

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: JUNE 25, 1991
AGENDA ITEM NO: RP 2

DEPARTMENT: SHERIFF

BY: ROD SINCLAIR

PHONE: 966-3614

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___ No_XX)

APPROVE THE TRANSFER OF FUNDS. THE INITIAL BUDGET WAS REDUCED WITH THE HOP OF LESS NEED. UNFORTUNATELY, THIS WAS TOO OPTIMISTIC. EMPLOYEE TURNOVER REQUIRED THE EXPENDITURES.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

THE BOARD HAS APPROVED SIMILAR REQUESTS ON A CASE BY CASE BASIS.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

NONE. DO NOT MEET FINANCIAL OBLIGATIONS

COSTS: () Not Applicable

- A. Budgeted current FY \$ 2,000
- B. Total anticipated costs \$ 3,500
- C. Requires add'l funding \$ 1,500
- D. Source: INTERNAL TRANSFERS

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 Contingency if approved: \$ _____

CLERK'S USE ONLY:

Res. No.: 91-284

Ord. No.: _____

Vote: Ayes: 5 Noes: _____

Absent: _____ Abstained: _____

Approved () Denied

() Minute Order Attached

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____

ATTEST: MARGIE WILLIAMS

County of Mariposa, State of Ca.

By: _____

Deputy

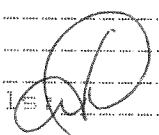
ADMINISTRATIVE OFFICER'S

RECOMMENDATION:

This item on the agenda as:

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

Comment: _____

A. O. Initials: 

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</u> <u>Item</u>	(4/5ths Vote Required) <u>Account No.</u>	<u>Amount</u>
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<u>Department</u>	<u>TRANSFERS</u> (3/5ths Vote Required) <u>Item</u>	<u>Account No.</u>	<u>Amount</u>
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FROM:			
JAIL	PROF SERVICES	001-350-2180	\$1,500.00
TO:			
SHERIFF	PERSONNEL SEL	001-310-2236	\$1,500.00