

DEPARTMENT:

BY:

PHONE:

Public Health Charles B. Mosher, M.D., Health Officer 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:

Board previously approved CHDP Program Grant Application for Fiscal Year 1991-1992.

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	\$ <u>42,767</u>
B.	Total anticipated costs	\$ <u>43,617</u>
C.	Required additional funding	\$ <u>850</u>
D.	Internal transfers	\$ _____

SPECIAL INSTRUCTIONS:

List the attachments and number the pages consecutively:

SOURCE: (X) 4/5ths Vote Required

A.	Unanticipated revenues	\$ <u>850</u>
B.	Reserve for contingencies	\$ _____
C.	Source description: _____	
Balance in Reserve for Contingencies, if approved: \$ _____		

CLERK'S USE ONLY:

Res. No.: 92-581 Ord. No. _____
 Vote - Ayes: 4 Noes: _____
 Absent: Later 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

Comment: _____

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

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 -5-373	CHDP Grant	(\$850)
001-103-6-000	General Contingency	\$850
001-103-6-000	General Contingency	(\$850)
001- 800 -5-373	CHDP Grant	\$850
001-450-2-235	SP DP /CHDP	(\$7,804)
001-450-4-405	CHDP Equipment	(\$3,345)
001-103-6-000	General Contingency	\$11,149
001-103-6-000	General Contingency	(\$6,353)
001-450-2-231	SP DP /Crip Chld	\$6,353

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: *CB Mosher* Date: 10/27/92

Approved By: Res. No. 92-581 Clerk: hms Date: 11-10-92
 Administrator: _____ Date: _____
 Auditor: _____ Date: _____

AUDITOR'S USE ONLY:

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