DEPARTMENT: Public Health
BY: Charles B. Mosher, M.D., Health Officer
PHONE: 966-3689
RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes __ No _X_)

Recommend resolution approving CHDP Program Grant Application for Fiscal Year 1992-1993 appropriating $43,617 for CHDP Program. Realignment allows the County to contract directly with the CHDP Office which greatly increases funds available for medical supervision and program management. State Law (H&S 321.2) requires each County to have a CHDP Program.

Recommend resolution transferring $6,353 from CHDP to the CCS Program and reducing the Departments Net County Costs by $4,796.

BACKGROUND AND HISTORY OF BOARD ACTIONS:


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 PY $42,767
B. Total anticipated costs $43,617
C. Required additional funding $850
D. Internal transfers $________

SOURCE: (X) 4/5ths Vote Required
A. Unanticipated revenues $850
B. Reserve for contingencies $________
C. Source description: ____________________________________________________________________________
Balance in Reserve for Contingencies, if approved: $________

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

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

CLERK'S USE ONLY:
Res. No.: 92-581 Ord. No. ______________
Vote - Ayes: __________ Noes: __________
Absent: __________
Approved: __________ Denied: __________
() Minute Order Attached ( ) No Action Necessary

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

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:

( ) Recommended
( ) Not Recommended
( ) For Policy Determination
( ) Submitted with Comment
( ) Returned for Further Action

Comment: ________________________________________________

A.O. Initial: __________

Action Form Revised 5/92
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 (2/3rd 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 (2/3rd 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)/TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-800-5-373</td>
<td>CHDP Grant</td>
<td>($850)</td>
</tr>
<tr>
<td>001-103-6-000</td>
<td>General Contingency</td>
<td>$850</td>
</tr>
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<td>001-800-5-373</td>
<td>CHDP Grant</td>
<td>$850</td>
</tr>
<tr>
<td>001-450-2-235</td>
<td>SP DP /CHDP</td>
<td>($7,804)</td>
</tr>
<tr>
<td>001-450-4-405</td>
<td>CHDP Equipment</td>
<td>($3,345)</td>
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<tr>
<td>001-103-6-000</td>
<td>General Contingency</td>
<td>$11,149</td>
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<tr>
<td>001-103-6-000</td>
<td>General Contingency</td>
<td>($6,353)</td>
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<tr>
<td>001-450-2-231</td>
<td>SP DP /Crip Chld</td>
<td>$6,353</td>
</tr>
</tbody>
</table>

Justification: The amounts we requested in the original budget were based on estimated figures from the State for the CHDP Grant. The above amounts are the actual allocations of State funds that we will receive and expend from this grant. We are requesting to transfer to Sp Dp / Crip Chld $6,353 due to the shortfall created by the 2% reduction at budget time. The remainder amount of $4,796 is being returned to the General Fund, which reduces our Net County Costs by that amount.

Department Head Signature: [Signature]  Date: 10/27/92

Approved By: Res. No. 92-581  Clerk:  Date: 11-1-92
Administrator:  Date: 
Auditor:  Date: 

AUDITOR'S USE ONLY:

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

Budget Action Form Revised 5/92