DEPARTMENT: Mariposa County Public Health  BY: Charles B. Mosher, M.D., MPH  PHONE: (209) 966-3689

RECOMMENDED ACTION AND JUSTIFICATION:  Recommend Resolution authorizing Chair to apply for Certified Unified Program Agency (CUPA) reimbursement funds and sign Disbursement Worksheet for Rural CUPA reimbursement funds for Fiscal Year 2004-2005 and authorizing the Health Officer to submit and sign additional documents to secure funding as necessary.

BACKGROUND AND HISTORY OF BOARD ACTIONS:  Resolution #01-194 authorized the Chair of the Board of Supervisors to inform Cal-EPA that Mariposa County intended to apply to become a CUPA.

On November 27, 2001, Resolution #01-328 authorized the Chair to sign and the Health Department to submit the initial application for CUPA reimbursement funds.

This application provides reimbursement funding to assist with costs associated with Health Programs in Rural communities. Mariposa County, pursuant to subdivision (d) of Section 25404.8 California Health and Safety Code (HSC), is eligible for an allocation of up to $60,000 with a 25% match. Fees have been established and are collected from affected agencies to provide the required matching funds.

It was discussed with the Business community and decided that they would prefer local regulation.

Mariposa County has applied, at the County's direction, for reimbursement each year since the initial application date.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
1. Increase fees to local agencies.
2. Authorized the Health Officer to apply and sign Disbursement Worksheet.
3. Should the County decide to discontinue the CUPA program it is likely the State will take over.

Financial Impact? (X) Yes ( ) No  Current FY Cost: $80,000.00  Annual Recurring Cost: $80,000
Budgeted In Current FY? (X) Yes ( ) No ( ) Partially Funded N/A
Amount in Budget: $80,000
Additional Funding Needed: $0
Source: Internal Transfer
Unanticipated Revenue __________ 4/5's vote
Transfer Between Funds __________ 4/5's vote
Contingency __________ 4/5's vote
( ) General ( ) Other

List Attachments, number pages consecutively
Disbursement Worksheet for Rural CUPA Reimbursement Funds Fiscal Year 2004-2005

CLERK'S USE ONLY:
Res. No. Ord. No. _______ Absent: 
Vote – Ayes: _______ Noes: _______
Approved ( ) Minute Order Attached ( ) No Action Necessary

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

COUNTY ADMINISTRATIVE OFFICER:
Requested Action Recommended
( ) No Opinion
Comments:

CAO: __________________________

Revised Dec. 2002
DISBURSEMENT WORKSHEET FOR
RURAL CUPA REIMBURSEMENT FUNDS
Fiscal Year 2004-05

CUPA
CUPA Name MARIPOSA COUNTY Certification date June 30, 2003
Street Address 5100 Bullion Street, Post Office Box 5
City/Zip Mariposa, California 95338
Contact Person C.B. Mosher, M.D., MPH, HO phone (209)966-2220
County Mariposa Email health@mariposacounty.org

1. Total final adopted budget amount for unified program A$ 80,000
(A copy of the final adopted unified program budget with specifics regarding the budgeted
amounts for the CUPA program must be attached. If the budget was not adopted in this manner,
call the Unified Program representative below.)
Using an official County population estimate (Census 2000 or other official
documentation no older than year 2000) identify the county population.

B 17,130

1) If B is less than 70,000 persons the requested amount shall not exceed
75% of A.
2) If B is more than 70,000 but less than 100,000 persons the requested
amount shall not exceed 50% of A.
3) If B is more than 100,000 but less than 150,000 persons the requested
amount shall not exceed 35% of A.

Multiply the adopted budget, A 80,000 times the percent -1,2 or 3 above- this will equal the
total reimbursement amount based upon the adopted budget.

$ 60,000

o The total reimbursement amount per county cannot exceed $60,000. If amount does not
exceed $60,000, please write amount in C below. If amount above equals more than
$60,000, please write $60,000 in C below.

o Unexpended funds from prior fiscal year $ 0

Amount Requested from the CUPA Reimbursement Fund C $ 60,000

Disbursement should be made to the following person/agency Mariposa County
Post Office Box 729, Mariposa, California 95338
(mailing address)

Disbursement will be made after receipt of all pertinent information above.

I have read the reimbursement guidelines and to the best of my knowledge and belief, data in this application are true and
correct. The budget has been duly approved and authorized by the governing board of the applicant CUPA and the CUPA will
maintain compliance with Title 22, California Code of Regulations.

Contact Signature Carry R. Parker Board of Supervisors Chair 9-24-04
Printed Name
Title
Date

Attachments requested: official population estimate, approved unified program budget with authorized signatures,
evidence of adoption of single fee system.

Return disbursement/worksheets and attachments to: Kathleen Harvey, Staff
Environmental Specialist, Unified Program, CalEPA, P.O. Box 2815 Sacramento,
CA 95812. phone 916.327.5097 fax 916.322.5615