

DEPARTMENT: Human Services/BHRS

BY: Cheryle Rutherford-Kelly  
PHONE: 966-2000

**RECOMMENDED ACTION AND JUSTIFICATION:**

It is respectfully requested that your Board approve the attached budget transfer for the Social Services budget unit within the Human Services Department.

(\$1,500)

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

Please see attached.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Please see attached.

Financial Impact? <input checked="" type="checkbox"/> Yes ( ) No	Current FY Cost: \$9,499	Annual Recurring Cost: \$
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded		
Amount in Budget: \$7,999		List attachments, numbered pages consecutively.
Additional Funding Needed: \$1,500		Board Memo, pg. 1
Source:		Budget Action Form, pg. 2
Internal Transfer <input checked="" type="checkbox"/>		
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.: 02-400 Ord. No. \_\_\_\_\_  
 Vote - Ayes: 4 Noes: \_\_\_\_\_  
 Absent: *[Signature]*  
 Approved  
 Minute Order Attached ( ) No Action Necessary

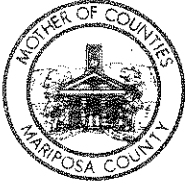
**COUNTY ADMINISTRATIVE OFFICER:**

Requested Action Recommended  
 No Opinion  
 Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

CAO: *[Signature]*



**MARIPOSA COUNTY  
HUMAN SERVICES DEPARTMENT**

P.O. Box 99 • Mariposa, CA 95338 • (209) 966-2000 • Fax (209) 966-8251

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

August 21, 2007

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

**Recommendation**

It is respectfully requested that your Board approve the attached budget transfer for the Social Services budget unit within the Human Services Department.

**Background/Current Situation**

The attached budget action form reflects the necessary redistribution of budgeted funds to cover the unanticipated increase in Statewide Automated Welfare System Maintenance and Operations. The invoice received in July, 2007 for June, 2007 services was more than budgeted due to a higher than anticipated increase in costs from the State. The department under spent in maintenance of buildings. Therefore, there is money to pay for the increase in the automated system. Your Board typically approves these transfers to allow the departments to keep budget units in balance.

**Financial**

The budget transfer total for the unit 001-0501 is \$ 1,500. This transfer is 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	0412	Equipment Maintenance		1,500	
001	0501-661	0413	Building Maintenance			1,500
<b>TOTALS</b>					1,500	1,500

TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
<b>TOTALS</b>						

**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 year end invoices.

DEPT HEAD SIGNATURE *Cheryl R...* DATE 7/27/2007

APPROVED BY RES NO. 07-400 CLERK *MMJ* DATE 8-21-07

DEPARTMENT Human Services

AUDITOR'S USE ONLY  
BA #