

DEPARTMENT: Human Services/BHRS

BY: James Rydingsword
PHONE: (209) 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully requested that your Board approve the increase in revenue and expenses for C-IV support staff.

(4/5th)

BACKGROUND AND HISTORY OF BOARD ACTIONS:

See Attached Board Memo.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

See Attached Board Memo.

| | | |
|---|---------------------|--|
| Financial Impact? () Yes (X) No | Current FY Cost: \$ | Annual Recurring Cost: \$ |
| Budgeted In Current FY? () Yes () No () Partially Funded | | |
| Amount in Budget: \$ | | List Attachments, number pages consecutively |
| Additional Funding Needed: \$ | | Board Memo, Page 1 |
| Source: | | Budget Action Forms, Pages 2-4 |
| Internal Transfer | | |
| 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. 09-9 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____
 Approved
 Minute Order Attached No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
 Comments: _____

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

CAO: [Signature]



**MARIPOSA COUNTY
HUMAN SERVICES DEPARTMENT**

P.O. Box 99 • Mariposa, CA 95338 • (209) 966-2000 • Fax (209) 966-8251

□ Behavioral Health & Recovery □ Community Action □ Housing Authority □ Public Guardian/Conservator □ Social Services
JAMES A. RYDINGSWORD, DIRECTOR

January 13, 2009

TO: Members, Board of Supervisors
Rick Benson, CAO
FROM: James Rydingsword, Director *JAR*
RE: C-IV Support Staff Expenses

Recommendation

It is respectfully requested that your board approve the increase in revenue and expenses for C-IV support staff.

Background/Current Situation

On December 16, 2008 your board approved the short term hire of county social service staff to the State C-IV project. These two staff members will be based in Mariposa County and will travel to other counties as C-IV project staff. Mariposa County will be responsible for all expenses for the staff and will be reimbursed by the State through the C-IV Project as we submit claims for these expenses.

The attached budget action form increases the associated revenue streams and establishes an appropriation line for expenses other than salaries and benefits.

Financial

The Social Service trust fund #363 State revenue line is being increased by the amount anticipated to be reimbursed by the state for C-IV staff costs. The associated transfer out and transfer in lines have been increase by the same amount. The Realignment fund #394 transfer out to the operating budget is being decreased by the amount of salary and benefit savings associated with the under-fill of the position held by staff that are now with the C-IV project. The operating budget unit #001-0528 will have an increase in state revenue, decrease in realignment, establishment and funding of C-IV Support Staff expenses line 04-92.

There is no impact to the general fund.

BUDGET ACTION FORM

| FUND | DEP/DIV | ACCOUNT | DESCRIPTION | PROJECT | INCREASE | DECREASE |
|--------|---------|----------|----------------------------|---------|----------|----------|
| 001 | 0528 | 309.1694 | Realignment | | | (9,504) |
| 001 | 0528 | 309.1716 | State Administration | | (96,000) | |
| 001 | 0528 | 677.0173 | EW I-III | | 28,000 | |
| 001 | 0528 | 677.0310 | FICA | | 1,740 | |
| 001 | 0528 | 677.0311 | MEDICARE | | 407 | |
| 001 | 0528 | 677.0313 | MEDICAL/DENTAL/VISION | | 7,088 | |
| 001 | 0528 | 677.0314 | RETIREMENT/EMPLOYER | | 5,469 | |
| 001 | 0528 | 677.0315 | RETIREMENT/EMPLOYEE | | 2,180 | |
| 001 | 0528 | 677.0316 | DEFERRED COMPENSATION | | 1,566 | |
| 001 | 0528 | 677.0317 | LIFE INSURANCE | | 46 | |
| 001 | 0528 | 677.0492 | CIV Support Staff Expenses | | 40,000 | |
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| | | | | | | |
| TOTALS | | | | | (9,504) | (9,504) |

| TRANSFER BETWEEN FUNDS | | | | | DEBIT | CREDIT |
|------------------------|--|--|--|--|-------|--------|
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| | | | | | | |
| 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;

JUSTIFICATION Reimbursement of C-IV expenses and overfill project staff positions

| | |
|-------------------------------|---------------|
| DEPT HEAD SIGNATURE | DATE 12-31-08 |
| APPROVED BY RES NO 09-9 CLERK | DATE 1-13-09 |

Employment & Community Dev.
DEPARTMENT Human Services

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| AUDITOR'S USE ONLY |
| BA # |

BUDGET ACTION FORM

| FUND | DEP/DIV | ACCOUNT | DESCRIPTION | PROJECT | INCREASE | DECREASE |
|---------------|---------|----------|---------------|---------|--------------|--------------|
| 394 | 0523 | 660.0416 | Miscellaneous | | 9,504 | |
| 394 | 0523 | 660.0787 | Transfer out | | | 9,504 |
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| TOTALS | | | | | 9,504 | 9,504 |


| TRANSFER BETWEEN FUNDS | | | | DEBIT | CREDIT |
|------------------------|--|--|--|----------|----------|
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| | | | | | |
| | | | | | |
| 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

(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;

JUSTIFICATION Transfer out to 001-0528 reduced due to salary savings with CIV

DEPT HEAD SIGNATURE  DATE 12-31-08

APPROVED BY RES NO. 001-9 CLERK  DATE 1-13-09

DEPARTMENT Realignment - Social Services
Human Services

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| AUDITOR'S USE ONLY BA # |
|-----------------------------------|

BUDGET ACTION FORM

| FUND | DEP/DIV | ACCOUNT | DESCRIPTION | PROJECT | INCREASE | DECREASE |
|--------|---------|---------|----------------------|---------|----------|----------|
| 363 | 0305 | 4505 | State Administration | | (96,000) | |
| 363 | 0513 | 0704 | State Administration | | 96,000 | |
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| TOTALS | | | | | 0 | 0 |

| 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;

JUSTIFICATION Increase to allow for CIV support staff reimbursement and expenses.

| | |
|--------------------------------|--------------|
| DEPT HEAD SIGNATURE | DATE 1-8-09 |
| APPROVED BY RES NO. 09-9 CLERK | DATE 1-13-09 |

Assistance Advance
DEPARTMENT Human Services

AUDITOR'S USE ONLY
BA #