

DISTRICT ATTORNEY

DEPARTMENT: FAMILY SUPPORT DIV. BY: W. W. TURKINGTON PHONE: 966-3400

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes \_\_\_ No X)

It is requested and recommended that the Board approve a transfer of funds within the Family Support Collection SB 1530 grant fund budget from office supplies to fixed assets to be used to purchase the additional 4-drawer lateral file cabinet required to complete the change over to a lateral file system in the Family Support Division.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

None relative to this specific request.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not purchase the needed lateral file cabinet.

<p><b>COSTS:</b> ( ) Not Applicable</p> <p>A. Budgeted current FY \$ _____</p> <p>B. Total anticipated costs \$ _____</p> <p>C. Required additional funding \$ _____</p> <p>D. Internal transfers \$ <u>700.00</u></p> <p><b>SOURCE:</b> ( ) 4/5ths Vote Required</p> <p>A. Unanticipated revenues \$ _____</p> <p>B. Reserve for contingencies \$ _____</p> <p>C. Source description: _____</p> <p>Balance in Reserve for Contingencies, _____</p> <p>if approved: \$ _____</p>	<p><b>SPECIAL INSTRUCTIONS:</b> List the attachments and number the pages consecutively:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p><b>CLERK'S USE ONLY:</b></p> <p>Res. No.: <u>94-4</u> Ord. No. _____</p> <p>Vote - Ayes: _____ Noes: _____</p> <p>Absent: _____ Abstained: _____</p> <p>Approved: _____ ( ) Denied _____</p> <p>( ) Minute Order Attached ( ) No Action Necessary</p> <p>The foregoing instrument is a correct copy of the original on file in this office.</p> <p>Date: _____</p> <p>ATTEST: <u>MARGIE WILLIAMS</u>, Clerk of the Board County of Mariposa, State of California</p> <p>By: _____ Deputy</p>	<p><b>ADMINISTRATIVE OFFICER'S RECOMMENDATION:</b> This item on agenda as:</p> <p><input checked="" type="checkbox"/> Recommended</p> <p><input type="checkbox"/> Not Recommended</p> <p><input type="checkbox"/> For Policy Determination</p> <p><input type="checkbox"/> Submitted with Comment</p> <p><input type="checkbox"/> Returned for Further Action</p> <p>Comment: _____</p> <p>A.O. Initials: <u>W</u></p>
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BUDGET ACTION FORM

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DISTRICT ATTORNEY  
 DEPT/DIV: FAMILY SUPPORT DIVISION CONTACT: SUE LINCOLN  
FAMILY SUPPORT COLLECTION BUDGET  
 DATE: 12-28-93 PHONE: 966-3626

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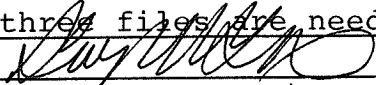
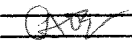
ACTION REQUESTED: (Check All That Apply)

- ( ) 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.

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FUND/DEPT/ACCT NO.	LINE ITEM DESCRIPTION	AMOUNT (FROM)/TO
DISTRICT ATTORNEY/FAMILY SUPPORT DIVISION		
FAMILY SUPPORT COLLECTION BUDGET (SB 1530 FUNDS)		
001-0208-519-0417	Office Supplies	(\$700.00)
001-0208-519-0678	Fixed Assets - File Cabinets	\$700.00

Justification: Office is changing to later file system. Two lateral file cabinets were paid for in the original SB 1530 fund budget, however, three files are needed.

Department Head Signature:  Date: 12-29-93  
 Approved By: Res. No. 94-4 Clerk: hwr Date: 1-4-94  
 Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Auditor:  Date: 12-29-93

AUDITOR'S USE ONLY:

Description: \_\_\_\_\_ Transfer No.: \_\_\_\_\_  
 \_\_\_\_\_ B.R. No.: \_\_\_\_\_