

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: May 28, 1996 ^{5-4-96 96-255} Cont'd
AGENDA ITEM NO.: 8-C 5-B

DEPARTMENT:

BY:

PHONE:

Public Health Charles B. Mosher, M.D., Health Officer 966-3689

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No X)

5/28 - Recommend resolution authorizing the Chairman to sign the Standard Agreement with California Department of Health Services (CDHS), Local Public Health Services Section (LLPHSS), for Local Assistance Block Grant (LABG) in the amount of \$6,900, for AIDS Testing in the amount of \$5,400, for HIV Prevention Community Planning (HPCP) in the amount of \$20,000, and for immunization in the amount of \$11,396 for Fiscal Year 1995/1996. Recommend Resolution appropriating \$4,700 for AIDS blood testing (4/5ths vote required).
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The State has provided \$4,700 in unanticipated revenue which we propose to use for offering blood tests for the HIV virus to County citizens. The immunization funds are to be used to improve public immunization, clinic accessibility and increase immunization levels of preschool-age children in Mariposa County.

BOARD AND HISTORY OF BOARD ACTIONS:

The Board authorized the Agreement for Fiscal Year 1994-1995 on June 20, 1995, Res. No. 95-286.

The Board authorized applying for the AIDS HPCP Grant (\$20,000) by Resolution 95-272.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

- 1. Do not sign agreement - pay for these services from County General Funds.

COSTS: () Not Applicable		SPECIAL INSTRUCTIONS: List the attachments and number the pages consecutively: _____ _____ _____
A. Budgeted current FY	\$ 38,996	
B. Total anticipated costs	\$ 43,696	
C. Required additional funding	\$ 4,700	
D. Internal transfers	\$ _____	
SOURCE: (X) 4/5ths Vote Required		
A. Unanticipated revenues	\$ 4,700	
B. Reserve for contingencies	\$ _____	
C. Source description: <u>State Grant</u>		
Balance in Reserve for Contingencies, if approved: \$ _____		

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CLERK'S USE ONLY:
Res. No.: 96-255 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____ Abstained: _____
Approved () Denied
() Minute Order Attached () No Action Necessary

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:
 Recommended
 Not Recommended
 For Policy Determination
 Submitted with Comment
 Returned for Further Action

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

Comment: _____
A.O. Initials: CM

DEPT/DIV: Public Health CONTACT: Charles B. Mosher, M.D., Health Officer

DATE: April 23, 1996 PHONE: (209) 966-3689

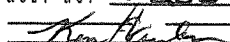
ACTION REQUESTED: (Check All That Apply)

- (XX) 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;
- () Transfer by Administrator: Moving existing appropriations within a single budget category between line items (i.e. services and supplies, etc.)
- () Transfer by Auditor: Moving salaries between line items to accommodate variances internal to salaries; OR transfers within the County budget under \$50.00 to accommodate minor variations from the budget.

<u>FUND/DEPT/ACCT NO</u>	<u>LINE ITEM DESCRIPTION</u>	<u>AMOUNT (FROM)/TO</u>
001-0401-621-0414	Medical Supplies	\$ 300
001-0401-621-0678	Medical Equipment	\$1,000
001-0401-621-0204	AIDS Coordinator	\$3,098
001-0401-621-0301	Benefits	\$ 302
001-0401-305-4701	AIDS Block Grant	(\$3,400)
001-0401-305-5213	Immunization Program	(\$1,300)

Justification: Dollar amounts originally budgeted were based on projected contract amounts. The actual contract funded by the State is more than initially anticipated. Budget changes need to be made to reflect the increase in funding for HIV Testing.

Department Head Signature:  Date: 5/13/96

Approved By: Res. No. 96-255 Clerk: ms Date: 6-4-96
Administrator: _____ Date: _____
Auditor:  Date: 5/12/96

AUDITOR'S USE ONLY:

Description: _____ Transfer No.: _____
_____ B.R. No.: _____