

DEPARTMENT: HEALTH

BY: C. B. MOSHER, MD, MPH, H.O.

PHONE: 966-3689

**RECOMMENDED ACTION AND JUSTIFICATION:**

Recommend resolution authorizing Chair to sign the Certificate Regarding Lobbying, authorizing Chair to sign page one of the General Terms and Conditions (Exhibit C), authorizing Chair to sign the Standard Agreement number 04-35811 (Immunization Assistance Practices Program) encompassing three fiscal years beginning with Fiscal Year 2004-2005 and authorizing Health Officer to sign the Contractor's Release form at the end of each fiscal year for the same three fiscal years.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

The Immunization Assistance Practices Program (IAP) has been approved by the Board of Supervisors for many fiscal years as part of a four-program package administered by the Department of Health Services Local Public Health Services Section (DHS LPHSS). Only this one program will continue to be administered by DHS LPHSS.

Sections 120325-120380 of the Health & Safety Code, Chapter 435, require immunizations against childhood diseases prior to school admittance. Health Officers are required to organize and maintain a program to make the required immunizations available. This contract assists the County in defraying costs of the program, which supports the State's objectives to control diseases that are preventable by vaccines.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

1. Authorize the Chair to sign the Contractor's Release form at the end of each year.
2. Elimination of this mandated program may be a violation of H&S Codes.

Financial Impact? (X) Yes ( ) No	Current FY Cost: \$5,800	Annual Recurring Cost: \$5,800
Budgeted In Current FY? (X) Yes ( ) No ( ) Partially Funded		
Amount in Budget: \$ 5,800		<u>List Attachments, number pages consecutively</u>
Additional Funding Needed: \$ 0		<u>Agreement #04-35811</u>
Source:		<u>Exhibit A, B, C, D(F), E, F, G</u>
Internal Transfer _____		<u>Correspondence to California Immunization Branch</u>
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.: 05-4 Ord. No. \_\_\_\_\_  
 Vote - Ayes: 5 Noes: \_\_\_\_\_  
 Absent: \_\_\_\_\_  
 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: RM