

DEPARTMENT: Public Health BY: C. B. Mosher, MD, Health Officer PHONE: 966-3689
RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No x)

Recommend resolution authorizing transfer of funds from RHS/Unallocated/FY89-90 to Health Department Ambulance line item. This money is from Prop 99 funds and is available to the County for ambulance service.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board previously directed the Health Officer to budget this "Unallocated" RHS money for ambulance.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Return this money to the State; cover the loss via General Fund.

COSTS: () Not Applicable
A. Budgeted current FY \$ 4,901.00
B. Total anticipated costs \$ 4,901.00
C. Required Add'l funding \$ _____
D. Source: _____

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

SOURCE: (X) 4/5ths Vote Required
A. Internal transfers \$ 4,901.00
B. Unanticipated revenues \$ _____
C. Reserve for contingency \$ _____
D. Description: _____
Balance in Reserve for Contingencies, if approved: \$ _____

CLERK'S USE ONLY:
Res. No.: 91-126
Ord. No.: _____
Vote - Ayes: 5 Noes: _____
Absent: _____ Abstained: _____
knw 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: JW m
by knw

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>
From:	Other Revenue	001-800-8-301	\$4,901.00
To :	General Contingency	001-103-6-000	\$4,901.00
From:	General Contingency	001-103-6-000	\$4,901.00
To : Public Health	Ambulance Service	001-450-2-238	\$4,901.00

<u>Department</u>	<u>TRANSFERS (3/5ths Vote Required)</u> <u>Item</u>	<u>Account No.</u>	<u>Amount</u>
From: Health Department	RHS/Unallocated/89-90	178-100-2-502	\$4,901.00
To :	Other Revenue	001-800-8-301	\$4,901.00