

DEPARTMENT: Human Services

BY: Cheryle Rutherford-Kelly
PHONE: 966-2442

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully requested that your Board authorize the transfer of \$5,000 from salary savings, 001-0402-622.01-03, within the Mental Health budget to Professional Services, 001-0402-622.04-41, to cover the cost of contract personnel, previously authorized, for the Children's System of Care.

A miscalculation at mid-year resulted in the Professional Services line item being reduced by too much. Additional funding is needed in order to continue the contract services for the Children's System of Care program. Salary savings is available because the Deputy Director of Behavioral Health position is vacant.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Financial Impact? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially Funded		
Amount in Budget: \$ <u>8,400</u>		List Attachments, number pages consecutively
Additional Funding Needed: \$ <u>5,000</u>		Budget Action Form
Source:		
Internal Transfer <u>X</u>		
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.: 03-18 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____
AW Approved
() 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

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
Comments:

CAO: [Signature]

BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0402-622	04-41	Professional Services		5,000	
001	0402-622	01-03	Behaviorial Health Deputy			5,000
TOTALS					5,000	5,000

TRANSFER BETWEEN FUNDS				DEBIT	CREDIT
TOTALS					

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 needed to cover costs of contract personnel.

DEPT HEAD SIGNATURE <i>Chyl. Ref</i>	DATE <i>4-21-03</i>
APPROVED BY RES NO. <i>03-118</i> CLERK <i>mmj</i>	DATE <i>4.22.03</i>

DEPARTMENT	AUDITOR'S USE ONLY BA #
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