

DEPARTMENT:

Public Health

BY:

C. B. Mosher, MD, Health Officer

PHONE:

966-3689

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend authorization to transfer funds from a line item for general office expenses to a line item for program - specific office expenses.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Auditor requires separate line items to facilitate accounting.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Maintain funds within general office expense line item and reconstruct auditing information in the future as required (much more time consuming).

COSTS: (X) Not Applicable
A. Budgeted current FY \$ _____
B. Total anticipated costs \$ _____
C. Required Add'l funding \$ _____
D. Source: _____

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

SOURCE: () 4/5ths Vote Required
A. Internal transfers \$ _____
B. Unanticipated revenues \$ _____
C. Reserve for contingency \$ _____
D. Description: _____
Balance in Reserve for Contingencies, if approved: \$ _____

CLERK'S USE ONLY:

Res. No.: 90-95
Ord. No.: _____
Vote - Ayes: 5 Noes: _____
Absent: _____ Abstained: _____
mw Approved () Denied
() Minute Order Attached

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

This item on agenda as:
 Recommended
 Not Recommended
 For Policy Determination
 Submitted with Comment
 Returned for Further Action

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____

ATTEST: MARGIE WILLIAMS
Clerk of the Board of Supervisors
County of Mariposa, State of CA

By: _____
Deputy

Comment: _____

A.O. Initials: JWM
by mw

BE IT RESOLVED by the Board of Supervisors of Mariposa County, a political subdivision of the State of California, that pursuant to the provisions of the Government Code of the State of California, Sections 9120 et seq., the following APPROPRIATIONS and/or TRANSFERS within the Budget of the County of Mariposa are hereby adopted:

<u>Department</u>	<u>APPROPRIATIONS (4/5ths Vote Required)</u>	<u>Account No.</u>	<u>Amount</u>
	<u>Item</u>		

<u>Department</u>	<u>TRANSFERS (3/5ths Vote Required)</u>	<u>Account No.</u>	<u>Amount</u>
	<u>Item</u>		

From:	Health Department	Office Expenses	019-450-2-170	\$400.00
To:	Health Department	SpDep CHDP	019-450-2-235	\$400.00