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

Recommend resolution authorizing the Chairman to sign Agreement with State for receipt of County Medical Services Program one time grant in the amount of $39,951.00 and appropriating this amount for projects previously submitted by All Tribes Counseling Center and the Northside Rural Health Clinic Enterprise.

As discussed with the Board on June 23rd, the CMSP Board identified funds which could be allocated on a one time basis as a pure grant for participating counties. The Board authorized the Health Officer at that time to apply for these funds. There were two projects requesting the assistance of this fund. All Tribes Counseling Center, administered by Kings View Services and providing mental health and social support services to Native American population in this County, initially directed the Health Officer to the availability of these funds. Their program is called "Walk with a Child" and is an adult mentoring program for children in need.

The other project is the Northside Rural Health Clinic Enterprise spearheaded by Rick Roesch and previously discussed with the Board. The funding source that the Health Officer was pursuing initially for this project is no longer available for that purpose.

CMSP has identified an additional $584 to augment the original allocation of $39,366. It is recommended by the Health Officer that the additional $584 be allocated to the Northside Rural Health Clinic Enterprise because that is the more expensive project and, according to the people at All Tribes Counseling, the amount they requested will fully fund the start up of their project.

The Health Department's role will simply be administrative oversight of the projects and disbursement of the funds.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

On June 23, 1998, by Resolution 98-245, the Board of Supervisors authorized the Health Officer to apply for this grant.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

The two projects will not be funded from this source; the money will be reallocated to other counties.
COSTS:  ( ) Not Applicable
A. Budgeted current FY $________
B. Total anticipated costs $39,951________
C. Required additional funding $39,951________
D. Internal transfers $________

SOURCE:  (x) 4/5ths Vote Required
A. Unanticipated revenues $39,951________
B. Reserve for contingencies $________
C. Source description: ________________________________
Balance in Reserve for Contingencies, if approved: $________

CLERK’S USE ONLY
Res. No.: 2633 Ord. No. _________
A. Ayes: _________  B. Noes: _________
C. Absent: _________  D. Abstained: _________
E. Approved: _________  F. Denied: _________
G. Minute Order Attached: _________  H. 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

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

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: ________________________

Action Form Revised 5/92
<table>
<thead>
<tr>
<th>FUND</th>
<th>DEPT/DIV</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>INCREASE</th>
<th>DECREASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>0401</td>
<td>305-5250</td>
<td>One time State Grants</td>
<td>&lt;39,951</td>
<td></td>
</tr>
<tr>
<td>001</td>
<td>0401</td>
<td>621-0441</td>
<td>Special Grants</td>
<td></td>
<td>39,951</td>
</tr>
</tbody>
</table>

**GENERAL CONTINGENCY**

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEPT/DIV</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>INCREASE</th>
<th>DECREASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>0104</td>
<td>414-1090</td>
<td>GENERAL CONTINGENCY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| TOTAL | 0       | $0      |

**ACTIONS REQUESTED:** (Check all that apply)

( X ) 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**

Budget changes necessary to receive grant funding and pay for mini-grants awarded to All Tribes Counseling Center and to the Northside Rural Health Clinic Enterprise.

**DEPARTMENT HEAD SIGNATURE**

DATE: 98-33-2

**APPROVED BY RES NO.**

DATE: 9-1-98

**CLERK**

<table>
<thead>
<tr>
<th>AUDITOR'S USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA #</td>
</tr>
</tbody>
</table>

Budget Revision Form Revised 11/95