

MARIPOSA COUNTY AGENDA DATE: 4-16-91
BOARD OF SUPERVISORS ACTION FORM AGENDA ITEM NO.: 6-B
DEPARTMENT: Human Services BY: Wm. L'Heureux PHONE: 966-3609
Social Services Div.

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

I recommend the Board transfer funds within the Social Services Division from GAIN Special Departments to GAIN Transportation and Child Care program line items.

Transportation and child care costs have exceeded our original budget projections. We have ceased taking registrants into the program. As a result of the decrease in participants, we have under-expended in contracted services allowing funds to cover costs in transportation and child care.

These transfers within the county budget are necessary to meet changes in program expenditures and ensure that we do not over-expend Mariposa County's allocation for the GAIN Program.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Transportation and child care costs have exceeded our original budget estimates. Due to a lawsuit in California, we cannot set a limit on transportation costs claimed per participant (we must pay the same rate as reimbursement to County employees). Mariposa County is not unique in this situation. The only way available to control transportation and child care reimbursement costs in GAIN is to limit the number of participants in the program. Resolution #91-37 approved our reduction plan which was implemented November 1, 1990. Resolution #90-594 approved a previous transfer for the same reasons.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Failure to properly align revenues may result in audit exceptions.

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:

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.: 91-153

Ord. No.: _____

Vote - Ayes: 4 Noes: _____

Absent: Radamovic Abstained: _____

MW 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:

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

Comment: _____

A.O. Initials: [Signature]

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>
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TRANSFER (3/5ths Vote Required)

<u>Department</u>	<u>Item</u>	<u>Account No.</u>	<u>Amount</u>
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FROM:

Social Services	SD/Job Club	001-490-2-234	\$12,125
	SD/Assessment	001-490-2-236	5,500
	SD/Other Job Search	001-490-2-237	3,950
	SD/Job Training	001-490-2-238	9,000

TO:

Social Services	Transportation/GAIN	001-491-3-760	\$25,075
	Child Care/GAIN	001-491-3-761	5,500