MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA ACTION FORM

DATE: June 23, 1992

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

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

Recommend resolution transferring $3,000 from Tobacco Extra Help to Sp/Dp Tobacco Cessation Services and Supplies. Payment of invoices from activities and events of Fiscal Year 1991-1992 will require this transfer from personnel/extra help.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Board previously approved both the tobacco cessation total budget and the magnet event "Breathe Easy Walk".

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:


COSTS: ( ) Not Applicable
A. Budgeted current FY $3,000.00
B. Total anticipated costs $3,000.00
C. Required Add'l funding $ 0
D. Source: Tobacco Funds

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

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

CLERK'S USE ONLY:
Res. No.: 92-354
Ord. No.:
Vote - Ayes: 4 Noes:
Absent: Abstained: 0
( ) Approved ( ) Denied
( ) Minute Order Attached

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

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:

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

Comment: 

A.O. Initials:

Action Form Revised 12/89
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:

<table>
<thead>
<tr>
<th>Department</th>
<th>Item</th>
<th>Account No.</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>APPROPRIATIONS (4/5ths Vote Required)</td>
<td></td>
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<tbody>
<tr>
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<td>TRANSFERS (3/5ths Vote Required)</td>
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<tr>
<td>From: Public Health</td>
<td>Tobacco Extra Help</td>
<td>001-450-1-104</td>
<td>$3,000.00</td>
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<tr>
<td>To: Public Health</td>
<td>Sp/Dp Tobacco Cessation</td>
<td>001-450-2-234</td>
<td>$3,000.00</td>
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</tbody>
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