DEPARTMENT: District Attorney BY: Marita Green, Program Manager PHONE: 966-3400
Family Support Division

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes__ No X__)

AB150, passed by the Legislature and signed by the Governor, requires the return of unexpended and unencumbered excess incentive funds to the Department of Social Services. The funds are currently in the Capital Improvement Fund making it necessary to transfer the funds to the Excess Incentive Trust Fund for remittance to the Department of Social Services. Approval of the Budget Action transferring the funds is requested.

The excess incentive funds were to be used for the renovation of the Evans Building for use by the Family Support Division. A request for funds for the renovation was made to the Department of Social Services and approval has been received.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
A negative action could result in the withholding of advances to fund the child support program.

COSTS:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Budgeted current FY</td>
<td>$</td>
</tr>
<tr>
<td>B. Total anticipated costs</td>
<td>$</td>
</tr>
<tr>
<td>C. Required additional funding</td>
<td>$</td>
</tr>
<tr>
<td>D. Internal transfers</td>
<td>$162,967.49</td>
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</tbody>
</table>

SOURCE:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Unanticipated revenues</td>
<td>$</td>
</tr>
<tr>
<td>B. Reserve for contingencies</td>
<td>$</td>
</tr>
<tr>
<td>C. Source description</td>
<td></td>
</tr>
<tr>
<td>Balance in Reserve for Contingencies, if approved:</td>
<td>$</td>
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</tbody>
</table>

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

1. DSS FSD LTR. 99-18 Pgs. 1-3
2. DSS Temp 2180 Pg. 1
3. DSS Ltr. To Auditor dated 12/30/99 Pg. 1

CLERK’S USE ONLY:

Res. No.: 5-39

Vote - Ayes: 

Abs: 

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

COUNTY ADMINISTRATIVE OFFICER’S RECOMMENDATION:

This item on agenda as:

___ Recommended
___ Not Recommended
___ For Policy Determination
___ Submitted with Comment
___ Returned for Further Action

Comment:

C.A.O. Initials:

Action Form Revised 5/92
**BUDGET ACTION FORM**

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEPT/DIV</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>PROJECT</th>
<th>INCREASE</th>
<th>DECREASE</th>
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<tbody>
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<td>837.0601</td>
<td>DA Family Remodel</td>
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<td>162,967.42</td>
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**TRANSFER BETWEEN FUNDS**

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<th>FUND</th>
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<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>PROJECT</th>
<th>INCREASE</th>
<th>DECREASE</th>
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</thead>
<tbody>
<tr>
<td>567</td>
<td>1367</td>
<td>837.0416</td>
<td>DA Family Remodel</td>
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<td></td>
<td>(162,967.49)</td>
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<tr>
<td>117</td>
<td>0000</td>
<td>227.0000</td>
<td>Child Support Incentive</td>
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<td>162,967.49</td>
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</tbody>
</table>

**TOTALS**

|        |          |         |                  | 162,967.49 | 162,967.49 |

**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

(X ) 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 in order to remit unexpended, unencumbered funds to the Department of Social Services

**DEPT. HEAD SIGNATURE**

(Handwritten signature)

**DATE**

1-11-2000

**APPROVED BY RES. NO.**

08-39 CLERK

**DATE**

1-25-00

AUDITOR'S USE ONLY

BA #