RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully requested that your Board approve the attached budget transfers.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Please see attachment.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Please see attachment.

<table>
<thead>
<tr>
<th>Financial Impact?</th>
<th>Yes</th>
<th>No</th>
<th>Current FY Cost: $</th>
<th>Annual Recurring Cost: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budgeted In Current FY?</td>
<td>Yes</td>
<td>No</td>
<td>Partially Funded</td>
<td></td>
</tr>
<tr>
<td>Amount in Budget:</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Funding Needed:</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Transfer</td>
<td>4/5's vote</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unanticipated Revenue</td>
<td>4/5's vote</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer Between Funds</td>
<td>4/5's vote</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contingency</td>
<td>4/5's vote</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) General</td>
<td>( ) Other</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

CLERK'S USE ONLY:

Res. No.: 65-2007 Ord. No. ________

Vote - Ayes: 5 Noes: ________

Absent: ________

( ) Approved

( ) Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

Date:

Attest: MARGIE WILLIAMS, Clerk of the Board
Count of Mariposa, State of California

By: Deputy

COUNTY ADMINISTRATIVE OFFICER:

( ) Requested Action Recommended

( ) No Opinion

Comments:

________

Revised Dec. 2002
June 6, 2005

TO: Members, Board of Supervisor
Rich Inman, CAO
FROM: Cheryle Rutherford-Kelly
RE: Year End Budget Transfers

Recommendation

It is respectfully requested that your Board approve the attached budget transfers.

Background/Current Situation

Mariposa County assumed direct responsibility for the operations of Mental Health and Alcohol & Drug Services in June of 2004. At that time, three budget units were developed rather quickly for inclusion in the county’s budget process. After almost one complete year of operation it has become evident that some transfers in the Mental Health budget unit will need to be made to complete the fiscal year. The attached budget action form details the transfers necessary to cover costs through the fiscal year end.

Our fiscal staff, in conjunction with the Auditor, have done a very good job in terms of fiscal operations. For that reason, the changes that must be requested of your Board are minor.

Financial

The budget transfers in the Mental Health budget unit, 001-0402, total $13,700. These transfers are accomplished through redistribution of existing line item amounts. No general fund money is required.
**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>
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</thead>
<tbody>
<tr>
<td>001</td>
<td>0402-622</td>
<td>04-17</td>
<td>Office Expense</td>
<td>MH120</td>
<td>1,200</td>
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<tr>
<td>001</td>
<td>0402-622</td>
<td>04-19</td>
<td>Medical Fees</td>
<td>MH120</td>
<td>5,000</td>
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<tr>
<td>001</td>
<td>0402-622</td>
<td>04-23</td>
<td>Contract Services - Transport</td>
<td>MH120</td>
<td>500</td>
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<tr>
<td>001</td>
<td>0402-622</td>
<td>04-38</td>
<td>Board &amp; Care</td>
<td>MH120</td>
<td>7,000</td>
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<tr>
<td>001</td>
<td>0402-622</td>
<td>04-34</td>
<td>Misc Day Treatment</td>
<td>MH120</td>
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<td>13,700</td>
</tr>
</tbody>
</table>

**TOTALS** 13,700 13,700

**TRANSFER BETWEEN FUNDS**

<table>
<thead>
<tr>
<th></th>
<th>DEBIT</th>
<th>CREDIT</th>
</tr>
</thead>
</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.

- **☒** 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**

Additional transfers necessary to cover costs through year end

**DEPT HEAD SIGNATURE** [Signature]

**APPROVED BY RES NO.** 05.202 CLERK [Signature] 6-21-05

**AUDITOR'S USE ONLY**

**BA #**

Budget Revision Form Revised 07/2000