

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

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes\_\_\_ No X)

That the Board approve the transfer of funds from the Human Services Department Communications line item to a determined fixed asset account for the purchase of a portable communications radio to increase the safety of the Welfare Fraud Investigator while in the field.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Welfare Fraud Investigator spends a good deal of her time in the field. When we are able to anticipate a situation that is potentially dangerous we request a Deputy to accompany her into the field. Due to the nature of the work each time the Investigator leaves the vehicle that maintains the communication with the Sheriff's Office and enters a residence there is potential for danger. Having the ability to communicate with the Sheriff's Department via a portable radio unit would help to secure the safety of the Investigator while outside the vehicle.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Communication with the Sheriff's Department when outside the County vehicle would still be unavailable to the Fraud Investigator continuing an unnecessary level of risk for the Fraud Investigator.

COSTS: ( ) Not Applicable		SPECIAL INSTRUCTIONS:
A. Budgeted current FY	\$ _____	List the attachments and number
B. Total anticipated costs	\$ <u>535.00</u>	the pages consecutively:
C. Required additional funding	\$ _____	_____
D. Internal Transfers	\$ <u>535.00</u>	_____

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.: 95-190 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: [Signature]

COUNTY OF  
MARIPOSA

BUDGET ACTION FORM

DEPT/DIV: Human Services

CONTACT: Sue Young

DATE: 5-10-95

PHONE: 966-3609

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 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.

<u>FUND/DEPT/ACCT NO.</u>	<u>LINE ITEM DESCRIPTION</u>	<u>AMOUNT (FROM)/TO</u>
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From:

001-0501-661-0406	Communications	\$535.00
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To:

001-0501-661-0683	Mobile Communications Radio	\$535.00
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Justification: \_\_\_\_\_

Department Head Signature:  Date: 5-3-95

Approved By: Res. No. 95-190 Clerk: MMS Date: 5-9-95

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Auditor: \_\_\_\_\_ Date: \_\_\_\_\_

AUDITOR'S USE ONLY:

Description: \_\_\_\_\_ Transfer No.: \_\_\_\_\_

B.R. No.: \_\_\_\_\_