

DEPARTMENT: Probation

BY: James Moffett

PHONE: 966-3612

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes: \_\_\_ No: XX)  
Approve transfer of \$2,750 from Salary budget line to Support and Care (\$2,500) and Office Expense (\$250). Action needed due to increase in Juvenile Hall and temporary foster home usage. Office Expense request relates to unforeseen charge for fingerprint processing (one time) of all staff for criminal records information usage.

BACKGROUND AND HISTORY OF BOARD ACTIONS: In-house Criminal Record Information System (computerized) requires fingerprinting of all staff. Initial one-time expense was not anticipated in 90/91 budget. Replacing broken chair in office also depleted Office Expense line. Increasing juvenile hall usage along with temporary foster care placement has depleted Support and Care funds.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Billings for care of juveniles will go unpaid without Board action. Board could appropriate additional county funds to augment Support and Care line.

COSTS: ( ) Not Applicable  
A. Budgeted current FY \$ \_\_\_\_\_  
B. Total anticipated costs \$ 2750.00  
C. Required Add'l funding \$ \_\_\_\_\_  
D. Source: \_\_\_\_\_

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

\_\_\_\_\_  
Budget Action Form  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOURCE: ( ) 4/5ths Vote Required  
A. Internal transfers \$ 2750.00  
B. Unanticipated revenues \$ \_\_\_\_\_  
C. Reserve for contingency \$ \_\_\_\_\_  
D. Description: \_\_\_\_\_  
Balance in Reserve for Contingencies, if approved: \$ \_\_\_\_\_

CLERK'S USE ONLY:

Res. No.: 91-251  
Ord. No.: \_\_\_\_\_  
Vote - Ayes: 5 Noes: \_\_\_\_\_  
Absent: \_\_\_\_\_ Abstained: \_\_\_\_\_  
How 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: [Signature]

**MARIPOSA COUNTY  
BOARD OF SUPERVISORS**

**BUDGET  
ACTION FORM**

**RES. NO. 91-251**

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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**TRANSFERS (3/5ths Vote Required)**

<u>Department</u>	<u>Item</u>	<u>Account No.</u>	<u>Amount</u>
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FROM:			
Probation	Salary	001-340-1-003	\$2,750.00
TO:			
Probation	Support & Care	001-340-3-400	2,500.00
Probation	Office Expense	001-340-2-170	250.00