DEPARTMENT: Sheriff
BY: Brian Muller
PHONE: 966-3615

RECOMMENDED ACTION AND JUSTIFICATION: Request approval to make $50,000 budget transfer from the “Jail Officer Salary” account to “Jail - Medical & Laboratory” account.

The Sheriff’s Office Adult Detention Facility Medical and Laboratory expenses have exceeded the amount budgeted for fiscal year 2006-2007. The dramatic increase in medical costs are directly related to:

1. The sustained average daily inmate population at or near maximum capacity.
2. An increased number of inmates with significant medical problems requiring specialized care.
3. A significant increase in the number of inmates prescribed psychiatric medications.

Before any future medical bills can be processed, a transfer of funds must be made to the Jail Medical and Laboratory account. The average cost for medical services over the last three months has been over $20,000 per month. There currently exists in excess of $50,000 in savings in the “Jail Officer Salary” account, which can be transferred to the Medical and Laboratory account.

The Sheriff’s Office is requesting approval to transfer $50,000 from the “Jail Officer Salary” account (Account #001-0220-531.01-75) to the “Jail - Medical & Laboratory” account (Account #001-0220-531.04-14).

BACKGROUND AND HISTORY OF BOARD ACTIONS: None

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION: By disallowing the transfer of funds, the money will have to come out of the general fund.

Financial Impact? ☑ Yes
Budgeted In Current FY? ( ) Yes ( ) No (X) Partially Funded
Amount in Budget: $ 20,000
Additional Funding Needed: $ 50,000
Source:
Internal Transfer
Unanticipated Revenue
Transfer Between Funds
Contingency
( ) General ( ) Other

Annual Recurring Cost: $0

See attached Budget Action Form

CLERK’S USE ONLY:
Res. No.: 309
Vote – Ayes: 5 Noes: 0
Absent: 0
Adopted: Yes
( ) 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 ADMINISTRATIVE OFFICER:
☑ Requested Action Recommended
No Opinion
Comments:

County of Mariposa, State of California
By: __________
Deputy

CAO: __________
# 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>
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<tbody>
<tr>
<td>001</td>
<td>0220</td>
<td>531.01-75</td>
<td>Jail Officer Salary</td>
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<td>001</td>
<td>0220</td>
<td>531.04-14</td>
<td>Jail - Medical &amp; Laboratory</td>
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<td>1090</td>
<td>GENERAL CONTINGENCY</td>
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**TOTALS** 50,000 50,000

## TRANSFER BETWEEN FUNDS

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<tr>
<th>TRANSFER FROM</th>
<th>TRANSFER TO</th>
<th>DEBIT</th>
<th>CREDIT</th>
</tr>
</thead>
</table>

**TOTALS**

### ACTION REQUESTED:

( ) 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

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

### JUSTIFICATION

Medical expenses have exceeded the amount budgeted for fiscal year.

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DEPT HEAD SIGNATURE [Signature]

DATE 5-16-07

APPROVED BY RES NO. 07-229 CLERK [Signature]

DATE 6-5-07

DEPARTMENT: Sheriff's Office

AUDITOR'S USE ONLY

BA #

Budget Revision Form Revised 07/2000