

DEPARTMENT: District Attorney BY: Marita Green, Program Manager PHONE: 966-3400
Family Support

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No X)
Resolution approving increasing appropriation for Fixed Assets and Revenue to enable the Family Support Division to purchase and install three computer workstations and two printers necessary for conducting interviews and investigations after moving to larger workspace. Approval for claiming the costs for reimbursement by the State of California, Health & Human Services Agency has been received, see (Attachment #1).

Approval is also requested to purchase the hardware from the State of California Multiple Award Schedule (CMAS) Contract Number 3-97-00-0122B Schedule A-GSA-GS00K96AJD0014 (SAIC) Expiration 12/30/2000, see (Attachment #2). The total cost for the project to purchase, install and test new and existing hardware is \$19,151.91, see (Attachment #3).

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has previously authorized purchases from the State of California Multiple Award Schedule.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

A negative action, regarding the budget action, would cause the Family Support Division not to be able to purchase necessary computer equipment or move existing equipment to larger office space.

A negative action, regarding the purchase through the State Contract, would require the Family Support Division to go through the open bidding process which will take additional time and not be cost effective.

COSTS: () Not Applicable	
A. Budgeted current FY	\$ _____
B. Total anticipated costs	\$ 19,151.91
C. Required additional funding	\$ _____
D. Internal transfers	\$ _____
SOURCE: () 4/5ths Vote Required	
A. Unanticipated revenues	\$ 19,151.91
B. Reserve for contingencies	\$ _____
C. Source description:	_____
Balance in Reserve for Contingencies, if approved: \$ _____	

- SPECIAL INSTRUCTIONS:**
List the attachments and number the pages consecutively:
1. Approval letter from State of California, Health & Human Services. (2 pages)
 2. Copy of CMAS (1 page)
 3. Cost Estimate & Proposal (3 pages)

CLERK'S USE ONLY:
 Res. No.: 00-32 Ord. No. _____
 Vote - Ayes: 5 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

COUNTY ADMINISTRATIVE OFFICER'S RECOMMENDATION:
 This item on agenda as:

Recommended
 Not Recommended
 For Policy Determination
 Submitted with Comment
 Returned for Further Action

Comment: _____
 C.A.O. Initials: [Signature]

BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0207	306.7209	Child Support Administration		(19,151.91)	
001	0207	515.0677	PC Computer System		19,151,91	
0001	0104	414-1090	GENERAL CONTINGENCY			
TRANSFER BETWEEN FUNDS						
TOTALS					-0-	

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
 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:
Appropriation increasing Fixed Assets to allow purchase of computer equipment. Increase revenue to reflect reimbursement of costs.

DEPT. HEAD SIGNATURE *Christine Johnson* DATE 1-13-2000
APPROVED BY RES. NO. 00-32 CLERK *mmj* DATE 1-25-00

AUDITOR'S USE ONLY
BA #