

DEPARTMENT:

Public Health

BY:

C. B. Mosher, MD, Health Officer

PHONE:

966-3689

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

Recommend resolution approving CHDP Program grant application for Fiscal Year 1991-1992; resolution appropriating \$42,767 for CHDP Program; resolution approving transfer of \$500 from CHDP budget back into medical supplies. This program was previously funded through the Department of Health Services contract, but at a much lower funding level. Realignment allows the County to contract directly with the CHDP Office, and greatly increases funds available for medical supervision and program management. State law (H&S 321.2) requires each County to have a CHDP Program.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board authorized a letter of intent to apply for these funds in October 1991. Each year, through the Department of Health Services, Local Health Services Contract, the CHDP Program has been funded. Since "realignment", the funding mechanism was changed.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Fund program from general fund.
2. Direct staff to modify program grant application.

COSTS: () Not Applicable

A. Budgeted current FY \$ 4,160
 B. Total anticipated costs \$ 42,767
 C. Required Add'l funding \$ 38,607
 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 \$ 38,607
 C. Reserve for contingency \$ _____
 D. Description: State Grant

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

CLERK'S USE ONLY:

Res. No.: 92-133
 Ord. No.: _____
 Vote - Ayes: 4 Noes: _____
 Absent: _____ 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: _____

MARIPOSA COUNTY
BOARD OF SUPERVISORS

BUDGET
ACTION FORM

RES. NO. 92-133

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:

APPROPRIATIONS (4/5ths Vote Required)

<u>Department</u>	<u>Item</u>	<u>Account No.</u>	<u>Amount</u>
From: Public Health	Unanticipated Funds	001-800-5-373	\$42,767 \$38,607
To: General Contingency	General Contingency	001-103-6-000	\$42,767 \$38,607
From: General Contingency	General Contingency	001-103-6-000	\$38,607
To: Public Health	CHDP Program Manager	001-450-1-105	4,160
To: Public Health	CHDP Public Health Nurse	001-450-1-106	16,640
To: Public Health	Benefits	001-450-1-150	2,046
To: Public Health	SP/DP CHDP	001-450-2-235	12,016
To: Public Health	CHDP Fixed Assets	001-450-4-405	3,745

TRANSFERS (3/5ths Vote Required)

<u>Department</u>	<u>Item</u>	<u>Account No.</u>	<u>Amount</u>
From: Public Health	SP/DP CHDP	001-450-2-235	500
To: Public Health	Office Expenses	001-450-2-170	500