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

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes__ No___)

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

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: $ 319,270.42

CLERK'S USE ONLY:
Res. No.: 91-583
Ord. No.: ___
Vote - Ayes: ___ Noes: ___
Absent: ___ Abstained: ___
Approved ( ) Denied ( )
Minute Order Attached

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

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

X Recommended
___ Not Recommended
___ For Policy Determination
___ Submitted with Comment
___ Returned for Further Action

Comment: ___
A.O. Initials: ___

Action Form Revised 12/89
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:

**APPROPRIATIONS** (4/5ths Vote Required)

<table>
<thead>
<tr>
<th>Department</th>
<th>Item</th>
<th>Account No.</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: General Contingency</td>
<td>001-103-6-000</td>
<td></td>
<td>$5,649</td>
</tr>
<tr>
<td>To: Health Department CMS participation Fee</td>
<td>001-450-2-245</td>
<td></td>
<td>$5,649</td>
</tr>
</tbody>
</table>

**TRANSFERS** (3/5ths Vote Required)

<table>
<thead>
<tr>
<th>Department</th>
<th>Item</th>
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</tr>
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