

95-85

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: 3-07-95
AGENDA ITEM NO.: CA-4

DEPARTMENT: Human Services Dept. BY: Tom Archer PHONE: 966-3609
Social Services Division

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___ No_X)

Approve the purchase of a replacement shredder for the Human Services Department.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Social Services Agencies are required to use secure methods in the disposal of all confidential materials. With the ban on burning at the County Dump the department developed shredding as an alternative method of secure disposal several years ago. The shredder is used on a regular basis to provide for the disposal of massive amounts of confidential paperwork, we estimate that the department shreds approximately 40+ bags (or 1,320 gallons of shredding) per month. Previous disposal methods were burning or burying confidential materials. Both methods contributed to problems at the County landfill. Shredding the confidential material has allowed this mass quantity of paper to be recycled. The current shredder purchased in 1988 has had several major components replaced and has been repaired several times but is now so worn it is viewed as no longer cost efficient to repair. With the increased volume of computer paper the need also arises for a heavier-duty shredder that can handle large computer print outs.

We are requesting transfer of funds from several old trust accounts to purchase a heavy duty shredder to replace the departments existing equipment. There should be no additional cost to the County.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Try to find another secure disposal method for confidential material. Other disposal methods would be less efficient and cost effective.

COSTS: () Not Applicable		SPECIAL INSTRUCTIONS:
A. Budgeted current FY	\$ 0	List the attachments and number
B. Total anticipated costs	\$ 1,300	the pages consecutively:
C. Required additional funding	\$ NA	
D. Internal Transfers	\$ 1,300	

SOURCE: () 4/5ths Vote Required		
A. Unanticipated revenues	\$ _____	
B. Reserve for contingencies	\$ _____	
C. Source description:	_____	
Balance in Reserve for Contingencies, if approved: \$	_____	

CLERK'S USE ONLY:
 Res. No.: 95-85 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____ Abstained: _____
 Approved _____ () Denied _____
 () Minute Order Attached () 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

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

Comment: _____

A.O. Initials: WP

COUNTY OF
MARIPOSA

BUDGET ACTION FORM

DEPT/DIV: Human Services

CONTACT: Sue Young

DATE: 3-07-95

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;
- (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;
- () 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
TRANSFER		
FROM: 117-1100-880-0787	IHSS Trust	\$ 450
154-1100-880-0787	Welfare Trust	571
001-0501-661-0417	Soc Serv/ Office Expense	279
TO: 001-0000-309-1600	GENERAL FUND	\$1,300
BUDGET REVISION		
FROM: 001-0000-309-1600	GENERAL FUND	\$1,300
TO: 001-0501-661-0680	Soc Serv/ Shredder	\$1,300

Justification: For the replacement of a department shredder

Department Head Signature: [Signature] Date: 2-23-95

Approved By: Res. 95-85 Clerk: hms Date: 3-7-95

Administrator: _____ Date: _____

Auditor: _____ Date: _____

AUDITOR'S USE ONLY:

Description: _____ Transfer No.: _____

B.R. No.: _____