RECOMMENDED ACTION AND JUSTIFICATION:  (Policy Item: Yes ___ No ___)

Approve Intrabudget Transfers for the Fire Department ($3,000), Social Services ($15,000), and Community Services Block Grant ($4,500).

Fire Department: Appropriations to purchase the back-boards using the Office of Traffic Safety grant money were budgeted in the incorrect account (Equipment Under $1,000). The appropriations should have been budgeted in Small Tools.

Social Services: Because of the reorganization in Child Protective Services it is anticipated that there will be an increase in expenditures for direct support of at-risk children and their families. Funds are available in the Mental Health/Substance Abuse account due to a decrease in state and federal allocations for this program.

Community Services Block Grant: Appropriations should be budgeted in certain expenditure accounts to be consistent when completing State reports. This transfer will move $4,500 from the Professional Services with Public Works account and increase the Materials account by $2,000 and the Labor account by $2,500 thereby providing more consistency with State reports.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has approved similar Intrabudget Transfers in the past.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

<table>
<thead>
<tr>
<th>COSTS:</th>
<th>SPECIAL INSTRUCTIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Budgeted Current FY $22,500</td>
<td>List the attachments and number the pages consecutively:</td>
</tr>
<tr>
<td>B. Total Anticipated Costs $22,500</td>
<td></td>
</tr>
<tr>
<td>C. Required Additional Funding $</td>
<td></td>
</tr>
<tr>
<td>D. Internal Transfers $22,500</td>
<td></td>
</tr>
</tbody>
</table>

SOURCE: (___) 4/5ths Vote Required $

A. Unanticipated Revenues $

B. Reserve for Contingencies $

C. Source Description: Balance in Reserve for Contingencies, if approved.

CLERKS USE ONLY:

Res. No. 01-15 Ord. No. ______

Vote: Ayes: ___ Noes: ___ Absent: ___

Approved: ___ Denied: ___

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

ADMINISTRATIVE OFFICER’S RECOMMENDATION:

This item on agenda as: ___ Recommended, Not Recommended, For Policy Determination, Submitted with Comment, Returned for Further Action

Comment: __________________________

CAO’s Initials: [Signature]
**INTRABUDGET TRANSFER**

**DEPARTMENT:** County Fire

**DATE:** 12-28-00

<table>
<thead>
<tr>
<th>Fund</th>
<th>Dept.</th>
<th>Account</th>
<th>Description</th>
<th>Project</th>
<th>Increase</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>0228</td>
<td>542-0432</td>
<td>Small Tools</td>
<td>CF71</td>
<td>3,000</td>
<td></td>
</tr>
<tr>
<td>001</td>
<td>0228</td>
<td>542-0232</td>
<td>Equip Under $1,000</td>
<td>CF71</td>
<td></td>
<td>3,000</td>
</tr>
</tbody>
</table>

**TOTALS:**

<table>
<thead>
<tr>
<th>Increase</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,000</td>
<td>3,000</td>
</tr>
</tbody>
</table>

**Explanation:**

Housekeeping - OTS grant.

This form is used to transfer amounts within categories (salaries to salaries or services to services) within a budget unit. This can be done at the department level unless the amount exceeds $1,000 in any one line item. Any changes between categories or increases/decreases in the total amount of the budget must be approved by the Board of Supervisors on a Budget Action Form.

**Auditor's Use Only**

Period:  
Year:  
BA#  

Dept. Head Signature:  
Auditor Signature:  
### Intrad Budget Transfer

**Distribution:** SOCIAL SERVICES  
**Date:** 12/14/00  
**Whole Dollars Only**

<table>
<thead>
<tr>
<th>Fund</th>
<th>Dept.</th>
<th>Account</th>
<th>Description</th>
<th>Project</th>
<th>Increase</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>0501</td>
<td>661-0436</td>
<td>CWS/EMERGENCY RESPONSE</td>
<td></td>
<td>15,000</td>
<td></td>
</tr>
<tr>
<td>001</td>
<td>0501</td>
<td>661-0447</td>
<td>SUBSTANCE ABUSE MENTAL HEALTH</td>
<td></td>
<td></td>
<td>15,000</td>
</tr>
</tbody>
</table>

**Totals:** 15,000  

**Explanation:** We are reorganizing our Child Protective Services area and anticipate an increased need for expenditures in direct support of at risk children and their families. Funds are available in Mental Health/Substance Abuse due to a decrease in the State and Federal allocation for these services. There will be no effect on County General Funds from this action.

---

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**Dept. Head Signature:**

**Auditor Signature:**

---

**Auditor's Use Only**

Period:  
Year:  
BA #
**INTRABUDGET TRANSFER**

**Distribution**

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEPT</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>PROJECT</th>
<th>INCREASE</th>
<th>DECREASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>335</td>
<td>0514</td>
<td>941.04-40</td>
<td></td>
<td>H037A</td>
<td>2,000.00</td>
<td></td>
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<tr>
<td>335</td>
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<td>941.04-19</td>
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<td>H037A</td>
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<td>-4,500.00</td>
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<tr>
<td>335</td>
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<td>941.04-35</td>
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<td>H037A</td>
<td>2,500.00</td>
<td></td>
</tr>
</tbody>
</table>

(Whole Dollars Only)

**Period 06**

**Year 00/01**

Transfer funds from PROF SERV/WE/PUBLIC WORKS ($4500) to LABOR ($2,000) and MATERIALS ($2,500) to cover expenses incurred and to use consistent line items for calendar year agreement.

This form is used to transfer budgetary amounts within categories (salaries to salaries or services to services, for example) within a budget unit. This can be done on a departmental level. Any changes between categories or increases or decreases to the budget are to be approved by the Board of Supervisors.

**DATE** 29-Dec-00

DEPARTMENT APPROVAL

**Auditor Approval**

12/29/2000