

1 MARIPOSA COUNTY RESOLUTION No. 81-172

2 A RESOLUTION APPROPRIATING MATCHING FUNDS  
3 FOR AMBULANCE GRANT APPLICATION

4 THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY, a political sub-  
5 division of the State of California, hereby resolves as follows:

6 WHEREAS, Chapter 1351 of the Statutes of 1980 (AB 3245) pro-  
7 vides funding for capital improvements available to County Govern-  
8 ments; and

9 WHEREAS, Mariposa County is in urgent need of an additional  
10 ambulance to add to the health and emergency services presently  
11 available within the County;

12 NOW THEREFORE BE IT RESOLVED by the Board of Supervisors of  
13 Mariposa County that the Grant Proposal for AB 3245 financial  
14 assistance is approved as amended, and is authorized for submission  
15 to the Department of Health Services of the State of California.

16 BE IT FURTHER RESOLVED that an appropriation is hereby made  
17 and authorized from General Contingency in the amount of TWENTY  
18 THOUSAND DOLLARS (\$20,000.00) to be deposited into the Ambulance  
19 Fund, a fund hereby authorized and established by direction to the  
20 Auditor and the Treasurer of Mariposa County, contingent upon the  
21 following:

22 1. The receipt of the grant funds from the State of  
23 California in the amount of TWENTY THOUSAND DOLLARS  
24 (\$20,000.00);

25 2. The receipt of the matching funds in the amount of  
26 TWENTY THOUSAND DOLLARS (\$20,000.00) from the John C.  
27 Fremont Hospital District within fiscal year 1981-1982,  
28 and prior to the expenditure of any funds from the Ambu-

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lance Fund.

RESOLVED FURTHER that it is the intent of the Board of Supervisors that this project for the purchase of an ambulance and equipment shall be completed prior to the end of Fiscal Year 1981-1982.

RESOLVED FURTHER that the Vice-Chairman is authorized to sign the Grant Proposal and Application.

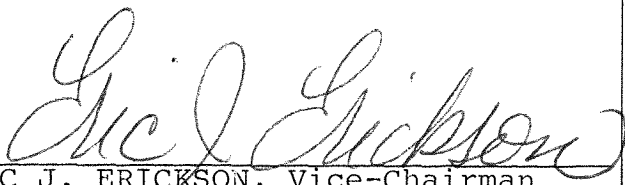
PASSED AND ADOPTED this 8th day of September, 1981, by the Board of Supervisors of Mariposa County, by the following vote:

AYES: Erickson, Taber, Barrick and Dalton


NOES: None

ABSENT: Moffitt

ABSTAINED: None

  
ERIC J. ERICKSON, Vice-Chairman

ATTEST:

  
ELLEN BRONSON, County Clerk and  
Ex Officio Clerk of the Board

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY:

  
RICHARD K. DENHALTER, County Counsel  
9/10/81

COVER SHEET

CAPITAL IMPROVEMENTS OF COUNTY HEALTH FACILITIES

*File proposal under Hospital District in file*

1. The attached proposal is for the County of Mariposa, Mariposa, CA
2. Contact Person Barbara P. Saye/County Auditor  
T. W. Yates, Hospital Administrator Phone 986-5719  
986-3631  
Address Barbara Saye/P.O. Box 156, Mariposa; Yates/5189 Hospital Rd., Mariposa  
95338
3. Name and location of facility or project site John C. Fremont Hospital  
5189 Hospital Rd., Mariposa, CA 95338-0216
4. Type of facility:  Hospital  Public Health  Freestanding Clinic  
 Other (Specify New Ambulance to be owned by Mariposa County and to be operated by the hospital.)
5. Owner (if different from county) Mariposa County/Legal Owner; John C. Fremont Hospital  
Registered Owner
6. Type of project (check one which describes primary type of project):  
 New Construction  Renovation  Equipment Purchase/Replacement
7. Purpose of project:
  - a.  To meet statutory/regulatory requirements (complete for existing structures only - check one)  
 Safety/Fire Standards  Other (Specify)  
 Licensing/Certification Standards
  - b.  To improve service delivery (check one which best describes purpose of project)
    1.  Outpatient and Public Health (Check all that apply)
      - Community Health
      - Emergency/Disaster
      - Maternal/Child/Family Health
      - Environmental
      - Communicable/Chronic Disease
      - Laboratory
      - Elderly
      - Dental
      - Other (Specify Care)
    2.  Inpatient (Check all that apply)
      - Basic
      - Supplemental/Special Permit
      - Skilled Nursing
      - Other (Specify Ambulance Transfer)
    3.  Administrative & Support Services
8. Project Summary - Attach One Paragraph Description of Proposed Project.
9. Total estimated project cost \$40,000.00  
(i.e., amount listed in column 1, line L on Proposed Project Budget form)
10. Amount of AB 3245 funds requested \$20,000 Method of funding:  Grant  Loan  
(check only one)
11. Total amount of county appropriation available for project expenditure during the period 11/2/81 - 6/30/82 \$20,000.00
12. Expected project commencement date 11-4-81
13. Expected project completion date 2-4-81 or 3 months from commencement date.
14. County project proposal priority number 1  
(for counties submitting more than one project application)
15. Certification: applicant hereby affirms that the statements herein are true and complete to the applicant's knowledge.

*McJ. Erickson*

Chairperson  
Board of Supervisors  
(Or Duly Authorized Representative)

*Sept 10, 1981*  
Date