
HUMAN SERVICES DEPARTMENT BY: TOM ARCHER PHONE: 966-2131

RECOMMENDED ACTION AND JUSTIFICATION: (POLICY ITEM: YES ___ NO: x
Authorize the Chair to sign the Application/Assurances for 1996
Federal Community-Based Family Resource Program (CBFRP) grant funds
and appropriate \$28,060. as indicated on the attached Budget Action
form.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Your board authorized receipt of \$28,484. in Federal Community-Based
grant funds in August, 1996. These funds were very beneficial to
several family resource community-based projects throughout the
county. The California Department of Social Services Office of Child
Abuse Prevention has announced the availability of additional funds
for the second year under the Community-Based Family Resource
Programs grant. The Federal requirements remain the same, e.g.,
funds are to be used for the purpose of assisting counties to develop
and implement, or expand and enhance, a comprehensive, countywide
system of community-based family resource services through innovative
funding mechanisms and collaborations.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Mariposa County will not receive an allocation for this program.

COSTS: () Not Applicable
A. Budgeted current FY \$ _____
B. Total anticipated costs \$ _____
C. Required Add'l funding \$ _____
D. Source: _____

SPECIAL INSTRUCTIONS:
List the attachments and
number pages accordingly:
1 pg. Application/
Assurances Form &
1 pg. Budget Action

SOURCE: (x) 4/5ths vote required
A. Internal transfers \$ _____
B. Unanticipated revenues \$ 28,060.
C. Reserve for contingency \$ _____
D. Description: Federal grant
Balance in Reserve for Contingencies,
if approved: \$ _____

CLERK'S USE ONLY:
Resolution No.: 97-99
Ordinance No.: _____
Vote - Ayes: 5 Noes: _____
Absent: _____ Abstain: _____
hwy Approved () Denied
() Minute Order Attached

ADMINISTRATIVE OFFICER'S
RECOMMENDATION:
This item on agenda as:
 Recommended
 Not Recommended
 Policy Determination
 Submitted w/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 of Supervisors
County of Mariposa, State of CA
By: _____
Deputy Clerk of the Board

Comment: _____

A.O. Initials: [Signature]

COUNTY OF
MARIPOSA

BUDGET ACTION FORM

DEPT/DIV: Social Services

CONTACT: Tom Archer

DATE: April 1, 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 328-0503 306-7231	Community Based Family Resource Grant	\$28,060.00
EXPEN. 328-0503 663-0433	Community-Based Family Resource Programs	28,060.00

Justification: The Board of Supervisors authorized the Chair to sign the Applications/ Assurances for the 1995 Federal CBFRP (CBFRP) grant funds on 8/6/96 by Res. 96-326 and appropriated funds on 11/12/96 by Res. 96-455.

Department Head Signature: [Signature] Date: _____

Approved By: Res. No. 97-99 Clerk: [Signature] Date: 4-1-97

Auditor: [Signature] Date: 3-21-97

AUDITOR'S USE ONLY:

Description: _____ Transfer No.: _____

B.R. No.: _____

DEPARTMENT OF SOCIAL SERVICES



1996

APPLICATION AND ASSURANCES

COMMUNITY BASED FAMILY RESOURCES GRANT

The Undersigned understands that receipt of Federal Community-Based Family Resource Program (CBFRP) funds requires that disbursement under this grant must comply with all State and Federal Requirements.

In addition, the undersigned assures that disbursements made by the County under this grant will assist in the development and implementation, or expansion and enhancement of community-based family resource services.

I, Robert C. Stewart, hereby affirm that I am duly authorized to legally bind the County to the Application and Assurances required by this grant executed this 9th day of April, 1996.

Mariposa
County

Robert C. Stewart
Signature

Chairman of Board of Supervisors
Title

Please return this signed application no later than June 30, 1997 to California Department of Social Services. Attention: Michael Carey, Office of Child Abuse Prevention, 744 P Street M.S. 19-82, Sacramento CA 95814