MARIPosa COUNTY
DEPARTMENT OF HUMAN SERVICES
BY: Cheryle Rutherford-Kelly

RECOMMENDED ACTION AND JUSTIFICATION: POLICY ITEM: YES ( ) NO (X )
It is respectfully recommended that your Board approve the transfer of $1,500.00 in the Mental Health
budget from Equipment under $1,000 budget line 001-0402-622.0480 to Fixed assets budget line 001-
0402-622.0642, to purchase a computer system.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The department budgeted $6,100 for equipment under $1,000. The existing computer has outlived its
usefulness and requires replacement. The purchase is over $1,000 and is considered to be a fixed asset.
Therefore, we are requesting a simple transfer.

FINANCIAL:
This is a simple line item transfer. No local dollars are involved.

******************************************************************************************
COSTS: ( ) Not Applicable
A. Budgeted CURRENT FY$________________
B. Total anticipated costs $______________
C. Required add'l funding $______________
D. Internal transfers $ 1,500
   SOURCE: ( ) 4/5's vote required
   ( ) Reserve for Contingencies $______________
   ( ) Source description:
   Balance in Reserve for Contingencies, if approved: $______________

******************************************************************************************
CLERK'S USE ONLY:
Resolution No.: 02-163
Ordinance No.: ___________________________
Vote: Ayes: ___ Noes: ___
Absent:___ Abstain:___
Approved ( ) Denied
( ) Minute Order attached.
( ) No Action Necessary.
The foregoing instrument is a correct copy of the original
on file in this office.
Date: ___________________________

MARGIE WILLIAMS
Clerk of the Board,
County of Mariposa,
State of California

BY: ___________________________
Deputy

******************************************************************************************
ADMINISTRATIVE OFFICER'S
RECOMMENDATION:
This item on Agenda as:
___Recommended ___Returned for further action
___Not recommended ___Submitted w/ comment
___Policy determination

Comment: The existing computer is 7 yrs. old and does not have the ability to
run advanced software programs.

A.O. Initials: ________
### 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>0402</td>
<td>622-0642</td>
<td>Computer Equipment</td>
<td></td>
<td>1,500</td>
<td></td>
</tr>
<tr>
<td>001</td>
<td>0402</td>
<td>622-0480</td>
<td>Equipment Under $1,000</td>
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<td></td>
<td>1,500</td>
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</tbody>
</table>

**TOTALS**: 1,500 1,500

### TRANSFER BETWEEN FUNDS

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

**TOTALS**: 

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 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: To purchase computer system to replace old computer system that does not function as needed.

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**DEPT HEAD SIGNATURE**

**APPROVED BY RES NO.** 02-163  
**CLERK**  [Signature]  
**DATE** 5-21-02

**AUDITOR'S USE ONLY**  
**BA #**  

Budget Revision Form Revised 07/2000