

SR. SUPPORTIVE &
DEPARTMENT: NUTRITION SVCS. BY: JIM D. EUTSLER

PHONE: 966-5315

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

RECOMMEND THE BOARD ACCEPT THE ADDITIONAL FUNDS WITH THE ATTACHED APPROPRIATIONS & TRANSFERS.

PLEASE NOTE THAT THE AMOUNT OF CHANGE IN THE AWARD LETTERS DIFFER FROM THE TRANSFER AMOUNTS. THIS IS BECAUSE THE ORIGINAL GRANTS WERE REDUCED EARLY IN THE FISCAL YEAR (GRAHAM-RUDMAN); THEREFORE, THE "CURRENT GRANT AMOUNT" ON THE AWARD LETTERS ARE LESS THAN THE GRANT AMOUNT ADOPTED BY THE BOARD IN THE FY1990-91 COUNTY BUDGET.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

BOARD HAS ACCEPTED THESE FUNDS IN THE PAST.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. ACCEPT THE FUNDS TO BE APPLIED TOWARD THE OPERATING BUDGETS OF THE SENIOR SUPPORTIVE AND NUTRITION OPERATING BUDGETS.
2. DECLINE AND ADVISE AL2AA TO GIVE THE FUNDS TO ONE OR MORE OF THE OTHER COUNTIES IN PUBLIC SERVICE AREA 12 (PSA12).

COSTS: (X) 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:
 1. BUDGET ACTION FORM (SENIOR SUPPORTIVE SERVICES).
 2. BUDGET ACTION FROM (SENIOR NUTRITION SERVICES)
 3. GRANT INCREASE LETTER (TITLE IIIB)
 4. GRANT INCREASE LETTER (TITLE IIIC-1/2)

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

CLERK'S USE ONLY:
 Res. No.: 91-139
 Ord. No.: _____
 Vote - Ayes: 4 Noes: _____
 Absent: Radanovic 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: JDM/
bjmw

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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:

APPROPRIATIONS (4/5ths Vote Required)

	<u>Department</u>	<u>Item</u>	<u>Account No.</u>	<u>Amount</u>	
FROM:	SENIOR SUPPORTIVE SERVICES	CONTINGENCY	040-100-6-000	\$751	
TO:	"	"	INSURANCE	040-100-2-100	659
	"	"	OFFICE EXPENSE	040-100-2-170	92

TRANSFERS (3/5ths Vote Required)

	<u>Department</u>	<u>Item</u>	<u>Account No.</u>	<u>Amount</u>	
FROM:	SENIOR SUPPORTIVE SERVICES	UNANTICIPATED REVENUES	040-800-8-240	\$751	
TO:	"	"	CONTINGENCY	040-800-6-000	751

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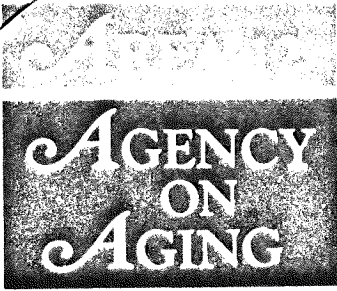
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APPROPRIATIONS (4/5ths Vote Required)

	<u>Department</u>	<u>Item</u>	<u>Account No.</u>	<u>Amount</u>
FROM:	SENIOR NUTRI- TION SERVICES	CONTINGENCY	050-100-6-000	\$1,305
TO:	" "	INSURANCE	050-100-2-100	723
	" "	PROFESSIONAL SERVICES	050-100-2-181	582

TRANSFERS (3/5ths Vote Required)

	<u>Department</u>	<u>Item</u>	<u>Account No.</u>	<u>Amount</u>
FROM:	SENIOR NUTRI- TION SERVICES	UNANTICIPATED REVENUES	050-800-8-050	\$1,305
TO:	" "	CONTINGENCY	050-100-6-000	1,305



A Joint Powers Agency serving the counties of:
Alpine • Amador • Calaveras • Mariposa • Tuolumne

March 8, 1991

TO: All Service Providers
FROM: Sherri Tucker, A12AA Fiscal Manager
SUBJECT: Budget Revision and Review

Final budget revisions for all programs are due in our office on April 12, 1991. Some programs have just received an increase in funding which is stated below along with an analysis of your expenditures and revenues reported to January, 1991. I have tried to identify areas in which you may wish to consider adjusting your projected budgeted amounts. Keep in mind that we are striving to stay within 10% of each line item and some of your programs are clearly not within those guidelines. Regardless of whether your current budgeted amounts are realistic, if your funding amount changed, we will need a budget revision either increasing program costs or decreasing matching cash in order to bring your required grant amount to the current adjusted amount.

Program: Mariposa County IIIB #1003

<u>Funding</u>	<u>Current Grant Amount</u>	<u>Adjusted Amount</u>	<u>Change</u>
<u>IIIB</u>	<u>\$19,497</u>	<u>\$20,705</u>	<u>+\$1,208</u>

Budget Analysis: Expenditures

Personnel 4% under
Travel/Training 15% under
Other costs 1% over
(Primarily utilities)

Budget Analysis: Revenue

Income 36% over budget allowing cash match to be reduced

Analysis: Program/Meal Count

Housing 10% over budgeted federal funds earned

If you need assistance with completing a budget revision, please be sure to contact me as soon as possible to schedule an appointment.

Enclosure
56 North Washington Street • Sonoma, CA 95370 • (209) 532-6272



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Program: Mariposa County C1/C2 #1018

<u>Funding</u>	<u>Current Grant Amount</u>	<u>Adjusted Amount</u>	<u>Change</u>
<u>C1</u>	<u>\$24,516</u>	<u>\$25,685</u>	<u>+\$1,169</u>
<u>C2</u>	<u>\$15,026</u>	<u>\$15,621</u>	<u>+\$ 595</u>

Budget Analysis: Expenditures

Personnel	in line	Food-Supplies	11-12% under
Travel/Training	28% under	Food-Raw	3-6% under
Equipment	none budgeted	Other costs	5% over-C2 (Primarily utilities)

Budget Analysis: Revenues

Donations earned to date are slightly down to correspond with meals served. C2 donation rate is averaging \$1.30 compared to \$1.39 budgeted.

Analysis: Program/Meal Count

Current meal levels: C1 6,816 57%/budget (-1%)
C2 3,516 52%/budget (-6%)