DEPARTMENT: Human Services / Social Services  BY: James Rydingsword
PHONE: (209) 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully recommended that your Board authorize the Department to amend the contract with Edna Terrell for consulting services for Human Services Programs.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Mrs. Terrell is currently under contract with the Mariposa Department of Human Services to assist in system improvement efforts. She brings a wealth of knowledge and experience which support these endeavors. We are pleased with services to date which have assisted staff in providing better client services.

The term of the original contract is July 1, 2009 through June 30, 2010. The amendment will increase the not to exceed amount from $25,000 or 500 hours, to $45,000 or 900 hours for this fiscal year.

FINANCIAL

The attached budget action form redistributes the Social Services budget unit 001-0501 expense lines to allow for this contract amendment. There is no impact to the general fund.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

<table>
<thead>
<tr>
<th>Financial Impact?</th>
<th>(X) Yes</th>
<th>( ) No</th>
<th>Current FY Cost: $25,000</th>
<th>Annual Recurring Cost: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budgeted In 2009/10 FY?</td>
<td>( ) Yes</td>
<td>(X) No</td>
<td>Partially Funded</td>
<td></td>
</tr>
<tr>
<td>Amount in Budget:</td>
<td>$25,000</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Additional Funding Needed:</td>
<td>$20,000</td>
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</table>

Source:
- Internal Transfer
- Unanticipated Revenue
- Transfer Between Funds
- Contingency
- ( ) General
- ( ) Other

CLERK'S USE ONLY:

Rea. No.:   Ord. No.:   Vote – Ayes:   Noes:   Absent:

( ) Minute Order Attached   ( ) No Action Necessary

Approved

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

COUNTY ADMINISTRATIVE OFFICER:

( ) Requested Action Recommended
( ) No Opinion

Comments:

______________________________
______________________________
______________________________
______________________________
______________________________

CAO: ___________________

Revised Dec. 2002
# BUDGET ACTION FORM

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEP/DIV</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>PROJECT</th>
<th>INCREASE</th>
<th>DECREASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>0501</td>
<td>661.0418</td>
<td>Professional Services</td>
<td>20,000</td>
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<tr>
<td>001</td>
<td>0501</td>
<td>661.0437</td>
<td>Purchased Services</td>
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<td>20,000</td>
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**TOTALS**

<table>
<thead>
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## TRANSFER BETWEEN FUNDS

<table>
<thead>
<tr>
<th>DEBIT</th>
<th>CREDIT</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**TOTALS**

## ACTION REQUESTED:

- ( ) Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget, or transferring appropriation from Contingencies
- (x) Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit;

**JUSTIFICATION** Increase per contract amendment.

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**DEPT HEAD SIGNATURE**

**DATE** 12-6-09

**APPROVED BY RES NO.**

**CLERK**

**DATE**

**DEPARTMENT** Human Services

**AUDITOR'S USE ONLY**

**BA #**

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Budget Revision Form Revised 07/2000