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

Appropriate $2,437.73 in Area 12 Agency on Aging Grant Funds ($1,652.73 in one-time-only funds and $785 in additional Grant Funds) into the Senior Supportive Services Budget. The one-time-only funds are granted only for the purpose of purchasing a VCR and file cabinets for the Senior Supportive Services Division. I am requesting that the $785 be budgeted in the utilities line item.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Board has approved similar actions in the past.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Appropriate the funds.
Do not appropriate the funds and return the money to Area 12 Agency on Aging for granting to another Area 12 provider.
## BUDGET ACTION FORM

**DEPT/DIV:** Senior Supportive Svcs  
**CONTACT:** Jim Eutsler  
**DATE:** June 14, 1994  
**PHONE:** 966-3696

### 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.

### FUND/DEPT/ACCT NO.  |  LINE ITEM DESCRIPTION  |  AMOUNT (FROM)/TO
--- | --- | ---
040-7106-308-2403 | A12AA Grant | (2,437.73)
040-0519-716-1090 | Contingency | 2,437.73
040-0519-716-1090 | Contingency | 2,437.73
040-0519-716-0677 | Fixed Assets (File Cabinets) | 1,439.30
040-0519-716-0417 | Office Expense (VCR) | 213.43
040-0519-716-0460 | Utilities | 785.00

### Justification:

Unanticipated grant funds and one-time-only grant funds for specific purchases.

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**Department Head Signature:**  
**Date:** 6-7-94

**Approved By:** Res. No. 94-224  
**Clerk:**  
**Date:** 6-14-94

**AUDITOR'S USE ONLY:**

**Description:**  
**Transfer No.:**  
**B.R. No.:**  

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Budget Action Form Revised 5/92