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

Recommend resolution authorizing Health Officer to sign state Standard Agreement #96-26008 for provision of Public Health Services. For many years now, the County of Mariposa has contracted with the State for the provision of public health services. Specifically, public health nursing personnel, environmental health specialists personnel, laboratory services, and administrative services are provided via this contract. It is significant to note that payment for this contract comes from "realignment" funds which are provided to the County from the State and the formula within the contract (see Article V, Section A1) puts the State at risk, not the County: if the funds provided under "realignment" from vehicle license fees and State sales taxes fall short of projections, the County is not required to make up the difference.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Similar contracts have been signed over multiple past fiscal years, most recently by Resolution 96-146.

The Board signed a Letter of Intent committing to this arrangement (Resolution #96-145).

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Failure to sign this agreement may put the County in a position of having the fiscal responsibility of the agreement anyway because of its previous commitment on the Letter of Intent. This issue could be researched by County Counsel if the Board wishes.

2. Other direction to staff.

<table>
<thead>
<tr>
<th>COSTS:</th>
<th>( ) Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Budgeted current FY</td>
<td>$ 263,953</td>
</tr>
<tr>
<td>B. Total anticipated costs</td>
<td>$ 267,564</td>
</tr>
<tr>
<td>C. Required additional funding</td>
<td>$ 3,611</td>
</tr>
<tr>
<td>D. Internal transfers</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOURCE:</th>
<th>(X) 4/5ths Vote Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Unanticipated revenues</td>
<td>$ 3,611</td>
</tr>
<tr>
<td>B. Reserve for contingencies</td>
<td>$</td>
</tr>
<tr>
<td>C. Source description: Realignment</td>
<td></td>
</tr>
</tbody>
</table>

Balance in Reserve for Contingencies, if approved: $ ____________

CLERK’S USE ONLY:

Res. No.: 96-193  Ord. No.  
Vote - Ayes: 5  Noes:  
Absent:  
Denied:  
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:  MARIE 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:  

Action Form Revised 5/92
DEPT/DIV: Public Health  CONTACT: Charles B. Mosher, M.D., Health Officer

DATE: December 3, 1996  PHONE: (209) 966-3689

ACTIONS 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.

<table>
<thead>
<tr>
<th>FUND/DEPT/ACCT NO</th>
<th>LINE ITEM DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-0401-305-4703</td>
<td>Health Realignment</td>
<td>($3,611)</td>
</tr>
<tr>
<td>001-0401-621-0204</td>
<td>LHS State Contract</td>
<td>$3,611</td>
</tr>
</tbody>
</table>

Justification: The State has projected an increase in Realignment revenues for Mariposa County. There is an equivalent increase in State staff costs.

Department Head Signature: ___________________________ Date: 11/9/96

Approved By: Res. No. 493  Clerk: __________________ Date: 12-3-96
Administrator: ___________________________ Date: __________________
Auditor: ___________________________ Date: __________________

AUDITOR'S USE ONLY:

Description: ___________________________ Transfer No.:____________________

B.R.No.: ___________________________