

**MARIPOSA COUNTY  
BOARD OF SUPERVISORS**

**AGENDA  
ACTION FORM**

**DATE: May 14, 2002  
AGENDA ITEM NO.: CA-6**

**DEPARTMENT: Human Services**

**BY: Cheryle Rutherford-Kelly PHONE: 966-3609**

**RECOMMENDED ACTION AND JUSTIFICATION:** (Policy Item: Yes \_\_\_\_\_ No X )

It is respectfully recommended that your Board authorize the Human Services Department, Social Services Division, to correct budget appropriations changed at mid-year in error

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

2/12/2002, Approved Mid-Year Budget Review for Fiscal Year 2001-02 (Res. No. 02-48)

**LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

**COSTS:** ( ) Not Applicable

|                                |             |
|--------------------------------|-------------|
| A. Budgeted current FY         | \$ _____    |
| B. Total anticipated costs     | \$ _____    |
| C. Required additional funding | \$ _____    |
| D. Internal transfers          | \$10,441.00 |

**SOURCE:** (X) 4/5ths Vote Required

|                              |          |
|------------------------------|----------|
| A. Unanticipated revenues    | \$ _____ |
| B. Reserve for contingencies | \$ _____ |
| C. Source description:       | _____    |

Balance in Reserve for Contingencies, if approved: \$ \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**  
List the attachments and number the pages consecutively:

Director's Memo \_\_\_\_\_

Budget Action Form \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLERK'S USE ONLY:**

Res. No.: 02-134 Ord. No. \_\_\_\_\_

Vote - Ayes: 4 Noes: \_\_\_\_\_

Absent: \_\_\_\_\_ Abstained: \_\_\_\_\_

Approved ( ) Denied

( ) 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

**ADMINISTRATIVE OFFICER'S RECOMMENDATION:**  
This item on agenda as:

\_\_\_\_\_ Recommended

\_\_\_\_\_ Not Recommended

\_\_\_\_\_ For Policy Determination

\_\_\_\_\_ Submitted with Comment

\_\_\_\_\_ Returned for Further Action

Comment: \_\_\_\_\_

\_\_\_\_\_

C.A.O. Initials: CR




**MARIPOSA COUNTY  
HUMAN SERVICES DEPARTMENT**

P.O. Box 7 • Mariposa, CA 95338 • (209) 966-2131 • Fax (209) 966-5943

Alcohol & Drug  Community Action  Housing Authority  Mental Health  Public Guardian/Conservator  Social Services  
CHERYLE RUTHERFORD-KELLY, MSW, DIRECTOR

April 15, 2002

TO: Members, Board of Supervisors  
FROM: Cheryle Rutherford-Kelly   
RE: CalWORKs Substance Abuse/Mental Health

**Recommendation**

It is respectfully recommended that your Board authorize the Department of Human Services, Social Services Division, to correct budget appropriations changed at mid-year in error.

**Background/ Current Information**

Social Services receives an allocation to cover the contract costs to provide mental health and substance abuse services to CalWORKs clients. These services are provided primarily by Kings View. Through a misunderstanding in the mid-year budget update, \$10,441 was transferred from the Mental Health/Substance Abuse expense line (0447) to a new intrafund transfer line, 0911, to provide funding for the Mental Health Deputy Director. This action leaves Social Services unable to fully fund mental health/substance abuse services provided by Kings View for the balance of fiscal year 01/02.

**Financial**

A budget action form transferring \$10,441 from 001-0501-661-0911 Mental Health Deputy Director to 001-0501-661-0447 Substance Abuse/Mental Health is included with this memo.

BUDGET ACTION FORM

| FUND   | DEP/DIV | ACCOUNT  | DESCRIPTION                   | PROJECT | INCREASE | DECREASE |
|--------|---------|----------|-------------------------------|---------|----------|----------|
| 001    | 0501    | 661-0447 | SUBSTANCE ABUSE/MENTAL HEALTH |         | 10,441   |          |
| 001    | 0501    | 661-0911 | MENTAL HEALTH/DEP DIR         |         |          | 10,441   |
|        |         |          |                               |         |          |          |
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|        |         |          |                               |         |          |          |
| 001    | 0104    | 414-1090 | GENERAL CONTINGENCY           |         |          |          |
| TOTALS |         |          |                               |         | 10,441   | 10,441   |

TRANSFER BETWEEN FUNDS

| FUND   | DEP/DIV | ACCOUNT | DESCRIPTION | PROJECT | INCREASE | DECREASE |
|--------|---------|---------|-------------|---------|----------|----------|
|        |         |         |             |         |          |          |
| 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 appropriating Reserve for 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 correct mid-year budget action.

DEPT HEAD SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED BY RES NO. 02-134 CLERK hmw

DATE 5.7.02

|                                    |
|------------------------------------|
| <p>AUDITOR'S USE ONLY<br/>BA #</p> |
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