

DEPARTMENT: District Attorney BY: Christine Johnson PHONE: 966-3626
Family Support

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

It is requested that a resolution approving and authorizing the Chairman to execute Personal Services Agreements with Debbie Walton and Rosalie Muller for their services to assist in auditing, extraction and input of designated case information into the Statewide Automated Child Support System.

It is requested that the funds for paying the costs associated with these Personal Service Agreements be transferred from Extra Help to Professional Services within the District Attorney/Family Support Division approved budget.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board of Supervisors approved the costs of extra help during the 1995/1996 budget process. The costs are to be offset by previously approved revenues anticipated from the Department of Social Services.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Negative action would result in the Family Support Division not being able to utilize the services of Debbie Walton and Rosalie Muller.

COSTS:	() Not Applicable	
A. Budgeted current FY		\$ _____
B. Total anticipated costs		\$ _____
C. Required additional funding		\$ _____
D. Internal transfers		\$ <u>14,902</u>
SOURCE:	() 4/5ths Vote Required	
A. Unanticipated revenues		\$ _____
B. Reserve for contingencies		\$ _____
C. Source description:		_____
Balance in Reserve for Contingencies,		_____
if approved: \$		_____

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

CLERK'S USE ONLY:

Res. No.: 96-39 Ord. No. _____

Vote - Ayes: 5 Nays: _____

Absent: _____ Abstained: _____

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: [Signature]

COUNTY OF
MARIPOSA

BUDGET ACTION FORM

DEPT/DIV: District Attorney/Family Support

CONTACT: Christine Johnson

DATE: 2/6/96

PHONE: 966-3626

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 Reserve for Contingencies;
- (X) 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.

FUND/DEPT/ACCT NO.	LINE ITEM DESCRIPTION	AMOUNT (FROM)/TO
From: 001-0207-515.02-01	Extra Help	(\$14,902)
To: 001-0207-515.04-18	Professional Services	14,902

Justification: Transfer funds from extra help line item to Professional Services in order to pay invoices submitted by the contractors named in Personal Service Agreements.

Department Head Signature: _____ Date: _____
 Approved By: Res. No. 96-39 Clerk: [Signature] Date: 2-6-96
 Administrator: _____ Date: _____
 Auditor: [Signature] Date: 1-29-96

AUDITOR'S USE ONLY:

Description: _____ Transfer No.: _____
 _____ B.R. No.: _____