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 $7,200. The Board approved $8,400 in the budget for FY 1992-1993, but the money available for this grant has been reduced.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

At budget time, the Board of Supervisors appropriated $8,400.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Do not authorize Health Officer to sign, require State to change the "Contactor" signature to Board Chairman.

2. Do not accept grant and curtail AIDS program.

<table>
<thead>
<tr>
<th>COSTS:</th>
<th>SPECIAL INSTRUCTIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X) Not Applicable</td>
<td>List the attachments and number the pages consecutively:</td>
</tr>
<tr>
<td>A. Budgeted current FY</td>
<td>PLEASE RETURN SEVEN COPIES OF</td>
</tr>
<tr>
<td>B. Total anticipated costs</td>
<td>STANDARD AGREEMENT AND MOU FOR</td>
</tr>
<tr>
<td>C. Required additional funding</td>
<td>PROCESSING AT THE HEALTH DEPT.</td>
</tr>
<tr>
<td>D. Internal transfers</td>
<td>NEED 7 CERT. COPIES OF RESOLUTION.</td>
</tr>
<tr>
<td>Note: $8,400</td>
<td></td>
</tr>
</tbody>
</table>

CLERK'S USE ONLY:

Ord. No.: 92-20  
Vote - Ayes: Absent: Abstained:  
Approved: No Order Attached: No Action Necessary

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

Date:  
A.T. WILSON, 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.G. Initials:  
Action Form Revised 3/92
COUNTY OF MARIPosa

DEPT/Div: Public Health CONTACT: Charles B. Mosher, M.D., Health Officer
DATE: Nov. 10, 1992 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</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-800-5-313</td>
<td>AIDS Block Grant</td>
<td>$1,200</td>
<td></td>
</tr>
<tr>
<td>001-103-6-000</td>
<td>General Contingency</td>
<td>($1,200)</td>
<td></td>
</tr>
<tr>
<td>001-103-6-000</td>
<td>General Contingency</td>
<td>$1,200</td>
<td></td>
</tr>
<tr>
<td>001-450-2-236</td>
<td>SP/DP AIDS</td>
<td>$1,386</td>
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</tr>
<tr>
<td>001-450-1-103</td>
<td>AIDS Coordinator (EH)</td>
<td>($2,397)</td>
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</tr>
<tr>
<td>001-450-1-150</td>
<td>Benefits</td>
<td>($189)</td>
<td></td>
</tr>
</tbody>
</table>

Justification: The amount we requested in the original budget was based on last year's AIDS Block Grant amount. The above amount is the actual allocation of State funds that we will receive for this grant. We have made the appropriate line item changes to reflect the reduction in this grant.

Department Head Signature: [Signature] Date: 11/27/92
Approved By: Res. No. 92-530 Clerk: [Signature] Date: 11-10-92
Administrator: Date: 
Auditor: Date: 

AUDITOR'S USE ONLY:

<table>
<thead>
<tr>
<th>Description</th>
<th>Transfer No.</th>
<th>B.R. No.</th>
</tr>
</thead>
</table>

Budget Action Form Revised 5/92