

DEPARTMENT: Human Services / Social Services BY: James Rydingsword  
PHONE: (209) 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully recommended that your Board authorize the Department to amend the contract with Edna Terrell for consulting services for Human Services Programs.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Mrs. Terrell is currently under contract with the Mariposa Department of Human Services to assist in system improvement efforts. She brings a wealth of knowledge and experience which support these endeavors. We are pleased with services to date which have assisted staff in providing better client services.

The term of the original contract is July 1, 2009 through June 30, 2010. The amendment will increase the not to exceed amount from \$25,000 or 500 hours, to \$45,000 or 900 hours for this fiscal year.

FINANCIAL

The attached budget action form redistributes the Social Services budget unit 001-0501 expense lines to allow for this contract amendment. There is no impact to the general fund.


ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Financial Impact? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Current FY Cost: \$ 25,000	Annual Recurring Cost: \$
Budgeted In 2009/10 FY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Partially Funded		
Amount in Budget: \$25,000		List Attachments, number pages consecutively
Additional Funding Needed: \$20,000		Amendment, Page 1
Source:		Budget Action Form, Page 2
Internal Transfer <input checked="" type="checkbox"/>		
Unanticipated Revenue _____	4/5's vote	
Transfer Between Funds _____	4/5's vote	
Contingency _____	4/5's vote	
<input type="checkbox"/> General <input type="checkbox"/> Other		

CLERK'S USE ONLY:

Res. No.: 09-600 Ord. No. \_\_\_\_\_  
Vote - Ayes: 4 Noes: \_\_\_\_\_  
Absent: Ribby  
Approved  
 Minute Order Attached  No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended  
 No Opinion  
Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CAO: 

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

## BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0501	661.0418	Professional Services		20,000	
001	0501	661.0437	Purchased Services			20,000
<b>TOTALS</b>					20,000	20,000

TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
<b>TOTALS</b>						

**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 per contract amendment.

DEPT HEAD SIGNATURE Jim Rydinger

DATE 12-8-09

APPROVED BY RES NO. \_\_\_\_\_

CLERK \_\_\_\_\_

DATE \_\_\_\_\_

DEPARTMENT Human Services

**AUDITOR'S USE ONLY**  
BA # \_\_\_\_\_