

DEPARTMENT: HUMAN SERVICES

BY: TOM ARCHER

PHONE: 966-2131

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

That the Board approve a budget transfer for Foster Care.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Please see attached Fund Transfer and Budget Analysis.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

We could not continue foster care for children in placement.

COSTS: () Not Applicable
A. Budgeted current FY \$ _____
B. Total anticipated costs \$ _____
C. Required Add'l funding \$ _____
D. Source: _____

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

Executive Summary Pages 1-5
Budget Action Form

SOURCE: () 4/5ths Vote Required
A. Internal transfers \$180,000
B. Unanticipated revenues \$ _____
C. Reserve for contingency \$ _____
D. Description: _____
Balance in Reserve for Contingencies,
if approved: \$ _____

CLERK'S USE ONLY:

Res. No.: 92-287
Ord. No.: _____
Vote - Ayes: 5 Noes: _____
Absent: _____ Abstained: _____
MW Approved () Denied
() Minute Order Attached

**ADMINISTRATIVE OFFICER'S
RECOMMENDATION:**

This item on agenda as:

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

Comment: Require Declaration
Of Fiscal Emergency

A.O. Initials: [Signature]

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____
ATTEST: MARGIE WILLIAMS
Clerk of the Board of Supervisors
County of Mariposa, State of CA
By: _____
Deputy

BE IT RESOLVED by the Board of Supervisors of Mariposa County, a political subdivision of the State of California, that pursuant to the provisions of the Government Code of the State of California, Sections 29120 et seq., the following APPROPRIATIONS and/or TRANSFERS within the Budget of the County of Mariposa are hereby adopted:

<u>Department</u>	<u>APPROPRIATIONS (4/5ths Vote Required)</u> <u>Item</u>	<u>Account No.</u>	<u>Amount</u>
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<u>Department</u>	<u>TRANSFERS (3/5ths Vote Required)</u> <u>Item</u>	<u>Account No.</u>	<u>Amount</u>
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FROM: Human Services	AFDC/U	001-491-3-710	\$180,000.00
TO: Human Services	AFDC/FC	001-491-3-720	\$180,000.00