

DEPARTMENT:

Public Health

BY:

C.B. Mosher, MD, Health Officer

PHONE:

966-3689

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No X)

Resolution authorizing expenditure of \$345.35 for the purchase of a video "Medical Aspects of Tobacco" to be used in the Tobacco Cessation program; resolution authorizing transfer of \$345.35 for this purpose.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Consistent with Board policy; Board approval is required for purchases of any item costing \$300.00 or more.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Will not have video available for persons attempting to stop smoking.

COSTS: () Not Applicable
A. Budgeted current FY \$ 345.35
B. Total anticipated costs \$ 345.35
C. Required Add'l funding \$ _____
D. Source: _____

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

SOURCE: () 4/5ths Vote Required
A. Internal transfers \$ _____
B. Unanticipated revenues \$ _____
C. Reserve for contingency \$ _____
D. Description: _____
Balance in Reserve for Contingencies, if approved: \$ _____

CLERK'S USE ONLY:

Res. No.: 91-523
Ord. No.: _____
Vote - Ayes: 4 Noes: _____
Absent None Abstained: _____
None 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: [Signature]

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:

<u>Department</u>	<u>APPROPRIATIONS (4/5ths Vote Required)</u> <u>Item</u>	<u>Account No.</u>	<u>Amount</u>
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<u>Department</u>	<u>TRANSFERS (3/5ths Vote Required)</u> <u>Item</u>	<u>Account No.</u>	<u>Amount</u>
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FR: Health Department	Tobacco Cessation	001-450-2-234	\$345.35
TO: Health Department	Video Tape	001-450-4-371	\$345.35