

DEPARTMENT: HEALTH

BY: C. B. MOSHER, MD, MPH, H.O.
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RECOMMENDED ACTION AND JUSTIFICATION:

Recommend resolution authorizing Chair to sign State Standard Agreement for AIDS Prevention Program, Fiscal Years 2005-2006 and 2006-2007.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The State has unilaterally decided to reduce grant amounts for AIDS Education and Prevention in small jurisdictions and rural areas where the prevalence of AIDS is low. The Mariposa County Health Officer, and other Health Officers as well, expressed opposition to this plan since prevention and education of AIDS has nothing to do with treating AIDS and, therefore, the number of cases in a jurisdiction does not dictate the educational prevention needs of a jurisdiction. However, we lost that argument.

Therefore, this amended contract for the next two fiscal years represents a significant decrease in the grant amount, a situation the Health Department is handling by not filling the AIDS Coordinator position recently vacated through retirement.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Refuse to participate in the contract with the State at all (not recommended because these grant funds continue to help provide Public Health Nursing services).

Financial Impact? () Yes () No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? () Yes () No () Partially Funded		
Amount in Budget: \$		List Attachments, number pages consecutively
Additional Funding Needed: \$		MOU
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.: 05-183 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: RW