Due to additional workspace needed to accommodate the Statewide Automated System equipment it is necessary to replace one desk in the Family Support Division. It is requested that the Board of Supervisors authorize the Auditor's Office to transfer funds available from the Excess Incentive Trust Account into the budget of the Family Support Division so that the desk may be purchased from fixed assets.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

None

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

The desk needed would not be able to be purchased
**COUNTY OF MARIPOSA**

**BUDGET ACTION FORM**

**DEPT/DIV:** District Attorney/Family Support  
**CONTACT:** Christine Johnson/ Marita Green  
**DATE:** 11/14/95  
**PHONE:** 966-3626 or 966-3400

**ACTION REQUESTED:** (Check All That Apply)

- [X] 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;
- [ ] Transfer by Administrator: Moving existing appropriations within a single budget category between line items (i.e. services and supplies, etc.)
- [ ] Transfer by Auditor: Moving salaries between line items to accommodate variances internal to salaries; OR transfers within the County budget under $50.00 to accommodate minor variations from the budget.

<table>
<thead>
<tr>
<th>FUND/DEPT/ACCT NO.</th>
<th>LINE ITEM DESCRIPTION</th>
<th>AMOUNT (FROM)/TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>117-1100-880.0787</td>
<td>Incentive Trust</td>
<td>($688.08)</td>
</tr>
<tr>
<td>001-0207-309.1600</td>
<td></td>
<td>688.08</td>
</tr>
<tr>
<td>001-0207-309.1600</td>
<td>Transfer - In</td>
<td>688.08</td>
</tr>
<tr>
<td>001-0207-515.0678</td>
<td>Fixed Assets</td>
<td>688.08</td>
</tr>
</tbody>
</table>

Justification: Transfer funds from Incentive Trust into the the Family Support Division budget for purchase of desk.

Department Head Signature: [Signature]  
**Date:** 11-7-95

Approved By: Res. No. 95-483 Clerk: [Signature]  
**Date:** 11.14.95

Auditor's Use Only:

<table>
<thead>
<tr>
<th>Description</th>
<th>Transfer No.</th>
<th>B.R. No.</th>
</tr>
</thead>
</table>

Budget Action Form Revised 5/92