

DEPARTMENT: District Attorney
Family Support

BY: Marita Green, Program Manager PHONE: 966-3400

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No_X_)

A Resolution is requested recognizing State revenue for the Family Support remodel and approving transfer of funds to the Capital Improvement Project fund. The amount approved by the State, for the project, is \$140,000.00.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has previously approved transfer of funds.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

A negative action would result in the funds not being in the appropriate fund.

COSTS: () Not Applicable	
A. Budgeted current FY	\$ _____
B. Total anticipated costs	\$ _____
C. Required additional funding	\$ _____
D. Internal transfers	\$140,000.00
SOURCE: (X) 4/5ths Vote Required	
A. Unanticipated revenues	\$ 140,000
B. Reserve for contingencies	\$ _____
C. Source description:	_____
Balance in Reserve for Contingencies, if approved: \$ _____	

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

CLERK'S USE ONLY:

Res. No.: 99-24 Ord. No. _____

Vote - Ayes: _____ Noes: _____

Absent: Reilly 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: JG

BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0207	306.72-09	Child Support Admin		(\$140,000)	
001	0207	515.07-87	Transfer Out		\$140,000	
567	1367	309.16-00	Transfer In		(\$140,000)	
567	1367	837.06-01	DA Family Remodel		\$140,000	
0001	0104	414-1090	GENERAL CONTINGENCY			
TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
001	0207	515.07-87	Transfer Out		\$140,000	
567	1367	309.16-00	Transfer In			\$140,000
TOTALS					\$140,000	\$140,000

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:

Recognizes State revenue for the Family Support Remodel and provides for transfer to CIP Project fund

DEPT. HEAD SIGNATURE

DATE

Christine Johnson

2-10-00

APPROVED BY RES. NO.

00-24

CLERK

[Signature]

DATE 2-22-00

Family Support

AUDITOR'S USE ONLY BA #
