

DEPARTMENT: Administration BY: John W. McCamman PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes\_\_\_ No\_x\_)  
Resolution Adopting the 1991/92 Fiscal Year Budget and Authorizing  
Certain Actions in Order to Implement the Budget

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

The Board of Supervisors amended and approved the 1991/92 proposed budget after appropriate public hearings and scheduled adoption of the final budget of the County on September 10, 1991. This resolution adopts the budget and provides direction to the County Auditor to allow for cash flow financing of capital projects from the General Fund and related reserve funds, authorizes transfer of funds for salaries and benefits in implementing the M.O.U.'s when adopted by the Board, authorizes transfer of budgeted benefits and directs distribution of plant acquisition funds to new capital program funds. The resolution further sets the delinquency rate for FY 1991/92 at 5% for secured property and 0% for unsecured property.

**LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

1. Do not adopt the attached resolution. The Auditor will not have the direction and authority of the Board to implement final budget for fiscal year 1991/92.

**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:  
Attached Resolution

**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.: 91-432  
Ord. No.: \_\_\_\_\_  
Vote - Ayes: 4 Noes: Taber  
Absent: \_\_\_\_\_ 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: [Signature]