

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 the Comprehensive Plan (Health Education funds and Perinatal matching funds) for Fiscal Years 1994-1996.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board previously approved the Application for the Health Education funds and Perinatal matching funds for Fiscal Years 1994-1995 and 1995-1996 on 8/23/94, Res. No. 94-365.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. County Would need to find an alternative source of matching funds for the Perinatal Program.
2. One full time and one part time position in the Health Education Program (entire staff) would be lost.

COSTS: ( ) Not Applicable

A. Budgeted current FY	\$ 259,799
B. Total anticipated costs	\$ 259,799
C. Required additional funding	\$ 0
D. Internal transfers	\$

SOURCE: ( ) 4/5ths Vote Required

A. Unanticipated revenues	\$
B. Reserve for contingencies	\$
C. Source description: Prop 99 Funds & Rollover	
Balance in Reserve for Contingencies,	
if approved: \$	

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

CLERK'S USE ONLY: 94-406

Res. No.:	94-406	Ord. No.:	_____
Vote - Ayes:	_____	Woes:	_____
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

Comment: \_\_\_\_\_

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

A.O. Initials: CP