

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

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

That the Board approve the transfer of funds from salary savings to fixed assets for the purchase of two way communications radios for two vehicles assigned to the Human Services Department.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The department is in need of two radios, one for installation in a new vehicle primarily assigned to Child Protective Services and the second radio as replacement for a radio in a vehicle primarily used by the County Fraud Investigator.

The radio being replaced was originally acquired as a used radio from CDF that was taken out of a retired county fire vehicle. Due to the age and condition of the radio it no longer functions dependably and cost of repair would exceed the cost of replacement.


Prices quoted from Merced Communications is \$606.98 per radio to include a 45 Watt Motorola radio, antenna and installation.

Both vehicles are primarily used in the field for emergency referral and investigation purposes and two way communications with the sheriffs department is necessary to insure the safety of both the public and department employees.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Radios will not be available in two department field vehicles restricting communication with other emergency services with possible impact to the safety of the public and some county employees.

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	\$1,220.00	_____
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.: 94-30	Ord. No. _____	This item on agenda as:
Vote - Ayes: 5	Noes: _____	<input checked="" type="checkbox"/> Recommended
Absent: _____	Abstained: _____	<input type="checkbox"/> Not Recommended
Approved	() Denied	<input type="checkbox"/> For Policy Determination
() Minute Order Attached	() 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: 
Deputy		

BUDGET ACTION FORM

DEPT/DIV: Human Svc/Social Services

CONTACT: Tom Archer, Director

DATE: February 1, 1994

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;
- (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.

<u>FUND/DEPT/ACCT NO.</u>	<u>LINE ITEM DESCRIPTION</u>	<u>AMOUNT (FROM)/TO</u>
Soc. Serv/001-0501-661-0130	Soc.Wkr. I,II,III	(\$1,220.00)
Soc. Serv/001-0501-661-0677	Car Radios	\$1,220.00

Justification: Transfer of Funds from Salary savings to fixed assets for purchase of 2 way car radios for 2 Social Services vehicles. Vehicles are primarily used out in the field for emergency referral & investigation.

Department Head Signature: [Signature] Date: 1-25-94

Approved By: Res. No. 94-30 Clerk: [Signature] Date: 2-1-94

Administrator: _____ Date: _____
Auditor: _____ Date: _____

AUDITOR'S USE ONLY:

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