

96-215

**MARIPOSA COUNTY
BOARD OF SUPERVISORS**

**AGENDA
ACTION FORM**

**DATE: May 14, 1996
AGENDA ITEM NO.: 10**

DEPARTMENT: Administration **BY:** Mike Coffield **PHONE:** 966-3222

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

Resolution authorizing execution of contract with David M. Griffith and Associates, Ltd. (DMG) for preparation and submittal of claims for SB-90 reimbursement from the State for fiscal years 1993-94, 1994-95 and 1995-96.

BACKGROUND AND HISTORY OF BOARD ACTIONS: SB-90 authorizes counties to submit claims to the State to be reimbursed for state mandated costs in some specific programs such as Child Abduction, Absentee ballots and Open Meeting Law. As the Board will recall, I sent each of you a letter in November that I had personally authorized DMG to work with our departments and to prepare and file our SB-90 claims, since due to the short deadline for submission of the 1993-94 claim, prospective Board authorization of the contract was not possible. DMG submitted the County's claim, and we expect to receive \$223,785 in reimbursements, approximately \$80,000 in the current year, and the remainder in 1996-97. Execution of the attached contract, and appropriating \$7,500 of the unanticipated revenue will ratify my authorization for DMG to do the work and will authorize payment of their fee for 1995-96. We expect this to be a continuing annual effort which should generate approximately \$70,000 per year in additional revenue.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION: If the contract is not approved, or the funds are not appropriated, staff will have not authority to pay DMG's fees for claiming this additional county revenue.

COSTS:	() Not Applicable	
A. Budgeted current FY		\$ 0
B. Total anticipated costs		\$ 7,500
C. Required additional funding		\$ 7,500
D. Internal transfers		\$

SOURCE:	(X) 4/5ths Vote Required	
A. Unanticipated revenues		\$ 7,500
B. Reserve for contingencies		\$
C. Source description: SB-90 reimbursement		
Balance in Reserve for Contingencies, if approved: \$		

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

CLERK'S USE ONLY:

Res. No.: 96-215 Ord. No. _____

Vote - Ayes: _____ Noes: _____

 Absent: _____ Abstained: John

 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

Comment: _____

A.O. Initials: Me

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

COUNTY OF
MARIPOSA

BUDGET ACTION FORM

DEPT/DIV: Auditor

CONTACT: Ken Hawkins

DATE: May 14, 1996

PHONE: _____

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>
001-0000-308.01.07	Misc. Rev - SB-90 reimbursement	(\$7,500)
001-0107-421.04.18	Professional Services	\$7,500

Justification: This action will appropriate SB-90 reimbursements to pay David M. Griffith for the current year cost of preparing the County's SB-90 claims. Next year these revenues and costs will be included in the Auditor's Budget.

Department Head Signature: _____ Date: _____
Approved By: Res. No. 96-215 Clerk: [Signature] Date: 5-14-96
Administrator: _____ Date: _____
Auditor: [Signature] Date: 5/14/96

AUDITOR'S USE ONLY:

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