

DEPARTMENT: District Attorney BY: Marita Green, Program Manager PHONE: 966-3400
Family Support Division

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No X)

AB150, passed by the Legislature and signed by the Governor, requires the return of unexpended and unencumbered excess incentive funds to the Department of Social Services. The funds are currently in the Capital Improvement Fund making it necessary to transfer the funds to the Excess Incentive Trust Fund for remittance to the Department of Social Services. Approval of the Budget Action transferring the funds is requested.

The excess incentive funds were to be used for the renovation of the Evans Building for use by the Family Support Division. A request for funds for the renovation was made to the Department of Social Services and approval has been received.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

A negative action could result in the withholding of advances to fund the child support program.

COSTS: () Not Applicable
A. Budgeted current FY \$ _____
B. Total anticipated costs \$ _____
C. Required additional funding \$ _____
D. Internal transfers \$ 162,967.49

SOURCE: () 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:
1. DSS FSD LTR. 99-18 Pgs. 1-3
2. DSS Temp 2180 Pg. 1
3. DSS Ltr. To Auditor dated 12/30/99 Pg. 1

CLERK'S USE ONLY:
Res. No.: 00-39 Ord. No. _____
Vote - Ayes: 5 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

COUNTY 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: JA

BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
567	1367	837.0601	DA Family Remodel			162,967.42
567	1367	837.0416	DA Family Remodel		162,967.42	
0001	0104	414-1090	GENERAL CONTINGENCY			
TRANSFER BETWEEN FUNDS						
567	1367	837.0416	DA Family Remodel		(162,967.49)	
117	0000	227.0000	Child Support Incentive		162,967.49	
TOTALS					162,967.49	162,967.49

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

(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:
Transfer funds in order to remit unexpended, unencumbered funds to the Department of Social Services

DEPT. HEAD SIGNATURE  **DATE** 1-11-2000

APPROVED BY RES. NO. 00-39 **CLERK**  **DATE** 1-25-00

AUDITOR'S USE ONLY
 BA #