

Cont. to 1-27-98

MARIPOSA COUNTY  
BOARD OF SUPERVISORS

AGENDA  
ACTION FORM

DATE: 1/23/98  
AGENDA ITEM NO.: CA-39

DEPARTMENT: Human Services Dept. BY: Tom Archer PHONE: 966-3609  
Mental Health

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

Authorize the Mental Health Director to accept and appropriate funds from the California Department of Mental Health for the funding of a three year Children's System of Care program in Mariposa County. The grant award for the final three months of Fiscal Year 1997-98 is \$89,833.00 as indicated on the attached Budget Action form.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

On December 9, 1997, by adoption of Res. No. 97-468, your Board authorized the Mental Health Director to submit a grant application to the California Department of Mental Health for the funding of a Children's System of Care program in Mariposa County. We have now been notified by the Department of Mental Health that Mariposa's grant application was funded by the State. These are 100% State funds with no county general funds required. The 54 page application was included with material to your board on December 9, 1997 and is on file with the Clerk of the Board.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not accept and allocate funds for a Children's System of Care program in Mariposa County.

COSTS: ( ) Not Applicable		SPECIAL INSTRUCTIONS:
A. Budgeted current FY	\$ _____	List the attachments and number
B. Total anticipated costs	\$ _____	the pages consecutively:
C. Required additional funding	\$ _____	_____
D. Internal Transfers	\$ _____	_____
SOURCE: <input checked="" type="checkbox"/> 4/5ths Vote Required		_____
A. Unanticipated revenues	\$ <u>89,833.</u>	_____
B. Reserve for contingencies	\$ _____	_____
C. Source description: <u>State</u>	_____	_____
Balance in Reserve for Contingencies,	_____	_____
if approved: \$ _____	_____	_____

CLERK'S USE ONLY:

Res. No.: 98-30 Ord. No. \_\_\_\_\_

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

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

Approved ( ) Denied

( ) Minute Order Attached ( ) No Action Necessary

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

This item on agenda as:

Recommended

Not Recommended

For Policy Determination

Submitted with Comment

Returned for Further Action

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

Comment: APPROVE BUDGET ACTION  
(4/5ths VOTE)  
A.O. Initials: Jh



COUNTY OF  
MARIPOSA

BUDGET ACTION FORM

DEPT/DIV: Human Services/Mental Health

CONTACT: Tom Archer

DATE: January 13, 1997

PHONE: 966-2131

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;
- ( ) Transfer by Administrator: Moving existing appropriations within a single budget category between line items (i.e. services and supplies, etc.)
- ( ) Transfer by Auditor: Moving salaries between line items to accommodate variances internal to salaries; OR transfers within the County budget under \$50.00 to accommodate minor variations from the budget.

<u>FUND/DEPT/ACCT NO.</u>	<u>LINE ITEM DESCRIPTION</u>	<u>AMOUNT (FROM)/TO</u>
REVENUE: 001-0402-305 -5005	Children's System of Care	\$89,833.00
EXPEN: 001-0402-622-0434	Children's System of Care	89,833.00

Justification: The Board of Supervisors authorized the Board to submit a grant application to the California Dept. of Mental Health for funding of a SOC program by Res. No. 97-468 on 12/9/97

Department Head Signature: [Signature] Date: 12/30/97

Approved By: Res. No. \_\_\_\_\_ Clerk: \_\_\_\_\_ Date: \_\_\_\_\_  
Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
Auditor: \_\_\_\_\_ Date: \_\_\_\_\_

AUDITOR'S USE ONLY:

Description: \_\_\_\_\_ Transfer No.: \_\_\_\_\_  
B.R. No.: \_\_\_\_\_