RECOMMENDED ACTION AND JUSTIFICATION:

POLICY ITEM: YES ( ) NO ( X )

It is recommended that your Board transfer funds from Contract Administrator’s Salary to Extra Help to cover costs of temporary help until the Contract Administrator position is filled.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Contract Administrator position was recently re-established, advertised and a hiring list is being developed. We anticipate filling this position in late January or early February. Until that time we have an extra help person interviewing clients and doing data entry. This transfer is necessary to cover wages of the extra help person.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

- Do not transfer funds – End contract with extra help person leaving program uncovered until Contract Administrator hired.
- Transfer a portion of funds – This would limit days and/or hours of extra help limiting program services provided through Community Action programs.

COSTS: ( ) Not Applicable

A. Budgeted CURRENT FY $ __________
B. Total anticipated costs $ __________
C. Required add’l funding $ __________
D. Internal transfers $ 6,000

SOURCE: ( ) 4/5’s vote required

A. Unanticipated revenues $ __________
B. Reserve for Contingencies $ __________
C. Source description: ________________________________

Balance in Reserve for Contingencies, if approved: $ __________

SPECIAL INSTRUCTIONS:

List the attachments and number pages accordingly:

Budget Action Form

CLERK’S USE ONLY:

Resolution No.: 9-5
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: ________________________________

A.O. Initials: ____________________________________________
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**TRANSFER BETWEEN FUNDS**

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<td><strong>TOTALS</strong></td>
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**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**

Transfer funds from Contract Administrator's salary to Extra Help to cover costs of temporary help until the Contract Administrator position is filled.

**DEPT HEAD SIGNATURE**

**DATE**

**APPROVED BY RES NO.**

**CLERK**

**DATE**

**AUDITOR'S USE ONLY**

BA #

Budget Revision Form Revised 04/98