

DEPARTMENT:
Public Health

BY: Carol Bryant, Ph.D., Acting Director
PHONE: 966-3689

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

Recommend resolution authorizing payment of the participation fee, \$5,649, for the CMSP Program.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The new realignment legislation requires each county pay a CMSP participation fee for FY 91-92. These funds cannot be paid with funds from the local health and welfare fund.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

No alternatives. This has to be done to receive state funds.

COSTS: () Not Applicable
A. Budgeted current FY \$ 0
B. Total anticipated costs \$ 5,649
C. Required Add'l funding \$ 5,649
D. Source: General Contingency

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

SOURCE: (x) 4/5ths Vote Required
A. Internal transfers \$ _____
B. Unanticipated revenues \$ _____
C. Reserve for contingency \$ 5,649
D. Description: _____
Balance in Reserve for Contingencies, if approved: \$ 109,270.42

CLERK'S USE ONLY:
Res. No.: 91-583
Ord. No.: _____
Vote - Ayes: 5 Noes: _____
Absent: _____ Abstained: _____
mw 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: mw / [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>
From:	General Contingency	001-103-6-000	\$5,649
To :	Health Department CMSP Participation Fee	001-450-2-245	\$5,649

<u>Department</u>	<u>TRANSFERS (3/5ths Vote Required)</u> <u>Item</u>	<u>Account No.</u>	<u>Amount</u>
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