

DEPARTMENT: Community Services
Nutrition Services

BY: Mary Williams/966-5315

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes_()_No_(x))

Approve transfer of expenditures in the Nutrition programs to cover the cost of labor and replacement of compressor for the walk-in refrigerator and freezer.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Board has historically approved Departments to transfer available funds to cover unexpected cost of equipment repair.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Walk-in refrigerator and freezer needed the new compressor for the raw and frozen food needed in the Nutrition meal programs.
2. Give direction to staff.

COSTS: (x) Not Applicable

A. Budgeted current FY \$ _____

B. Total anticipated costs \$ _____

C. Required additional funding \$ _____

D. Internal transfers \$ _____

SOURCE: () 4/5ths Vote Required

A. Unanticipated revenues \$ _____

B. Reserve for contingencies \$ _____

C. Source description: _____

Balance in Reserve for Contingencies, if approved: \$ _____

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

CLERK'S USE ONLY:

Res. No.: 03-284 Ord. No. _____

Vote - Ayes: _____ 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: MW

