

DEPARTMENT: Public Health BY: Charles B. Mosher, M.D., MPH, Health Officer
PHONE: (209) 966-3689

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend Resolution authorizing Chair to apply for Certified Unified Program Agency (CUPA) reimbursement funds and sign Disbursement Worksheet for Rural CUPA reimbursement funds for Fiscal Year 2006-2007 and authorizing the Health Officer to submit and sign additional documents to secure funding as necessary.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Resolution #01-194 authorized the Chair of the Board of Supervisors to inform Cal-EPA that Mariposa County intended to apply to become a CUPA.

On November 27, 2001, Resolution #01-328 authorized the Chair to sign and the Health Department to submit the initial application for CUPA reimbursement funds.

This application provides reimbursement funding to assist with costs associated with Health Programs in Rural communities. Mariposa County, pursuant to subdivision (d) of Section 25404.8 California Health and Safety Code (HSC), is eligible for an allocation of up to \$60,000 with a 25% match. Fees have been established and are collected from affected agencies to provide the required matching funds.

It was discussed with the Business community and decided that they would prefer local regulation.

Mariposa County has applied, at the County's direction, for reimbursement each year since the initial application date.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Increase fees to local agencies.
2. Authorize the Health Officer to apply and sign Disbursement Worksheet.
3. Should the County decide to discontinue the CUPA program it is likely the State will take over.

Financial Impact? Yes No Current FY Cost: \$80,000.00 Annual Recurring Cost: \$80,000
 Budgeted In Current FY? Yes No Partially Funded N/A
 Amount in Budget: \$80,000 List Attachments, number pages consecutively
 Additional Funding Needed: \$0 Disbursement Worksheet for Rural CUPA Reimbursement Funds Fiscal Year 2006-2007
 Source:
 Internal Transfer _____
 Unanticipated Revenue _____ 4/5's vote
 Transfer Between Funds _____ 4/5's vote
 Contingency _____ 4/5's vote
 General Other _____

CLERK'S USE ONLY:

Res. No.: 06-409 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____
 Approved
 Minute Order Attached No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:

_____ Requested Action Recommended
 _____ No Opinion
 Comments:

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

CAO: 