DEPARTMENT: Human Services/BHRS

RECOMMENDED ACTION AND JUSTIFICATION:
It is respectfully requested that your Board approve the attached budget transfer for the Social Services budget unit within the Human Services Department.

($) 500

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Please see attached.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Please see attached.

Financial Impact? ☑ Yes ( ) No  Current FY Cost: $9,499  Annual Recurring Cost: $
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded
Amount in Budget: $7,999
Additional Funding Needed: $1,500

Source:
Internal Transfer ☑
Unanticipated Revenue ☑  4/5’s vote
Transfer Between Funds ☑  4/5’s vote
Contingency ☑  4/5’s vote
General ( ) Other

CLERK’S USE ONLY:
Res. No. 50-488  Ord. No. _____
Vote – Ayes: 7  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:

CAO: 

Revised Dec. 2002
August 21, 2007

TO: Members, Board of Supervisor
Rick Benson, CAO
FROM: Cheryle Rutherford-Kelly
RE: Human Services Department/Social Services Division Year End Budget Transfer

Recommendation

It is respectfully requested that your Board approve the attached budget transfer for the Social Services budget unit within the Human Services Department.

Background/Current Situation

The attached budget action form reflects the necessary redistribution of budgeted funds to cover the unanticipated increase in Statewide Automated Welfare System Maintenance and Operations. The invoice received in July, 2007 for June, 2007 services was more than budgeted due to a higher than anticipated increase in costs from the State. The department under spent in maintenance of buildings. Therefore, there is money to pay for the increase in the automated system. Your Board typically approves these transfers to allow the departments to keep budget units in balance.

Financial

The budget transfer total for the unit 001-0501 is $1,500. This transfer is accomplished through redistribution of existing line item amounts. No general funds are required.
## 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>
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</thead>
<tbody>
<tr>
<td>001</td>
<td>0501-661</td>
<td>0412</td>
<td>Equipment Maintenance</td>
<td></td>
<td></td>
<td>1,500</td>
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<tr>
<td>001</td>
<td>0501-661</td>
<td>0413</td>
<td>Building Maintenance</td>
<td></td>
<td></td>
<td>1,500</td>
</tr>
</tbody>
</table>

**TOTALS**  1,500  1,500

### TRANSFER BETWEEN FUNDS

<table>
<thead>
<tr>
<th>DEBIT</th>
<th>CREDIT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</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** To cover year end invoices.

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**DEPT HEAD SIGNATURE**

**DATE** 7/27/2007

**APPROVED BY RES NO. 400 CLERK**

**DATE** 8-21-07

**DEPARTMENT** Human Services

**AUDITOR’S USE ONLY**

**BA #**

Budget Revision Form Revised 07/2000