DEPARTMENT: Human Services

RECOMMENDED ACTION AND JUSTIFICATION:
It is respectfully requested that your board authorize the transfer of $10,000 within the social services budget from building maintenance, line 001-0501-661.0413, to equipment under $1,000, line 001-0501-661.0480, to cover to cost of shelving

BACKGROUND AND HISTORY OF BOARD ACTIONS:

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Financial Impact? (X) Yes ( ) No Current FY Cost: $35,000
Budgeted In Current FY? (X) Yes ( ) No ( ) Partially Funded
Amount in Budget: $35,000
Additional Funding Needed: $10,000
Source:
Internal Transfer
Unanticipated Revenue
Transfer Between Funds
Contingency
( ) General ( ) Other

Annual Recurring Cost: $10,000

List Attachments, number pages consecutively
Budget Action Form

CLERK'S USE ONLY:
Res. No.: 20-96
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
County of Mariposa, State of California

COUNTY ADMINISTRATIVE OFFICER:
Requested Action Recommended
No Opinion
Comments:

CAO: ______

By: ________________________________
Deputy
## BUDGET ACTION FORM

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEP/DIV</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>PROJECT</th>
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<td>001</td>
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<td>0413</td>
<td>BUILDING MAINTENANCE</td>
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<td>001</td>
<td>0501-661</td>
<td>0480</td>
<td>EQUIP UNDER $1,000</td>
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<td>001</td>
<td>0104</td>
<td>414-1090</td>
<td>GENERAL CONTINGENCY</td>
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**TOTALS**  

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## TRANSFER BETWEEN FUNDS

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**TOTALS**  

|         | 0 | 0 |

**ACTION REQUESTED:** (Check all that apply)

- 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 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**  

To cover the cost of shelving for file storage.

**DEPT HEAD SIGNATURE**

[Signature]

**DATE**

[Date]

**APPROVED BY RES NO**

[Signature]

**CLERK**

[Signature]

**DATE**

[Date]

**AUDITOR'S USE ONLY**

BA #