

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

RECOMMENDED ACTION AND JUSTIFICATION:

If the Board approves the specific use of the Special District Augmentation Fund balance as proposed by the Hospital, direct that the funds be released to the Hospital conditional upon the ambulance being fully funded through the remainder of the 1989/90 fiscal year.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has previously directed that the \$17,503 in the Special District Augmentation Fund be utilized for items as requested by the Hospital in the attached memo and approved by the Board of Supervisors.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Approve the specific use of Special District Augmentation Funds as outlined.
2. Approve other uses for Special District Augmentation Funds.

COSTS: ( ) Not Applicable

A. Budgeted current FY \$17,503

B. Total anticipated costs \$17,503

C. Required add'l funding \$ -0-

D. Source: Special Dist Augmentation Fund

SPECIAL INSTRUCTIONS:

List the attachments and number the pages consecutively:  
Correspondence from Hospital

SOURCE: ( ) 4/5ths Vote Required

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

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

C. Reserve for Contingency \$ \_\_\_\_\_

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

Balance in Reserve for Contingency if approved: \$ \_\_\_\_\_

CLERK'S USE ONLY:

Res. No.: 90-232

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

Vote - Ayes: 5 Noes: \_\_\_\_\_

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

( ) Approved ( ) Denied

(X) 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: 