

DEPARTMENT: Planning

By: Sarah Williams,
Interim Planning Director

Phone: 966-5151

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No X)

Increase revenue (#001-0249-575-1114) in the amount of \$100,000 and expenditures (#001-0249-575-0438) in the amount of \$100,000 to reflect activity in the Silver Tip Lodge Application as recommended by the County Administrator and Auditor.

This action is needed for auditing and tracking purposes only. There is NO cost to the county.

There is a trust fund already set up to collect and hold funds for the Silver Tip project processing. The need for these line items was identified by the Auditor when the first bill for the EIR consultant was submitted for payment to the Auditor. Auditor was unable to pay bill from trust fund.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

This item should have been included in the mid-year budget package. Staff was unaware that this was a necessity until after the mid-year budget package had been prepared.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Alternative: Continue Matter

Negative Action: Improper Accounting procedures.

COSTS: (X) Not Applicable

A. Budgeted current FY \$ _____

B. Total anticipated Costs \$ _____

C. Required additional funding \$ _____

D. Internal transfers \$ _____

COSTS: () 4/5th Vote Required

A. Unanticipated revenues \$ _____

B. Reserve for contingencies \$ _____

C. Source description: _____

Balance in Reserve Contingencies, If Approved:
\$ _____

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

CLERK'S USE ONLY

Res. No.: 00-105 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

By: _____

Deputy

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

This item on agenda as:

_____ Recommended

_____ Not Recommended

_____ For Policy Determination

_____ Submitted for Comment

_____ Returned for Further Action

Comment: _____

A.O. Initials: _____

BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0249	308-1114	Silver Tip Resort Village		<\$100,000.00>	
001	0249	575-0430	Silver Tip Resort		\$100,000.00	
001	0104	414-1090	GENERAL CONTINGENCY			
TRANSFER BETWEEN FUNDS						
001	0249	308-1114	Silver Tip Resort Village		\$47,346.91	
204	0000	227-0000	Silver Tip Trust Fund			\$47,346.91
					\$0.00	\$0.00

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 with a budget unit;

JUSTIFICATION - Increase of revenue and expenditures to reflect current activity for auditing and tracking purposes.

Transfer necessary to pay bill.

DEPT HEAD SIGNATURE *[Signature]* DATE 3/21/00
 APPROVED BY RES NO. 00-105 CLERK *[Signature]* DATE 3-28-00

AUDITOR'S USE ONLY
BA#