

DEPARTMENT: Public Health BY: C. B. Mosher, MD, Health Officer PHONE: 966-3689  
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.

<b>COSTS:</b>	( ) Not Applicable	
A. Budgeted current FY		\$ _____
B. Total anticipated costs		\$ <u>1,677</u>
C. Required additional funding		\$ <u>1,677</u>
D. Internal transfers		\$ _____
<b>SOURCE:</b>	(X) 4/5ths Vote Required	
A. Unanticipated revenues		\$ <u>1,677</u>
B. Reserve for contingencies		\$ _____
C. Source description: <u>Donations</u>		
Balance in Reserve for Contingencies, if approved: \$ _____		

**SPECIAL INSTRUCTIONS:**  
List the attachments and number the pages consecutively:  
BUDGET ACTION FORM

<b>CLERK'S USE ONLY:</b>	
Res. No.: <u>98-72</u>	Ord. No. _____
Vote - Ayes: <u>5</u>	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: \_\_\_\_\_  
A.O. Initials: Jh

**BUDGET ACTION FORM**

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	INCREASE	DECREASE
0001	0401	308.01-15	Flu Donations	(\$1,677)	
0001	0401	621.04-17	TV, VCR & Educational Videos	\$1,677	
0001	0104	414-1090	GENERAL CONTINGENCY		
<b>TRANSFER BETWEEN FUNDS</b>					
<b>TOTALS</b>				\$0	\$0

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 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 *[Signature]* DATE *2/7/98*  
 APPROVED BY RES NO. *98-72* CLERK *[Signature]* DATE *3-3-98*

HEALTH DEPARTMENT AUDITOR'S USE ONLY  
BA #