

MARIPOSA COUNTY  
BOARD OF SUPERVISORS

AGENDA  
ACTION FORM

DATE: April 25, 2000  
AGENDA ITEM NO.: CA-3

DEPARTMENT: Administration

BY: Janet Hogan

PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION:

(Policy Item: Yes \_\_\_ No )

Approve budget actions modifying Mental Health and Human Services revenues and expenditures (4/5ths vote).

Mental Health revenues and program expenditures are adjusted based on revised allocation amounts from the state and federal governments. Expenditures for program services are adjusted accordingly. The Human Services change relates to substance abuse services provided by Kings View to CalWORKs clients. There is no impact on County costs from these changes.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

<b>COSTS:</b> ( ) Not Applicable		<b>SPECIAL INSTRUCTIONS:</b> List the attachments and number the pages consecutively: Budget Action Forms (2)
A. Budgeted Current FY	\$	
B. Total Anticipated Costs	\$	
C. Required Additional Funding	\$	
D. Internal Transfers	\$	
<b>SOURCE:</b> ( ) 4/5ths Vote Required	\$	
A. Unanticipated Revenues	\$	
B. Reserve for Contingencies	\$	
C. Source Description: _____		
Balance in Reserve for Contingencies ,if approved: _____		

**CLERKS USE ONLY:**

Res. No. 00-149 Ord. No. \_\_\_\_\_

Vote - Ayes: 5 Noes: \_\_\_\_\_

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

*AW* 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: \_\_\_\_\_

CAO's Initials: *JH*

# BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0402	305.5001	Drug and Alcohol		(20,209)	
001	0402	305.5002	Mental Health		(2,965)	
001	0402	305.5003	Realignment		(100,000)	
001	0402	305.5004	Child Abuse		(27,194)	
001	0402	622.04-18	P/S Mental Health		65,959	
001	0402	622.04-19	P/S FFP		2,965	
001	0402	622.04-20	P/S Drug			30,270
001	0402	622.04-22	P/S Child Abuse		27,194	
001	0402	622.04-25	P/S Perinatal		8,764	
001	0402	622.04-31	Rent			2,675
001	0402	622.09-10	Intra Fund/Cal-Works		84,565	
001	0402	622.04-39	P/S Indian Grant			6,134
001	0104	414-1090	GENERAL CONTINGENCY			
<b>TRANSFER BETWEEN FUNDS</b>					<b>DEBIT</b>	<b>CREDIT</b>
<b>TOTALS</b>					39,079	39,079

**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**

DEPT HEAD SIGNATURE *[Signature]* DATE \_\_\_\_\_  
 APPROVED BY RES NO. 00-149 CLERK *[Signature]* DATE 4-25-00

*MENTAL HEALTH*

AUDITOR'S USE ONLY
BA # _____

BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0501	661-0447	SUBSTANCE ABUSE MENTAL HEALTH		\$51,544.00	
001	0501	306-6300	PUBLIC ASSISTANCE ADMIN (Fed)		(51,544)	
001	0104	414-1090	GENERAL CONTINGENCY		\$0.00	\$0.00
<b>TRANSFER BETWEEN FUNDS</b>						
TOTALS						

- ACTION REQUESTED: (Check all that apply)
- ( X ) 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 Increase Mental Health Substance Abuse to amount of allocation, in order to meet obligations to Kings View for 99/00.

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

APPROVED BY RES NO. 00-149 CLERK  DATE 4-25-00

HUMAN SERVICES

AUDITOR'S USE ONLY
BA #