

96-293

MARIPOSA COUNTY AGENDA DATE: 6/25/96
BOARD OF SUPERVISORS ACTION FORM AGENDA ITEM NO. 5

HUMAN SERVICES DEPARTMENT BY: TOM ARCHER PHONE: 966-2131

RECOMMENDED ACTION AND JUSTIFICATION: (POLICY ITEM: YES ___ NO: x ___)

Adopt this resolution authorizing the Chair to sign an amendment to the 1995-96 Mental Health Contract with KingsView Corporation, reflecting a \$15,000. increase in realignment funds.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

On December 19, 1995, the Board of Supervisors adopted Resolution No. 95-538 approving the Mental Health Service contract with KingsView Corporation. Exhibit "C" of the subject contract reflected a total of \$454,273, which included an estimate of \$256,276 in realignment funds. This amendment increases the realignment amount by \$15,000 to an actual amount of \$271,276.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not accept the additional revenue in 1995-96 year.

COSTS: () Not Applicable
A. Budgeted current FY \$ _____
B. Total anticipated costs \$ _____
C. Required Add'l funding \$ _____
D. Source: _____

SPECIAL INSTRUCTIONS:
List the attachments and number pages accordingly:

3 page Amendment

SOURCE: (x) 4/5ths vote required
A. Internal transfers \$ _____
B. Unanticipated revenues \$ 15,000
C. Reserve for contingency \$ _____
D. Description: Addl. realignment fds
Balance in Reserve for Contingencies, if approved: \$ _____

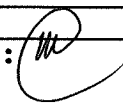
CLERK'S USE ONLY:
Resolution No.: 96-293
Ordinance No.: _____
Vote - Ayes: 5 Noes: _____
Absent: _____ Abstain: _____
Approved () Denied
() Minute Order Attached

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:
 Recommended
 Not Recommended
 Policy Determination
 Submitted w/Comment
 Returned for further action

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____
ATTEST: MARGIE WILLIAMS
Clerk of the Board of Supervisors
County of Mariposa, State of CA
By: _____
Deputy Clerk of the Board

Comment: _____

A.O. Initials: 

COUNTY OF
MARIPOSA

BUDGET ACTION FORM

DEPT/DIV: Human Services/Mental Health CONTACT: Tom Archer
 DATE: June 25, 1996 PHONE: 966-3609

ACTION REQUESTED: (Check All That Apply)

- (X) 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.

<u>FUND/DEPT/ACCT NO.</u>	<u>LINE ITEM DESCRIPTION</u>	<u>AMOUNT (FROM)/TO</u>
TO REVENUE		
001-0402-305.50-03	Mental Health Realignment	\$15,000.
EXPENDITURE		
001-0402-622.04-18	PS/Mental Health Contract	15,000.

Justification: \$15,000. increase in Realignment funds for 1995-96 FY

Department Head Signature: [Signature] Date: 6-11-96
 Approved By: Res. No. 96-293 Clerk: [Signature] Date: 6-25-96
 Auditor: [Signature] Date: 6/15/96

AUDITOR'S USE ONLY:
 Description: _____ Transfer No.: _____
 B.R. No.: _____