Recommend resolution transferring $1,552 from Services and Supplies to Fixed Assets. The LEA program had the opportunity to update a piece of safety equipment, Gas-Pro-Max, this fiscal year which had not initially been included in the proposed expenditures. The Gas-Pro-Max tests for a variety of gasses and will enhance worker safety in confined spaces, such as leachate collection tank, and aid in complying with Subtitle D monitoring requirements. This transfer is needed for auditing purposes.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Board approved the application for the LEA Grant Funds May 25, 1993, Res. No. 93-307.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

NONE
DEPT/DIV: Public Health CONTACT: Charles B. Mosher, M.D., Health Officer

DATE: June 21, 1994 PHONE: (209) 966-3689

ACTIONS REQUESTED: (Check All That Apply)

I. Budget appropriation by Board of Supervisors (2/5ths Vote Required): Amending the total amount available in the County budget, or in any one fund of the budget, or appropriating Reserve for Contingencies.

II. Transfer by Board of Supervisors (2/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit.

III. Transfer by Administrator: Moving existing appropriations within a single budget category between line items (i.e., services and supplies, etc.).

IV. Transfer by Auditor: Moving salaries between line items to accommodate variances internal to salaries; OR transfers within the County budget under $10,000 to accommodate minor variations from the budget.

<table>
<thead>
<tr>
<th>FUND/DEPT/ACCT NO</th>
<th>LINE ITEM DESCRIPTION</th>
<th>(FROM)/TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-0401-621-0445</td>
<td>LEA Supplies</td>
<td>($1,552)</td>
</tr>
<tr>
<td>001-0401-621-0677</td>
<td>LEA Equipment</td>
<td>$1,552</td>
</tr>
</tbody>
</table>

Justification: This line item was overexpended when safety equipment, not included in projected budget for the LEA program was purchased. This transfer is needed for auditing purposes.

Department Head Signature: [Signature] Date: 6/15/94

Approved by: [Signature] Date: 9-24-94
Administrator: [Signature] Date: 6-21-94
Auditor's Use Only:
Description: ____________________________________________
Transfer No.: [Signature] B.B. En.