

DEPARTMENT: District Attorney BY: Christine Johnson PHONE: (209) 966-3626
Family Support

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

It is requested that a resolution approving and authorizing the Chairman to execute a Personal Services Agreement with Barbara Gann Shouten for her services to assist in the auditing, extraction and input of designated case financial information into the Statewide Automated Child Support System.

It is requested that the funds for paying the costs associated with this Personal Services Agreement be transferred from Extra Help to Professional Services within the District Attorney/Family Support approved budget.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board of Supervisors approved the costs of extra help during the 1995/1996 budget process. The costs are to be offset by previously approved revenues anticipated from the Department of Social Services.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Negative action would result in this office not being able to utilize the services of Barbara Gann Schouten.

COSTS: <input checked="" type="checkbox"/> Not Applicable	
A. Budgeted current FY	\$ _____
B. Total anticipated costs	\$ _____
C. Required additional funding	\$ _____
D. Internal transfers	\$ <u>3700.00</u>
SOURCE: () 4/5ths Vote Required	
A. Unanticipated revenues	\$ _____
B. Reserve for contingencies	\$ _____
C. Source description:	_____
Balance in Reserve for Contingencies, if approved: \$	_____

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

CLERK'S USE ONLY:
Res. No.: 95-447 Ord. No. _____
Vote - Ayes: _____ Noes: _____
Absent: Tolan 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

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

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

Comment: _____

A.O. Initials: M

COUNTY OF
MARIPOSA

BUDGET ACTION FORM

DEPT/DIV: DISTRICT ATTORNEY/FAMILY SUPPORT CONTACT: CHRISTINE JOHNSON/MARITA GREEN

DATE: October 10, 1995

PHONE: (209) 966-3626

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 appropriating Reserve for Contingencies;
- (X) Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit;
- () Transfer by Administrator: Moving existing appropriations within a single budget category between line items (i.e. services and supplies, etc.)
- () Transfer by Auditor: Moving salaries between line items to accommodate variances internal to salaries; OR transfers within the County budget under \$50.00 to accommodate minor variations from the budget.

<u>FUND/DEPT/ACCT NO.</u>	<u>LINE ITEM DESCRIPTION</u>	<u>AMOUNT (FROM)/TO</u>
FROM:		
001-0207-515.02-01	EXTRA HELP	(\$3,700)
TO:		
001-0207-515.04-18	PROFESSIONAL SERVICES	3,700

Justification: To transfer funds from extra help line item to Professional Services in order to pay invoices submitted by the Contractor named in Personal Services Agreement.

Department Head Signature: Christine D. Johnson Date: 9-29-95
Approved By: Res. No. 95-447 Clerk: ms Date: 10-10-95
Administrator: _____ Date: _____
Auditor: _____ Date: _____

AUDITOR'S USE ONLY:

Description: _____ Transfer No.: _____
B.R. No.: _____