DEPARTMENT: Public Health  BY: Charles B. Mosher, M.D., Health Officer  PHONE: 966-3689

RECOMMENDED ACTION AND JUSTIFICATION:  (Policy Item: Yes  No  X)  Recommend transfer of funds ($2,900) from Board and Vaccine Fees to SpDP Animal Control. Since Animal Control was taken over by the Constable, the number of dogs and cats impounded and subsequently euthanized, appears to have dramatically increased. There has also been an increase in dogs and cats with litters impounded and euthanized. This transfer is necessary to cover the costs of this program through the end of this Fiscal Year.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board entered into a contract with Dr. Rosebrock for veterinarian professional services and animal impoundment services on July 28, 1992, Res. No. 92-405.

The Board has previously approved a similar transfer for Fiscal Year 1991-1992, Res. No. 92-265.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
1. Appropriate money from General Fund.
2. Do not pay Dr. Rosebrock for veterinary services (possible violation of Contract).

COSTS: ( ) Not Applicable
A. Budgeted current FY  $20,000
B. Total anticipated costs  $22,900
C. Required additional funding  $2,900
D. Internal transfers  

SOURCE:  (X) 4/5ths Vote Required
A. Unanticipated revenues  $2,900
B. Reserve for contingencies  
C. Source description:  Board & Vaccine Fees  

Balance in Reserve for Contingencies, if approved: $  

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

CLERK'S USE ONLY:
Res. No.: 93-355  Ord. No.  
Vote - Ayes: 5  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.

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:
/\ Recommended  
\ Not Recommended  
\ For Policy Determination  
\ Submitted with Comment  
\ Returned for Further Action

Comment:  

ATTEST: MARGIE WILLIAMS, Clerk of the Board  
County of Mariposa, State of California  
By:  
Deputy  
A.O. Initials:  

Action Form Revised 5/92
COUNTY OF MARIPOSA

DEPT/DIV: Public Health  CONTACT: Charles B. Mosher, M.D., Health Officer
DATE: June 8, 1993  PHONE: (209) 966-3689

ACTION REQUESTED: (Check All That Apply)

(XX) 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>001-800-7-314</td>
<td>Pound Fees</td>
<td>($1,500)</td>
</tr>
<tr>
<td>001-800-7-321</td>
<td>Board and Vaccine Fees</td>
<td>($1,400)</td>
</tr>
<tr>
<td>001-103-6-000</td>
<td>Reserve for Contingency</td>
<td>$2,900</td>
</tr>
<tr>
<td>001-103-6-000</td>
<td>Reserve for Contingency</td>
<td>($2,900)</td>
</tr>
<tr>
<td>001-450-2-230</td>
<td>SpDp/ Animal Control</td>
<td>$2,900</td>
</tr>
</tbody>
</table>

Justification: Funds in this line item are insufficient to continue implementing the Contract between the County of Mariposa and Dr. Rosebrock, Mariposa Veterinary Service, through the end of Fiscal Year 1992-1993. The above revenues are collected from dog and cat owners for services provided to their pets (impounded by the Constable) by Dr. Rosebrock. This transfer will allow payment of an additional $2,900.

Department Head Signature: [Signature] Date: 5-30-93

Approved By: Res. No. 93-355 Clerk: [Signature] Date: 6-22-93

Administrator: [Signature] Date: 
Auditor: [Signature] Date:

AUDITOR'S USE ONLY:

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

Budget Action Form Revised 5/92