

96-170

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: 04-23-96
AGENDA ITEM NO.: 8

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

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

Approve resolution transferring funds from the Department of Human Services to Department of Public Works/Building Maintenance in order to fund interior modifications at the Social Services Building.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Over the past 26 years that Social Services programs have been housed in the present buildings the Department has made modifications to interior space to accommodate required change and achieve a more efficient operation as these modifications became necessary. Since the last modification in 1988 Department space requirements have changed significantly. Additional program responsibilities, transferring of the Guardian/Conservator office to the Department, a need to more efficiently deploy existing staff to accommodate changing program requirements, and a need to develop a secure area to maintain confidential case files makes the present modification very important to the Department. The requested transfer funds are in the Department budget and this process represents the most efficient, effective way to accomplish the needed change with no additional County funds required.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not approve transfer.

COSTS: () Not Applicable		SPECIAL INSTRUCTIONS:
A. Budgeted current FY	\$ 3,500	List the attachments and number
B. Total anticipated costs	\$ 3,500	the pages consecutively:
C. Required additional funding	\$	
D. Internal Transfers	\$ 3,500	
SOURCE: () 4/5ths Vote Required		
A. Unanticipated revenues	\$	
B. Reserve for contingencies	\$	
C. Source description:		
Balance in Reserve for Contingencies,		
if approved: \$		

CLERK'S USE ONLY:		ADMINISTRATIVE OFFICER'S RECOMMENDATION:
Res. No.: 96-170	Ord. No. _____	This item on agenda as:
Vote - Ayes: 5	Noes: _____	<input checked="" type="checkbox"/> Recommended
Absent: _____	Abstained: _____	<input type="checkbox"/> Not Recommended
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> For Policy Determination
<input type="checkbox"/> Minute Order Attached	<input type="checkbox"/> No Action Necessary	<input type="checkbox"/> Submitted with Comment
The foregoing instrument is a correct copy of the original on file in this office.		<input type="checkbox"/> Returned for Further Action
Date: _____		Comment: _____
ATTEST: MARGIE WILLIAMS, Clerk of the Board		
County of Mariposa, State of California		
BY: _____		A.O. Initials: MC / [Signature]
Deputy		

BUDGET ACTION FORM

DEPT/DIV: Human Services Department

CONTACT: Tom Archer

DATE: 04-23-96

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.)
- (X) 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</u> <u>(FROM)/TO</u>
<u>FROM:</u>		
001-0501-661-0201	Social Services/Extra Help	\$3,500.00
<u>TO:</u>		
	Facilities Maintenance/Extra Help	\$3,100.00
	Facilities Maintenance/Benefits	\$ 400.00

Justification: See attached Resolution

Department Head Signature: [Signature] Date: 4-11-96

Approved By: Res. No. 96-170 Clerk: [Signature] Date: 4-23-96

Auditor: [Signature] Date: 4-12-96

AUDITOR'S USE ONLY:

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