

DEPARTMENT:  
Public Health

BY:  
C. B. Mosher, MD, Health Officer

PHONE:  
966-3689

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend authorization to appropriate the County funds, which will be returned on a fee for service basis.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

State and Federal Health Officials have now changed the recommended vaccination schedule from one shot to two for measles protection. However, State funding is inadequate to provide enough vaccine. We can charge for vaccine through our CHDP Program and cover its cost.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

We would need to send people seeking the second shot to private physicians, but the financial barriers means many children would not obtain the vaccination.

**COSTS:** ( ) Not Applicable  
A. Budgeted current FY \$ 0  
B. Total anticipated costs \$ \$241.11  
C. Required Add'l funding \$             
D. Source: CHDP State fees for services

**SPECIAL INSTRUCTIONS:**  
List the attachments and number the pages consecutively:  
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**SOURCE:** (X) 4/5ths Vote Required  
A. Internal transfers \$             
B. Unanticipated revenues \$             
C. Reserve for contingency \$             
D. Description: CHDP State fees for services  
Balance in Reserve for Contingencies, if approved: \$           

**CLERK'S USE ONLY:**  
Res. No.: 90-125  
Ord. No.:             
Vote - Ayes: 5 Noes:             
Absent:            Abstained:             
*(mw)* Approved ( ) Denied  
( ) Minute Order Attached

**ADMINISTRATIVE OFFICER'S RECOMMENDATION:**  
This item on agenda as:  
 Recommended  
 Not Recommended  
 For Policy Determination  
 Submitted with Comment  
 Returned for Further Action

The foregoing instrument is a correct copy of the original on file in this office.  
Date:             
ATTEST: MARGIE WILLIAMS  
Clerk of the Board of Supervisors  
County of Mariposa, State of CA  
By:             
Deputy

Comment:             
\_\_\_\_\_  
\_\_\_\_\_  
A.O. Initials: *JRM*  
*by mw*

MARIPOSA COUNTY  
BOARD OF SUPERVISORS

BUDGET  
ACTION FORM

RES. NO. 90-175

BE IT RESOLVED by the Board of Supervisors of Mariposa County, a political subdivision of the State of California, that pursuant to the provisions of the Government Code of the State of California, Sections 29120 et seq., the following APPROPRIATIONS and/or TRANSFERS within the Budget of the County of Mariposa are hereby adopted:

APPROPRIATIONS (4/5ths Vote Required)

<u>Department</u>	<u>Item</u>	<u>Account No.</u>	<u>Amount</u>
Fm: Public Health	Unanticipated Revenue	019-800-5-314	\$241.11
To:	General Contingency	019-103-6-000	\$241.11
Fm:	General Contingency	019-103-6-000	\$241.11
To: Health Department	Medical Supplies	019-450-2-140	\$241.11

TRANSFERS (3/5ths Vote Required)

<u>Department</u>	<u>Item</u>	<u>Account No.</u>	<u>Amount</u>
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