

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.

COSTS: (X) Not Applicable

A. Budgeted current FY	\$ 8,400
B. Total anticipated costs	\$ 7,200
C. Required additional funding	\$ 0
D. Internal transfers	\$

SOURCE: () 4/5ths Vote Required

A. Unanticipated revenues	\$
B. Reserve for contingencies	\$
C. Source description:	

Balance in Reserve for Contingencies, if approved: \$

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

PLEASE RETURN SEVEN COPIES OF STANDARD AGREEMENT AND MOU FOR PROCESSING AT THE HEALTH DEPT. NEED 7 CERT. COPIES OF RESOLUTION.

CLERK'S USE ONLY:
Res. No.: 92-580 Ord. No. _____
Vote - Ayes: _____ Noes: _____
Absent: _____ Abstained: _____
() Approved _____ () Denied _____
() Minute Order Attached () No Action Necessary

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
County of Mariposa, State of California
By: _____
Deputy

Comment: _____
A.O. Initials: _____

COUNTY OF MARIPOSA

BUDGET ACTION FORM

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.

FUND/DEPT/ACCT NO.	LINE ITEM DESCRIPTION	AMOUNT (FROM)/TO
001-800-5-313	AIDS BLock Grant	\$1,200
001-103-6-000	General Contingency	(\$1,200)
001-103-6-000	General Contingency	\$1,200
001-450-2-236	SP/DP AIDS	\$1,386
001-450-1-103	AIDS Coordinator (EH)	(\$2,397)
001-450-1-150	Benefits	(\$ 189)

Justification: The amount we requested in the original budget was based on last years 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: *CB Mosher* Date: 10/27/92

Approved By: Res. No. 92-580 Clerk: mws Date: 11-10-92
Administrator: _____ Date: _____
Auditor: _____ Date: _____

AUDITOR'S USE ONLY:

Description: _____ Transfer No.: _____
_____ B.R. No.: _____