

DEPARTMENT: HEALTH

BY: C. B. MOSHER, MD, MPH, H.O.
PHONE: 966-3689

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend resolution authorizing Chair to sign 2009-10 Centers for Disease Control and Prevention (CDC) Public Health Emergency Response (PHER) Phase III Agreement (\$126,617). Also authorize chair to sign other documents to secure funding as delineated within the agreement. *approve Budget action increasing Revenue & appropriation in the PHER Fund & transferring funds to the Health operating Budget.*

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Activities are in accordance with the CDC 2009-10 Program Guidance Public Health Emergency Response plan. This year the CDC and HPP programs include three phases of H1N1 Program activities, with funding for two phases included in Agreement Number EPO 09-22, Resolution No. 09-505, approved on October 20, 2009.

As always, the Health Officer has implemented the program such that it will maximally benefit citizens doing day-to-day operations, not just extreme or unusual emergency circumstances.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. The budgeted program will either need County General Funds or will not be funded.
2. Staff will be lost.
3. Local response to Pandemic Influenza (H1N1) may not be adequate to address local community needs.

Financial Impact? (X) Yes () No	Current FY Cost: \$ 126,617	Annual Recurring Cost: \$0
Budgeted In Current FY? (X) Yes () No () Partially Funded		
Amount in Budget:	\$0	List Attachments, number pages consecutively
Additional Funding Needed:	\$126,617	Budget Action Form
Source:		CDC PHER Phase III Agreement
Internal Transfer		Exhibit A, B, B Attachment 1, C, D(F), E
Unanticipated Revenue	X 4/5's vote	
Transfer Between Funds	4/5's vote	
Contingency	4/5's vote	
() General () Other		

CLERK'S USE ONLY:

Res. No.: 09-580 Ord. No. _____
Vote - Ayes 5 Noes: _____
Absent: _____
Amey 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: *MB*

