

96-109

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: 3-19-96

AGENDA ITEM NO.: 10

DEPARTMENT: Human Services Dept. BY: Tom Archer PHONE: 966-3609
Social Services Division

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

Approval for the Department of Human Services to purchase a new telephone system for more efficient operation of the Department.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

During the past several years the Human Services Department has pursued management strategies to meet constantly increasing service and regulatory demands while at the same time maintaining and even reducing net County costs. The proposed new telephone capacity now available to the department is an excellent example of a system that will help immediately in tying together collateral programs presently located throughout a four building area, permit much more efficient use of existing staff and resources, and promote more effective service delivery. The Social Services Division currently handles over 80,000 incoming calls per year (est.) principally received and routed by front office staff who must also carry out primary assignments which include receiving another 24,000 in person office visits annually among other duties. The system also handles well over 100,000 outgoing calls, faxes, and modem transactions. We are able to purchase the new system at this time with State and Federal allocations with no local County General fund match. Once converted we estimate over \$1,500 per year decrease in base costs for our telephone system.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Continue using present telephone system.

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: () 4/5ths Vote Required		_____
A. Unanticipated revenues	\$ 22,000	_____
B. Reserve for contingencies	\$ _____	_____
C. Source description: <u>Federal/State</u>		_____
Balance in Reserve for Contingencies,		_____
if approved: \$ _____		

CLERK'S USE ONLY:

Res. No.: 96-109 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: _____

A.O. Initials: no

COUNTY OF
MARIPOSA

BUDGET ACTION FORM

Social

DEPT/DIV: Human Services Dept./Services CONTACT: Tom Archer/Sue Young

DATE: 3-19-96 PHONE: 966-3609

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;
- () 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.

FROM:	<u>FUND/DEPT/ACCT NO.</u>	<u>LINE ITEM DESCRIPTION</u>	<u>AMOUNT (FROM)/TO</u>
	<u>Revenue</u>		
	001-0501-305-4500	State Admin.	\$ 7,700.00
	001-0501-305-4501	State Realignment	3,300.00
	001-0501-306-6300	Federal Admin	11,000.00
TO:	<u>Expenditure: Fixed Asset</u>		
	001-0501-661-0685	Telephone System	\$22,000.00

Justification: See attached resolution

Department Head Signature: _____ Date: 2-29-96

Approved By: Res. No. 96-109 Clerk: MWS Date: 3-19-96

Administrator: _____ Date: _____

Auditor: [Signature] Date: 3-4-96

AUDITOR'S USE ONLY:

Description: _____ Transfer No.: _____

_____ B.R. No.: _____