

DEPARTMENT: Community Service BY: Mary E. Williams PHONE: 966-5315

RECOMMENDED ACTION AND JUSTIFICATION:

Community Services / Veterans Department Head requests approval and authorization for the Chairman of the Board of Supervisors to sign the California Department of Veterans Affairs Subvention Certificate of Compliance and Medi-Cal Certificate of Compliance for Fiscal Year 2007-2008. These are annual documents that must be renewed each fiscal year in order for the County of Mariposa to receive monies paid by the State of California to counties for the County Subvention Program and Medi-Cal Cost Avoidance Program.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Historically the Board of Supervisors has signed these documents every year.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Funding from the State of California for the Veterans Services Officer position in the County of Mariposa would be terminated.
2. Veterans, their dependents and their survivors in the County of Mariposa could be deprived of assistance in filing for their rights to any privilege, preference, care or compensation provided for by the laws of the United States or the State of California.

Financial Impact? ( ) Yes (X) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded		
Amount in Budget: \$		List Attachments, number pages consecutively
Additional Funding Needed: \$		2 Certificates of Compliance
Source:		
Internal Transfer		
Unanticipated Revenue	_____ 4/5's vote	
Transfer Between Funds	_____ 4/5's vote	
Contingency	_____ 4/5's vote	
( ) General ( ) Other		

CLERK'S USE ONLY:

Res. No.: 07-403 Ord. No. \_\_\_\_\_  
 Vote - Ayes: 4 Noes: \_\_\_\_\_  
 Absent: *Warpin*  
 Approved  
 ( ) Minute Order Attached ( ) No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended  
 No Opinion  
 Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

CAO: *[Signature]*

## SUBVENTION CERTIFICATE OF COMPLIANCE

FISCAL YEAR 2007/2008

MARIPOSA COUNTY

COUNTY SUBVENTION PROGRAM

Charge:

Contribution to counties toward compensation and expenses of their County Veterans Service Office according to Military and Veterans Code Sections 972, and 972.1, a State General Funds Expenditure, and 972.2, a Special Fund Expenditure.

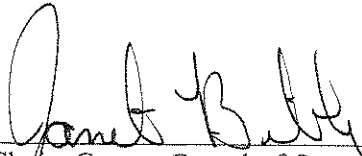
County Certification:

I certify that Mariposa County has appointed a veteran to serve as the County Veterans Service Officer according to California Code of Regulations Title 12, Subchapter 4. This County Veterans Service Officer will administer the aid provided for in Military and Veterans Code Division 4, Chapter 5.

I further certify that the County Veteran Service Officer will assist every veteran of the United States, as well as their dependents and survivors, in presenting and pursuing such claim as they may have against the United States. The County Veterans Service Officer and all accredited staff will also assist in establishing veterans, dependents and survivors' rights to any privilege, preference, care or compensation provided for by the laws and regulations of the United States, the State of California, or any local jurisdiction.

I also agree that this county, through the County Veterans Service Office, will maintain annual records for audit. These records will be maintained until the final allocation of funds for the subject fiscal year is issued by the CDVA. We will also submit reports in accordance with the procedures and timelines established by CDVA. The County Veterans Service Officer will permit CDVA representatives to inspect all facilities and records.

I further authorize the County Veterans Service Officer to actively participate in the promotion of the California Veterans License Plate program.

  
\_\_\_\_\_  
Chair, County Board of Supervisors  
(or other County Official authorized  
by the Board to act on their behalf)

8-23-07  
Date

**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

**MEDI-CAL CERTIFICATE OF COMPLIANCE**

**FISCAL YEAR 2007/2008**

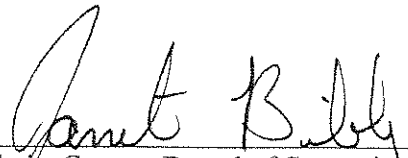
**MARIPOSA COUNTY**

**MEDI-CAL COST AVOIDANCE PROGRAM**

I certify that Mariposa County has appointed a County Veterans Service Officer (CVSO) in compliance with California Code of Regulations, Title 12, Subchapter 4. Please consider this as our application to participate in the Medi-Cal Cost Avoidance Program authorized by Military and Veterans Code Section 972.5.

I understand and will comply with the following:

1. All activities of the CVSO for which payment is made by the CDVA under this agreement will reasonably benefit the Department of Health Services (DHS) or realize cost avoidance to the Medi-Cal program. All County Eligibility Workers who generate a Form CW-5 (Veterans Benefits Referral) will be instructed to indicate the applicant's Welfare Aid Code on the face of the form.
2. All monies received under this agreement will be allocated to and spent on the salaries and expenses of the CVSO.
3. This agreement is binding only if federal funds are available to the CDVA from the DHS.
4. The CVSO is responsible for administering this program according to the California Code of Regulations, Title 12, Subchapter 4.

  
 \_\_\_\_\_  
 Chair, County Board of Supervisors  
 (or other County Official authorized  
 by the Board to act on their behalf)

8-23-07  
 \_\_\_\_\_  
 Date