

DEPARTMENT: Human Services Department

BY: Cheryle Rutherford-Kelly
PHONE: 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully requested that your Board approve the attached budget transfers for various budget units within the Human Services Department. *(Actions)* (\$27,200)

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Your Board typically approves these transfers to allow the departments to keep budget units in balance.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Financial Impact? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially Funded		
Amount in Budget: \$		List Attachments, number pages consecutively
Additional Funding Needed: <u>\$ 27,200</u>		Memo - page 1
Source:		Budget Action Forms - pages 2-6
Internal Transfer <u>X</u>		
Unanticipated Revenue _____	4/5's vote	
Transfer Between Funds _____	4/5's vote	
Contingency _____	4/5's vote	
() General () Other		

CLERK'S USE ONLY:

Res. No.: 07-200 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____
Approved
() Minute Order Attached () No Action Necessary

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 ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
Comments:

CAO: *[Signature]*



**MARIPOSA COUNTY
HUMAN SERVICES DEPARTMENT**

P.O. Box 7 • Mariposa, CA 95338 • (209) 966-3609 • Fax (209) 966-5943

□ Behavioral Health & Recovery □ Community Action □ Housing Authority □ Public Guardian/Conservator □ Social Services
CHERYLE RUTHERFORD-KELLY, MSW, DIRECTOR

April 24, 2007

TO: Members, Board of Supervisor
Rick Benson, CAO
FROM: Cheryle Rutherford-Kelly
RE: Human Services Department Year End Budget Transfers

Recommendation

It is respectfully requested that your Board approve the attached budget transfers for various budget units within the Human Services Department.

Background/Current Situation

The attached budget action forms reflect the necessary redistribution of budgeted funds to cover the anticipated total expenditures at year end. Your Board typically approves these transfers to allow the departments to keep budget units in balance.

Financial

The budget transfer totals for each of the units are as follows;

Social Services Administration	001-0501	\$10,000
Social Services Programs	001-0506	\$10,000
Human Services Umbrella	001-0507	\$ 4,000
Behavioral Health	001-0402	\$ 1,000
Alcohol & Drug	001-0403	\$ 1,000
SACPA Prop 36	343-0504	\$ 1,200

These transfers are accomplished through redistribution of existing line item amounts. No general funds are required.

BUDGET ACTION FORM

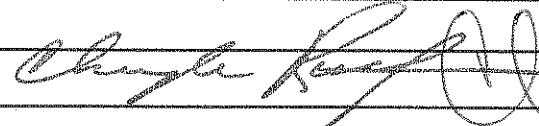
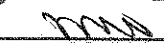
FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0501-661	04-42	CalWORKs Childcare			10,000
001	0501-661	04-36	CWS Emergency Response		10,000	
TOTALS					10,000	10,000

TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
TOTALS						

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 transferring appropriation from 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;

JUSTIFICATION To cover unanticipated costs through year end.

DEPT HEAD SIGNATURE 	DATE 4/24/07
APPROVED BY RES NO. 07-200 CLERK 	DATE 5-15-07

DEPARTMENT Human Services	AUDITOR'S USE ONLY BA #
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BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0506-671	05-05	SED			10,000
001	0506-671	05-06	Adoption Assistance		10,000	
TOTALS					10,000	10,000

TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
TOTALS						

ACTION REQUESTED: (Check all that apply)

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JUSTIFICATION To cover unanticipated costs through year end.

DEPT HEAD SIGNATURE <i>Cheryl R...</i>	DATE 4/24/07
APPROVED BY RES NO. 07-200 CLERK <i>[Signature]</i>	DATE 5-15-07

DEPARTMENT Human Services	AUDITOR'S USE ONLY BA #
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BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0507-672	04-42	Overhead		4,000	
001	0507-672	04-06	Communications			1,000
001	0507-673	04-13	Maintenance of Buildings			1,000
001	0507-674	04-17	Office Expense			2,000
TOTALS					4,000	4,000

TRANSFER BETWEEN FUNDS				DEBIT	CREDIT
TOTALS					

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JUSTIFICATION To cover unanticipated costs through year end.

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DEPARTMENT Human Services	AUDITOR'S USE ONLY BA #
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BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
343	0504-664	04-17	Office Expense	PRO190		1,200
343	0504-664	04-25	Residential Treatment	PRO190	1,200	
TOTALS					1,200	1,200

TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
TOTALS						

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 transferring appropriation from 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;

JUSTIFICATION To cover unanticipated costs through year end.

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