DEPARTMENT: Health

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend Resolution authorizing Chair to sign agreement for the rental of facilities for the Mariposa County Health Information Fair on April 29, 2004 in the amount of $85 at the Best Western, Yosemite Way Station, LLC Conference Room, and to provide proof of insurance coverage.

Women, men and children of all ages are invited to attend this 5th annual community event. This is a once a year event where members of our community can obtain information on Health, Child Care & Development Services, Women’s Support Groups, Health Insurance, and other Mariposa County Resources. This event is sponsored by the Perinatal Outreach and Education Program through the Mariposa County Health Department and 100% grant funded by the Maternal Child Health State Grant.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board previously approved a similar agreement and provided insurance coverage for the Wellness for Women’s Health Fair held in Building A at the Fairgrounds last year by Res. No. 03-87 in the amount of $315. Numerous community agencies will be participating again this year.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Authorize the Health Officer to sign the Rental Agreement.

2. Direct the Department to obtain and pay for insurance reducing the amount of funding available for other approved activities.

Financial Impact? (X) Yes ( ) No  Current FY Cost: $ 85.00  
Budgeted In Current FY? (X) Yes ( ) No  Partially Funded
Amount in Budget: $ 85.00
Additional Funding Needed: $0.00
Source: MCH Grant
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. 03-87  Ord. No. ___
Vote – Ayes: ___  Noes: ___
Absent: ___
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