

DEPARTMENT:  
Public Health

BY:  
C. B. Mosher, MD, Health Officer

PHONE:  
966-3689

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

Recommend resolution authorizing Health Officer to sign Standard Agreement and MOU with State Department of Health Services for AIDS Grant in the amount of \$8,400; recommend resolution appropriating the additional \$5,500 into AIDS lines items. The Board approved \$2,900 in the budget for FY 1991-1992, but, due to realignment, much more is available. Moreover, activity in the AIDS Clinic has grown greatly since Magic Johnson's press conference, and more activity in the AIDS program is appropriate.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

At budget time, the Board of Supervisors appropriated \$2,900 plus a roll-over amount from the prior fiscal year.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Do not authorize Health Officer to sign, require State to change the "Contractor" signature to Board Chairman.
2. Do not accept grant and curtail AIDS program.

COSTS: ( ) Not Applicable

A. Budgeted current FY \$ 2,900

B. Total anticipated costs \$ 8,400

C. Required Add'l funding \$ 5,500

D. Source: State Grant

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

SOURCE: (X) 4/5ths Vote Required

A. Internal transfers \$ \_\_\_\_\_

B. Unanticipated revenues \$ 5,500

C. Reserve for contingency \$ \_\_\_\_\_

D. Description: State Grant

Balance in Reserve for Contingencies, if approved: \$ \_\_\_\_\_

PLEASE RETURN ALL COPIES OF STANDARD AGREEMENT AND MOU FOR PROCESSING AT HEALTH DEPARTMENT

CLERK'S USE ONLY:

Res. No.: 92-29

Ord. No.: \_\_\_\_\_

Vote - Ayes: 4 Noes: \_\_\_\_\_

Absent: Reber Abstained: \_\_\_\_\_

(kw) Approved ( ) Denied

( ) Minute Order Attached

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

This item on agenda as:

X Recommended

\_\_\_\_\_ Not Recommended

\_\_\_\_\_ For Policy Determination

\_\_\_\_\_ Submitted with Comment

\_\_\_\_\_ Returned for Further Action

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  
County of Mariposa, State of CA  
By: \_\_\_\_\_  
Deputy

Comment: \_\_\_\_\_

A.O. Initials: [Signature]

BE IT RESOLVED by the Board of Supervisors of Mariposa County, a political subdivision of the State of California, that pursuant to the provisions of the Government Code of the State of California, Sections 29120 et seq., the following APPROPRIATIONS and/or TRANSFERS within the Budget of the County of Mariposa are hereby adopted:

| <u>Department</u>  | <u>APPROPRIATIONS (4/5ths Vote Required)</u> |                    |               |
|--------------------|----------------------------------------------|--------------------|---------------|
|                    | <u>Item</u>                                  | <u>Account No.</u> | <u>Amount</u> |
| From:              | Unanticipated Funds                          | 001-800-5-313      | \$5,500       |
| To :               | General Contingency                          | 001-103-6-000      | \$5,500       |
| From:              | General Contingency                          | 001-103-6-000      | \$5,500       |
| To : Public Health | AIDS Coordinator                             | 001-450-1-103      | \$2,829       |
| To : Public Health | Sp/Dp AIDS                                   | 001-450-2-236      | \$2,671       |

| <u>Department</u> | <u>TRANSFERS (3/5ths Vote Required)</u> |                    |               |
|-------------------|-----------------------------------------|--------------------|---------------|
|                   | <u>Item</u>                             | <u>Account No.</u> | <u>Amount</u> |