

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 Chair to sign Standard Agreement for Maternal-Child Health (MCH) Grant for Fiscal Year 1995-1996 in the amount of \$53,090. It is the Health Officer's assessment that this program will continue to fill one of our County's major Public Health needs at no financial cost to County. This program will also continue work already begun by the Perinatal Coordinating Council; it will endeavor to assure that all mothers and children have access to quality maternal and child health services; it will help to prevent certain kinds of birth defects and childhood learning problems, and in so doing, may decrease the enormous cost to taxpayers of caring for such children. All women of childbearing age, infants, children and adolescents are eligible.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Resolution 94-395 authorized the contract for Maternal-Child Health Grant for Fiscal Year 1994-95.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Fund the Maternal Child Health Program from County General Funds.
2. Discontinue the Maternal Child Health Program and return funds to the State.

COSTS: () Not Applicable

A. Budgeted current FY	\$ 53,090
B. Total anticipated costs	\$ 53,090
C. Required additional funding	_____
D. Internal transfers	_____

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.: 95-339 Ord. No. _____

Vote - Ayes: 5 Nays: _____

Approved: _____ Abstained: _____

Minute Order Attached () Denied _____

_____ 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

Comment: _____

A.O. Initials: CB

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