

DEPARTMENT: Human Services/BHRS

BY: Cheryle Rutherford-Kelly
PHONE: 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully requested that your Board approve a budget action to fund appropriate budget lines within the Designated Buddy Fund (352) and transfer to First 5 Commission (Fund 850).

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Please see attached.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Please see attached.

Financial Impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Current FY Cost: \$ 1,597	Annual Recurring Cost: \$
Budgeted In Current FY?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partially Funded	
Amount in Budget:	<u>\$ 1,597</u>		List attachments, numbered pages consecutively.	
Additional Funding Needed:	<u>\$ 0</u>		Board Memo, pg. 1	
Source:			Budget Action Form, pg. 2	
Internal Transfer	_____		_____	
Unanticipated Revenue	_____ 4/5's vote		_____	
Transfer Between Funds	<input checked="" type="checkbox"/> 4/5's vote		_____	
Contingency	_____ 4/5's vote		_____	
() General () Other	_____		_____	

CLERK'S USE ONLY:

Res. No.: 07-349 Ord. No. _____
 Vote - Ayes: 4 Noes: _____
 Absent: Tumpin
 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:

CAO: [Signature]



**MARIPOSA COUNTY
HUMAN SERVICES DEPARTMENT**

P.O. Box 99 • Mariposa, CA 95338 • (209) 966-2000 • Fax (209) 966-8251

Behavioral Health and Recovery Services • Community Action • Housing Authority • Public Guardian/Conservator • Social Services
CHERYLE RUTHERFORD-KELLY, MSW, DIRECTOR

August 21, 2007

TO: Members, Board of Supervisor
Rick Benson, CAO
FROM: Cheryle Rutherford-Kelly
RE: Designated Buddy

Recommendation

It is respectfully requested that your Board approve a budget action to fund appropriate budget lines within the Designated Buddy Fund (352) and transfer to First 5 Commission (Fund 850).

Background/Current Situation

The Designated Buddy program accepted a grant from the First 5 Commission per your resolution 04-420 in the amount of \$5,000. The Department has purchased adequate supplies to continue to get the word out to create/maintain an awareness to prevent child drownings. As of June 30, 2007 the Designated Buddy Fund 352, contains unspent grant funding in the amount of \$1,596.51. The grantor, First 5 Commission, has requested that all unspent funds be returned to them at the end of fiscal year 2006-2007.

The attached budget action form funds the necessary transfer accounts and returns the unspent funds to First 5.

Financial

The budget action will move unspent grant money within fund 352 to a transfer out line, 352-0505-665.0880, and complete the transfer to First 5 fund 850-1601-305.1100. There is no impact to county general fund dollars.

BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
352	0505-665	0406	Communications			70.60
		0417	Office Supplies			59.92
		0471	Copier Expense			190.00
		0480	Equipment			495.99
		0488	Fuel			100.00
		0490	Training			680.00
		0787	Transfer Out - Fund 850		1,596.51	
TOTALS					1,596.51	1,596.51

TRANSFER BETWEEN FUNDS				DEBIT	CREDIT
352	0505-665	0787	Transfer out - Fund 850	1,596.51	
850	1601-309	1600	Transfer In - Fund 352		1,596.51
TOTALS				1,596.51	1,596.51

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;

JUSTIFICATION Return of unspent grant funding.

DEPT HEAD SIGNATURE _____

DATE _____

APPROVED BY RES NO. **07-399**

CLERK **mmj**

DATE **8-21-07**

DEPARTMENT Human Services

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AUDITOR'S USE ONLY BA #
