

DEPARTMENT: Community Services BY: Jim Eutsler PHONE: 966-3696

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

Transfer \$250 within the Services & Supplies category of the Senior Nutrition Services Budget. The money is needed in Travel & Training due to unanticipated training requirements.

One Food Service Management session in August 1995 depleted nearly all of the Transportation & Travel line item.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has approved similar requests in the past; however, current policy requires a request by request review.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

None. Mission cannot be accomplished without funds. If disapproved, Department Heald will absorb own losses and pay staff out of pocket.

<p>COSTS: (X) Not Applicable</p> <p>A. Budgeted current FY \$ _____</p> <p>B. Total anticipated costs \$ _____</p> <p>C. Required additional funding \$ _____</p> <p>D. Internal transfers \$ _____</p> <p>SOURCE: ( ) 4/5ths Vote Required</p> <p>A. Unanticipated revenues \$ _____</p> <p>B. Reserve for contingencies \$ _____</p> <p>C. Source description: _____</p> <p>Balance in Reserve for Contingencies, if approved: \$ _____</p>	<p>SPECIAL INSTRUCTIONS:</p> <p>List the attachments and number the pages consecutively:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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CLERK'S USE ONLY:

Res. No.: 95-289 Ord. No. \_\_\_\_\_

Vote - Ayes: 5 Noes: \_\_\_\_\_

Absent: \_\_\_\_\_ Abstained: \_\_\_\_\_

Approved: \_\_\_\_\_ ( ) Denied

( ) 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

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

This item on agenda as:

Recommended

Not Recommended

For Policy Determination

Submitted with Comment

Returned for Further Action

Comment: \_\_\_\_\_

A.O. Initials: WP

COUNTY OF  
MARIPOSA

BUDGET ACTION FORM

Community Services/  
DEPT/DIV: Senior Nutrition Services CONTACT: Jim Eutsler  
DATE: June 20, 1995 PHONE: 966-3696

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.

FUND/DEPT/ACCT NO.	LINE ITEM DESCRIPTION	AMOUNT (FROM)/TO
050-0518-715.04-12	Maintenance Equipment	(\$250)
050-0518-715.04-49	Transportation & Travel	250

Justification: Required to complete required travel & training.

Department Head Signature: *Jim Eutsler* Date: 6.6.95  
Approved By: Res. No. 95-289 Clerk: *mw* Date: 6-20-95  
Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
Auditor: *[Signature]* Date: 6-7-95

AUDITOR'S USE ONLY:

Description: \_\_\_\_\_ Transfer No.: \_\_\_\_\_  
B.R. No.: \_\_\_\_\_