RECOMMENDED ACTION AND JUSTIFICATION:  (Policy Item: Yes   No x)

That the Board of Supervisors approve resolution transferring funds for a fixed asset expenditure within the Division of Alcohol and Drug Programs as follows:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AMOUNT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer System</td>
<td>$2,100</td>
<td></td>
</tr>
</tbody>
</table>

The State has approved a request to purchase a computer system with 1991-92 funds remaining in the Comprehensive Perinatal Plan D-RFP-3.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board approved the request to purchase this computer system on November 5, 1991 by Resolution No. 91-532.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Available line item fund balance may not be spent and the county will lose out on an opportunity to upgrade its information management systems.

<table>
<thead>
<tr>
<th>COSTS: ( ) Not Applicable</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Budgeted current FY</td>
<td>$2,100</td>
<td></td>
</tr>
<tr>
<td>B. Total anticipated costs</td>
<td>$2,100</td>
<td></td>
</tr>
<tr>
<td>C. Required Add'l funding</td>
<td>$   -0-</td>
<td></td>
</tr>
<tr>
<td>D. Source: State</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPECIAL INSTRUCTIONS:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>List the attachments and number the pages consecutively:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOURCE: ( ) 4/5ths Vote Required</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Internal transfers</td>
<td>$</td>
</tr>
<tr>
<td>B. Unanticipated revenues</td>
<td>$</td>
</tr>
<tr>
<td>C. Reserve for contingency</td>
<td>$</td>
</tr>
<tr>
<td>D. Description:</td>
<td></td>
</tr>
<tr>
<td>Balance in Reserve for Contingencies, if approved: $</td>
<td></td>
</tr>
</tbody>
</table>

CLERK'S USE ONLY:
Res. No.: 91-541
Ord. No.: 541
Vote - Ayes: 3  Noes: 0
Absent: 0  Abstained: 0
( ) 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:

Action Form Revised 12/89
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)

<table>
<thead>
<tr>
<th>Department</th>
<th>Item</th>
<th>Account No.</th>
<th>Amount</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Department</th>
<th>Item FROM:</th>
<th>Account No.</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services</td>
<td>HS-MH Perinatal</td>
<td>001-470-2-233</td>
<td>$2,100.</td>
</tr>
<tr>
<td></td>
<td>Fixed Assets - Computer System</td>
<td>001-470-4-372</td>
<td>$2,100.</td>
</tr>
</tbody>
</table>
MARIPOSA COUNTY

ENDA TRANSMITTAL FORM

Instructions: Please fill in all blanks applicable for your agenda item. Items requiring staff review must be submitted to the appropriate staff on the Thursday before the Wednesday of agenda deadline. Incomplete material will be returned. Submit the original of the Transmittal and Action forms to the Board Clerk, along with the original and eleven copies, 3-hole punched, of any supporting documents.

AGENDA OF (Date): November 12, 1991

DEPARTMENT: Human Services

BY: Tom Archer

APPROVED BY DEPT. HEAD:

AGENDA TITLE: Resolution transferring funds for a fixed asset expenditure within the Division of Alcohol and Drug Programs in the anticipated cost of $2100. for fiscal year 1991-92 for the Comprehensive Perinatal Plan D-RFP-3.

Policy Item: Yes  No  X  (For Action Agenda of___________)

4/5ths Vote Required: Yes  No

AGENDIZE AS:

Routine Agenda: X

Information:

Attention:

Timed:

IF TIMED:

( ) Public Hearing at:

( ) Public Input Anticipated

( ) Indicate Time Required:

STAFF REVIEW REQUIRED:

ROUTE:

APPROVED AS TO FORM

REMARKS:

County Counsel

Auditor

Personnel

Purchasing

Other

SPECIAL INSTRUCTIONS TO CLERK:

Rush! Need to have signed documents by:

Legal publication required. (This is responsibility of submitting department.)

Other (i.e., need cert. resolutions, and/or signed contracts)
You want us to send copy of Action to:

CLERK'S USE ONLY:

RECEIVED:

11-6-91

By:

11-6-91

AGENDIZED FOR: 11-12-91

Agenda Item No.: 9999

Routine Agenda: X

Information

Attention

Timed at:

Trans. Form Revised 12/89