

DEPARTMENT: Community Services/Transit Service BY: Mary E. Williams PHONE: 966-5315

**RECOMMENDED ACTION AND JUSTIFICATION:** Request the Board of Supervisors approval to purchase a replacement Van. Medical Transportation Van VT17, mileage 131,912, needs transmission replaced. At the present time the Medical Transportation program has only one Van and a small loaner car from Public Works, therefore would also like to request waiver on the three bid requirement due to immediate need and the other medical vehicles are Chevrolet Venture Vans. Funds are in the current Transit Budget. If request is approved, Public Works would like permission to dispose VT17 at auction.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

Historically the Board has approved the purchase of vans or busses if the funding is in the current year's budget.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Continue to use Public Works small loaner car that is not adequate for medical transportation. Some of the seniors are not able to get in or out of the smaller vehicles, so would not be able to transport them.

Financial Impact? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially Funded		
Amount in Budget: \$ 29,922 -0-		List Attachments, number pages consecutively
Additional Funding Needed: \$ 29,922		Budget Action
Source:		
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.: 07-41 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.

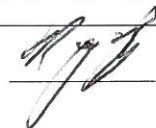
Date: \_\_\_\_\_  
Attest: MARGIE WILLIAMS, Clerk of the Board  
County of Mariposa, State of California

By: \_\_\_\_\_  
Deputy

**COUNTY ADMINISTRATIVE OFFICER:**

Requested Action Recommended  
 No Opinion  
Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAO: 

# BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
606	0306	601.06-40	Vehicles		29,922	
606	0306	601.04-16	Miscellaneous Expense			29,922
TOTALS					29,922	29,922

TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
TOTALS					0	0

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;

**To appropriate funds to replace van.**

DEPT HEAD SIGNATURE <i>Mary E. Williams</i>	DATE <i>1-26-07</i>
APPROVED BY RES NO. <i>07.44</i> CLERK <i>MW</i>	DATE <i>2-6-07</i>

<p style="color: blue; font-size: 1.2em; margin: 0;"><b>TRANSIT</b></p> <p style="margin: 0;">DEPARTMENT</p>	<p style="margin: 0;">AUDITOR'S USE ONLY</p> <p style="margin: 0;">BA #</p>
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