

DEPARTMENT: COMMUNITY SERVICES BY: Jim Eutsler

PHONE: 966-3696 94-224

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No x)

Appropriate \$2,437.73 in Area 12 Agency on Aging Grant Funds (\$1,652.73 in one-time-only funds and \$785 in additional Grant Funds) into the Senior Supportive Services Budget. The one-time-only funds are granted only for the purpose of purchasing a VCR and file cabinets for the Senior Supportive Services Division. I am requesting that the \$785 be budgeted in the utilities line item.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Board has approved similar actions in the past.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Appropriate the funds.
Do not appropriate the funds and return the money to Area 12 Agency on Aging for granting to another Area 12 provider.

COSTS: () Not Applicable		\$ 0
A.	Budgeted current FY	\$ 2,437.73
B.	Total anticipated costs	\$ 2,437.73
C.	Required additional funding	\$ 0
D.	Internal transfers	\$
SOURCE: () 4/5ths Vote Required		\$ 2,437.73
A.	Unanticipated revenues	\$
B.	Reserve for contingencies	\$
C.	Source description:	
Balance in Reserve for Contingencies, if approved: \$		

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

CLERK'S USE ONLY:
Res. No.: 94-224
Vote - Ayes: 5
Absent: _____
Approved: _____
Minute Order Attached ()
Ord. No. _____
Noes: _____
Abstained: _____
Denied: _____
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: W

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: Senior Supportive Svcs

CONTACT: Jim Eutsler

DATE: June 14, 1994

PHONE: 966-3696

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.

FUND/DEPT/ACCT NO.	LINE ITEM DESCRIPTION	AMOUNT (FROM)/TO
040-7106-308-2403	A12AA Grant	(2,437.73)
040-0519-716-1090	Contingency	2,437.73
040-0519-716-1090	Contingency	2,437.73
040-0519-716-0677	Fixed Assets (File Cabinets)	1,439.30
040-0519-716-0417	Office Expense (VCR)	213.43
040-0519-716-0460	Utilities	785.00

Justification: Unanticipated grant funds and one-time-only grant funds for specific purchases.

Department Head Signature: *Jim Eutsler* Date: 6-7-94
 Approved By: Res. No. 94-224 Clerk: *mwj* Date: 6-14-94
 Administrator: _____ Date: _____
 Auditor: _____ Date: _____

AUDITOR'S USE ONLY:

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