

DEPARTMENT: Planning

BY: Eric Jay Toll
PHONE 209-966-0302

RECOMMENDED ACTION AND JUSTIFICATION:

Approve increase in Solid Waste Special Project, Compost Facility, Professional Services line item 604-0404-654-0418 from Fixed Assets line item 604-0404-654-0694 to cover costs of biological reconnaissance, mitigation and change in vendor

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Final costs on the Composting EIR.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

None

Financial Impact? () Yes () No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? () Yes () No () Partially Funded		
Amount in Budget: \$ _____		
Additional Funding Needed: \$ _____		Budget Action
Source:		
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.: 03-357 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]*

BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
604	0404-654	0418	Professional Services	Compost	\$17,000	
604	0404-654	0694	Fixed Assets	Compost		\$17,000
001	0104	414-1090	GENERAL CONTINGENCY			
				TOTAL	\$17,000	\$17,000

TRANSFER BETWEEN FUNDS						
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 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;

JUSTIFICATION: To cover costs to biological reconnaissance, mitigation and change in vendor.

DEPT HEAD SIGNATURE *[Signature]* DATE 10/03/03

APPROVED BY RES NO. 03-357 CLERK *[Signature]* DATE 10-14-03

AUDITOR'S USE ONLY BA #
