

DEPARTMENT:

BY:

PHONE:

Public Health Department

C. B. Mosher, MD, Health Officer

966-3689

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

Recommend resolution authorizing Health Officer to sign amendment to M.O.U. for AIDS funding augmenting this fiscal year's grant by \$1000; appropriate the \$1000 for AIDS blood testing.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board recently approved the original M.O.U. for \$8400 - this raises the total to \$9400 for our county.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not accept the additional funds.

COSTS: () Not Applicable

- A. Budgeted current FY \$ 8400
- B. Total anticipated costs \$ 9400
- C. Required Add'l funding \$ 1000
- 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 \$ 1000
- C. Reserve for contingency \$ _____
- D. Description: _____

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

CLERK'S USE ONLY:

Res. No.: 92-121
 Ord. No.: _____
 Vote - Ayes: 4 Noes: _____
 Absent: Madanovitch Abstained: _____
 Approved () Denied
 () Minute Order Attached

ADMINISTRATIVE OFFICER'S

RECOMMENDATION:

This item on agenda as:

- 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: JWM / [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	\$1,000
To	General Contingency	001-103-6-000	1,000
From	General Contingency	001-103-6-000	1,000
To	SP/DP AIDS	001-450-2-236	1,000

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