RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___ No___x__)

Recommend Appropriation of Unanticipated Revenues from Flu Clinic Donations in the amount of $1,677 to purchase TV/VCR and Educational Videos for the Health Department.

General Health and Special Programs within this department have frequently been unable to utilize the Departments only TV/VCR due to scheduling difficulties. Many times, this peripheral device has been checked out by other program personnel or even other County Departments when it is needed. Planning, Public Works, and the Board have used it in the past. Our staffing matrix includes extra help or permanent part time personnel who have limited available time and need to use the TV/VCR to review program material or as an aide for educating the public. The machine proposed is smaller and more portable than the current TV/VCR.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

N/A

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Limit the availability of the TV/VCR to increase availability to Health Department Staff.

COSTS: ( ) Not Applicable
A. Budgeted current FY $ 1,677
B. Total anticipated costs
C. Required additional funding
D. Internal transfers

SOURCE: (X) 4/5ths Vote Required
A. Unanticipated revenues $ 1,677
B. Reserve for contingencies
C. Source description: Donations
Balance in Reserve for Contingencies, if approved:

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

BUDGET ACTION FORM

CLERK'S USE ONLY
Res. No.: 18-22 Ord. No. 5
Vote - Ayes: 5 - Noes: 0
Absent: 0 - Abstained: 0
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: __________________________

A.O. Initials: __________________________

Action Form Revised 5/92
<table>
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<th>FUND</th>
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<td>621.04-17</td>
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0001 0104 414-1090 GENERAL CONTINGENCY

TRANSFER BETWEEN FUNDS

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TOTALS $0  $0

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 Contingencies;

( ) Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget another, or between categories within a budget unit;

JUSTIFICATION: Increases appropriation to purchase equipment and materials for health education activities based on increased donation revenue.

DEPT HEAD SIGNATURE

DATE 2/7/98

APPROVED BY RES NO. 98-72 CLERK

DATE 3-3-98

HEALTH DEPARTMENT

AUDITOR'S USE ONLY

BA #

Budget Revision Form Revised 11/95