

DEPARTMENT:
Public Health

BY:
C. B. Mosher, MD, Health Officer

PHONE:
966-3689

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___ No_x__)

Recommend resolution authorizing Chairman to sign the Amended Standard Agreement for Fiscal Years 1998-2001 (#89-97911) with the State of California for the Health Education Grant (Tobacco Education).

This program addresses the single most preventable cause of disease and death among County citizens: smoking is a major risk factor for heart disease, stroke, emphysema, bronchitis, and multiple types of cancer. A new contract with the State has been required every two years. This Agreement is for three years.

Additionally, two budget adjustments need to be made. A Public Health Educator was hired as extra help instead of full time. Since funds rollover from year to year the amount was estimated at the time of the requested budget. A transfer between full time and extra help line items and an adjustment of rollover is needed.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board and the State entered into a Standard Agreement for Health Education (Tobacco Cessation) for Fiscal Years 1996-1998, November 4, 1996, Resolution No. 96-452.

Since 1990, various amendments have been required to implement State fiscal, programmatic and term changes.

Note: These funds rollover from year to year. Rollover has been recalculated since County budget preparation resulting in a net change of \$11,781.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do no sign certification and forgo receipt of funds available to the County per contract with the State.

COSTS:		() Not Applicable
A.	Budgeted current FY	\$ 320,234
B.	Total anticipated costs	\$ 308,453
C.	Required additional funding	\$ (11,781)
D.	Internal transfers	\$ 21,441

SOURCE:		() 4/5ths Vote Required
A.	Unanticipated revenues	\$ _____
B.	Reserve for contingencies	\$ _____
C.	Source description:	_____
Balance in Reserve for Contingencies, if approved: \$ _____		

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

CLERK'S USE ONLY:
Res. No.: 98-385 Ord. No. _____
Vote - Ayes: 4 Noes: _____
Absent: Stewart Abstained: _____
Approved: _____ () Denied
() 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

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:
 Recommended
 Not Recommended
 For Policy Determination
 Submitted with Comment
 Returned for Further Action
Comment: _____
A.O. Initials: [Signature]

BUDGET ACTION FORM

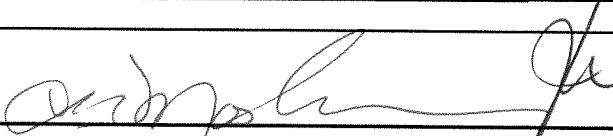
FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	INCREASE	DECREASE
001	0401	305-5203	TOBACCO CESSATION		(11,781)
001	0401	621-0437	TOBACCO CESSATION		11,781
001	0401	621-0115	PUBLIC HEALTH EDUCATOR		21,441
001	0401	621-0205	TOBACCO EXTRA HELP	21,441	
001	0401				
001	0401				
001	0401				
001	0401				
001	0401				
001	0401				
001	0401				
001	0401				
001	0401				
001	0401				
001	0401				
001	0104	014-1090	GENERAL CONTINGENCY	\$	
TOTAL				\$21,441	\$21,441

ACTIONS REQUESTED: (Check all that apply)

- Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget, or appropriating Reserve for Contingencies;
- Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit;

JUSTIFICATION

Rollover was overestimated at time of budget request. Public Health Educator was hired at extra help instead of full time. Transfer is needed to pay salary from extra help line item and correct rollover.

DEPT HEAD SIGNATURE  DATE 10-1-98

CHARLES B. MOSHER, M.D., HEALTH OFFICER, PUBLIC HEALTH DEPT

APPROVED BY RES NO. 98-385 CLERK mw DATE 10-20-98

AUDITOR'S USE ONLY
BA #