

DEPARTMENT:

BY:

PHONE:

Public Health

C.B. Mosher, MD, Health Officer

966-3689

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend resolution authorizing the transfer of \$1,500 within Health Department budget. During budget preparation, we requested \$5,000 in travel funds for field work. Only \$3,500 was appropriated. We have funds available in the line item "vehicle" which can be transferred to provide adequate money for field travel.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

N/A

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Appropriate \$1,500 to travel from Reserve for Contingencies.
2. Order all field work at the Health Department to cease this date.

COSTS: ( ) Not Applicable

A. Budgeted current FY \$ 3,500

B. Total anticipated costs \$ 5,000

C. Required Add'l funding \$ 1,500

D. Source: Transfer within budget

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

SOURCE: ( ) 4/5ths Vote Required

A. Internal transfers \$ 1,500

B. Unanticipated revenues \$

C. Reserve for contingency \$

D. Description:

Balance in Reserve for Contingencies, if approved: \$

CLERK'S USE ONLY:

Res. No.: 91-7

Ord. No.:

Vote - Ayes: 5 Noes:

Absent: Abstained:

( ) 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

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

Comment:

A.O. Initials: *JWM / Mym*

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:

Department                      APPROPRIATIONS (4/5ths Vote Required)  
Item                                      Account No.                      Amount

Department                      TRANSFERS (3/5ths Vote Required)  
Item                                      Account No.                      Amount

From: Public Health	Vehicle	001-450-4-374	\$1,500
To : Public Health	Travel	001-450-2-250	\$1,500