

DEPARTMENT: Administration BY: John W. McCamman PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION:

Adopt this resolution appropriating \$15,000 from the Reserve for Contingencies to fund the mid-year budget adjustments previously approved by the Board of Supervisors.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Department Heads were requested to provide information for the Mid-Year Financial Report to the Administrative Office by 2/10/90. On 4/3/90 the Board approved the financial transactions included with the Mid-Year Financial Report. Between the time the information was requested and presented to the Board, an item had been approved which was not reflected in the figures supplied in the Report. This appropriation is needed to fund all adjustments approved at the time the Mid-Year Financial Report was presented.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Adopt this resolution and fund the approved transactions.
2. Do not approve the resolution and fund only part of the approved transactions.

COSTS: ( ) Not Applicable

A. Budgeted current FY \$ -0-

B. Total anticipated costs \$87,681

C. Required add'l funding \$15,000

D. Source: Various transfers and Reserve for Contingencies

SOURCE: ( X ) 4/5ths Vote Required

A. Internal transfers \$ \_\_\_\_\_

B. Unanticipated revenues \$ \_\_\_\_\_

C. Reserve for Contingency \$15,000

D. Description: \_\_\_\_\_

Balance in Reserve for Contingency if approved: \$ 27,002.97

SPECIAL INSTRUCTIONS:

List the attachments and number the pages consecutively:

Resolution \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLERK'S USE ONLY:

Res. No.: 90-220

Ord. No.: \_\_\_\_\_

Vote - Ayes: 4 Noes: \_\_\_\_\_

Absent: Reggett Abstained: \_\_\_\_\_

Yms Approved JP ) Denied \_\_\_\_\_

( ) Minutes 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

County of Mariposa, State of CA

By: \_\_\_\_\_

Deputy

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A.O. Initials: JWM

by MWS