

DEPARTMENT: Public Health BY: Charles B. Mosher, M.D., Health Officer 966-3689
PHONE: _____
RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No X)

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 (AIDS) in the amount of \$7,200, for AIDS Testing in the amount of \$1,200, and for immunization in the amount of \$6,522, for Fiscal Year 1993/1994. Resolution appropriating \$1,237 in unanticipated revenue for immunization activities. The immunization funds are to be used to improve public immunization, clinic accessibility and increase immunization levels of preschool-age children in Mariposa County. The State CDHS was late in preparing these documents and in an effort to save time the Local Assistance Block Grant, AIDS Testing funds, and Immunization funds were combined into one contract.
Recommend resolution transferring \$700 from Services and Supplies to Fixed Assets to purchase a typewriter for the AIDS Coordinator.

BOARD AND HISTORY OF BOARD ACTIONS:

The Board authorized a similar Agreement for Fiscal Year 1992-1993 on September 14, 1993, Res. No. 93-483.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

- 1. Do not accept the grant and curtail the AIDS program.
- 2. Accept the grant, but return the immunization funds to the State.

COSTS: () Not Applicable

A. Budgeted current FY	\$ 13,685
B. Total anticipated costs	\$ 14,922
C. Required additional funding	\$ 1,237
D. Internal transfers	\$ _____

SOURCE: (X) 4/5ths Vote Required

A. Unanticipated revenues	\$ 1,237
B. Reserve for contingencies	\$ _____
C. Source description: <u>State Grant</u>	_____
Balance in Reserve for Contingencies, if approved: \$ _____	_____

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

CLERK'S USE ONLY:
Res. No.: 94-207 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____ Abstained: _____
mw 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]

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

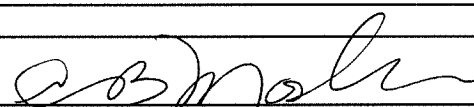
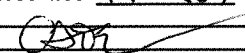
DATE: JUNE 14, 1994 ~~May 24,~~ PHONE: (209) 966-3689

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>
001-6201-305-5213	Immunization Program	\$1,237
	Unanticipated Revenues	(\$1,237)
	Unanticipated Revenues	\$1,237
001-0401-621-0203	Clinic Extra Help	\$1,135
001-0401-621-0301	Benefits	\$ 102
001-0401-621-0439	SP/DP AIDS	(\$ 700)
001-0401-621-0679	Typewriter	\$ 700

Justification: The amount requested in the original budget was based on last years AIDS Block/Immunization Grant amount. The above amount is the additional allocation of State funds that we will receive for this grant. This Budget adjustment is necessary to fully expend the available grant funding during the current fiscal year.
Due to increased activity in the AIDS Program, the AIDS Coordinator will need a typewriter.

Department Head Signature:  Date: 5/15/94
 Approved By: Res. No. 94-207 Clerk: mw Date: 6-14-94
 Administrator: _____ Date: _____
 Auditor:  Date: 5-18-94

AUDITOR'S USE ONLY:
 Description: _____ Transfer No.: _____
 _____ B.R. No.: _____