DEPARTMENT: Fire Protection

BY: Blaine Shultz, Fire Chief
PHONE: 209-966-4330

RECOMMENDED ACTION AND JUSTIFICATION:
Accept an increase of $5604 for the Emergency Planning Grant and allocate the funds to the Extra Help line item. 001-228-542.02-01.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Emergency Management Planning Grant is an annual grant to assist the County in preparation of the Emergency Plan. The base amount is $16,808 with the increase now totals $22584. The grant match is considered "soft" and is made up by existing salaries of the permanent staff in the department.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Not approve the increase and forgo this opportunity.

Financial Impact? ( ) Yes (x) No Current FY Cost: $ 
Annual Recurring Cost: $ 
Budgeted In Current FY? ( ) Yes (x) No ( ) Partially Funded 
Amount in Budget: $16808 
Additional Funding Needed: $0- 
Source: 
Internal Transfer 
Unanticipated Revenue 5604 4/5's vote x 
Transfer Between Funds 
Contingency 4/5's vote 
( ) General ( ) Other 

CLERK’S USE ONLY:
Res. No.: 03-405 Ord. No. ______
Vote – Ayes: S 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
County of Mariposa, State of California

By: ______________
Deputy

COUNTY ADMINISTRATIVE OFFICER:
Requested Action Recommended 
\(\checkmark\) No Opinion
Comments:

CAO: ______________

Revised Dec. 2002
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**TRANSFER BETWEEN FUNDS**

**TOTALS**

**ACTION REQUESTED:** (CHECK ALL THAT APPLY)

[X] Budget appropriation by Board of Supervisors (4/5ths Vote Required): Ammending the total amount available in the county budget, or in any fund of the budget, or appropriating Reserve for 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:**
Increase in Emergency Management Planning Grant. Allocated to extra help for plan completion

**DEPT HEAD SIGNATURE:** [Signature]
**DATE:** 11/4/03

**APPROVED BY RES NO:** [Signature] [Name]
**DATE:** 11/18/03

**AUDITORS USE ONLY**

**BA#**

**FIRE**