RECOMMENDED ACTION AND JUSTIFICATION: Request Contingency Funds to cover incorrect estimated cost for reimbursement of meals in the Restaurant Meals program and other end of the year adjustments for the amount of $1,549.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Board has historically approved appropriation from Contingency Funds to insure adequate funding of program.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION: Result in a reduction of 310 Restaurant meals.

Financial Impact? (X) Yes ( ) No Current FY Cost: $ Annual Recurring Cost: $ 
Budgeted In Current FY? (X) Yes ( ) No ( ) Partially Funded
Amount in Budget: $ ____________________________ 
Additional Funding Needed: $ 1,594 ____________________

Source: 
Internal Transfer
Unanticipated Revenue ______ 4/5's vote
Transfer Between Funds ______ 4/5's vote
Contingency ______ 4/5's vote
( X ) General ( ) Other

CLERK’S USE ONLY:
Res. No.: 57-192 Ord. No. ______
Vote – Ayes: ______ Noes: ______
Absent: ________
Approved
( ) Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.
Date: ______________
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: ________________________________
Deputy

COUNTY ADMINISTRATIVE OFFICER:
( ) Requested Action Recommended
( ) No Opinion
Comments:

Approved: [Signature]

Revised Dec. 2002
## BUDGET ACTION FORM

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEP/DIV</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>PROJECT</th>
<th>INCREASE</th>
<th>DECREASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>342</td>
<td>0520</td>
<td>717.04-31</td>
<td>Rents</td>
<td></td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>342</td>
<td>0520</td>
<td>717.04-33</td>
<td>Voucher Reimbursement</td>
<td></td>
<td>1,550</td>
<td></td>
</tr>
<tr>
<td>342</td>
<td>0520</td>
<td>717.04-60</td>
<td>Utilities</td>
<td></td>
<td></td>
<td>300</td>
</tr>
<tr>
<td>342</td>
<td>0520</td>
<td>309.16-00</td>
<td>Transfers In</td>
<td></td>
<td></td>
<td>(1,294)</td>
</tr>
<tr>
<td>001</td>
<td>0161</td>
<td>427.07-57</td>
<td>Sen Nutrition Contrib</td>
<td></td>
<td>1,294</td>
<td></td>
</tr>
<tr>
<td>001</td>
<td>0104</td>
<td>414.10-90</td>
<td>Contingency</td>
<td></td>
<td></td>
<td>1,294</td>
</tr>
</tbody>
</table>

**TOTALS** 1,594 1,594

### TRANSFER BETWEEN FUNDS

<table>
<thead>
<tr>
<th>DEBIT</th>
<th>CREDIT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTALS** 0 0

**ACTION REQUESTED:** (Check all that apply)

- Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget, or transferring appropriation from Contingencies.

- Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit.

To appropriate funds designated for Equipment Replacement for purchase of ADA equipped van.

---

**DEPT HEAD SIGNATURE**

Mary E. Williams

**DATE** 4-19-07

**APPROVED BY RES NO.** 07-192

**CLERK**

**DATE** 5-8-07

**SENIOR NUTRITION DEPARTMENT**

AUDITOR'S USE ONLY

BA #

Budget Revision Form Revised 07/2000