

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

Approve Budget Action increasing Drug Task Force Grant revenue and corresponding appropriations for the purchase of safety equipment, additional training, and office supplies (\$3,982). The grant revenue was inadvertently left out of the Fiscal Year 2001-02 budget. These funds have already been approved by the State for expenditure.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

The Board has previously approved the acceptance of funds from the Drug Task Force Grant.

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

Do not approve the Budget Action. Available grant funds will not be able to be used to benefit the Probation Department.

<p><b>COSTS:</b> ( ) Not Applicable</p> <p>A. Budgeted Current FY \$</p> <p>B. Total Anticipated Costs \$ 3982</p> <p>C. Required Additional Funding \$</p> <p>D. Internal Transfers \$</p> <p><b>SOURCE:</b> ( x ) 4/5ths Vote Required \$</p> <p>A. Unanticipated Revenues \$ 3982</p> <p>B. Reserve for Contingencies \$</p> <p>C. Source Description: _____</p> <p>Balance in Reserve for Contingencies, if approved: _____</p>	<p><b>SPECIAL INSTRUCTIONS:</b></p> <p>List the attachments and number the pages consecutively:</p> <p>Budget Action</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>CLERKS USE ONLY:</b></p> <p>Res. No. <u>02-151</u> Ord. No. _____</p> <p>Vote - Ayes: <u>5</u> Noes: _____</p> <p>Absent: _____ Abstained: _____</p> <p><i>Am</i> ( ) Approved ( ) Denied</p> <p>( ) Minute Order Attached ( ) No Action Necessary</p> <p>The foregoing instrument is a correct copy of the original on file in this office</p> <p>Date: _____</p> <p>ATTEST: _____</p> <p>MARGIE WILLIAMS, Clerk of the Board        County of Mariposa, State of California</p> <p>BY: _____</p> <p>Deputy</p>	<p><b>ADMINISTRATIVE OFFICER'S RECOMMENDATION:</b></p> <p>This item on agenda as:</p> <p>_____ Recommended</p> <p>_____ Not Recommended</p> <p>_____ For Policy Determination</p> <p>_____ Submitted with Comment</p> <p>_____ Returned for Further Action</p> <p>Comment: _____</p> <p>CAO's Initials: <u>MM</u></p>

## BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
1	224	533.04-80	equipment under \$1000	Drug Task	2400	
1	224	533.04-38	ammunition	Drug Task	582	
1	224	533.04-17	office expense	Drug Task	250	
1	224	533.04-90	Training/seminars	Drug Task	750	
1	224	306.72-18	OCJP/DC/Drug Abuse	Drug Task	( 3982)	
1	104	414-1090	GENERAL CONTINGENCY			
<b>TOTAL</b>					<b>0</b>	<b>0</b>

TRANSFER BETWEEN FUNDS						
<b>TOTAL</b>						

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;

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: Grant drug task force, safety equipment, training and supplies where not set up in the budget 01/02. Safety equipment, training and supplies are to be purchased through the Drug Task Force grant at no cost to the general fund.

DEPT HEAD SIGNATURE *David B. Neal* DATE 4-30-02  
 APPROVED BY RES NO. 02-151 CLERK *mmw* DATE 5-14-02

<b>AUDITOR'S USE ONLY</b> BA #
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