordinator (EH)</td>
<td>$2,808.00</td>
</tr>
<tr>
<td>001-450-9-150</td>
<td>Benefits</td>
<td>$252.00</td>
</tr>
<tr>
<td>001-450-2-236</td>
<td>SP DP / AIDS</td>
<td>$1,940.00</td>
</tr>
</tbody>
</table>

Justification: This appropriation is necessary to properly budget revenues the county will receive and utilize to offset County General Fund expense in the AIDS Program.

Department Head Signature: [Signature] Date: 5-25-92

Approved By: Res. No. 98-330 Clerk: [Signature] Date: 6-8-92
Administrator: [Signature] Date: [Signature] Date:
Auditor: [Signature] Date: [Signature] Date:

AUDITOR'S USE ONLY:
Description: ___________________________ Transfer No.: _______
_______________________________ B.R. No.: _______

Budget Action Form Revised 5/92