

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: Feb. 6, 1990
AGENDA ITEM NO. RA10

DEPT.: COUNTY COUNSEL

BY: JEFFREY G. GREEN

PHONE: 966-3625

RECOMMENDED ACTION AND JUSTIFICATION:

Approve budget transfer in the amount of \$85 from Office Expense to Membership from within County Counsel's budget. This transfer is necessary to cover unanticipated assessment of litigation cost through CSAC together with increased fees.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Board usually approves internal budget transfers.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

N/A

COST: (x) Not Applicable
A. Budgeted current FY \$ _____
B. Total anticipated costs \$ _____
C. Required add'l funding \$ _____
D. Source: _____

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
Budget Transfer Form

SOURCE: () 4/5ths Vote Required
A. Internal transfers \$ _____
B. Unanticipated revenues \$ _____
C. Reserve for contingency \$ _____
D. Description: _____
Balance in Reserve for Contingencies, if approved: \$ _____

CLERK'S USE ONLY:
Resolution No. 90-54
Ordinance No. _____
Vote: Ayes: 5 Noes: _____
Absent: _____ Abstained: _____
mm) Approved () Denied
() Minute Order Attached

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:
X 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
Clerk of the Board of Supervisors
County of Mariposa, State of Calif.
By: _____
Deputy

Comment: _____

A.O. Initials: [Signature]

BE IT RESOLVED by the Board of Supervisors of Mariposa County, a political subdivision of the State of California, that pursuant to the provisions of the Government Code of the State of California, Sections 29120 et seq., the following APPROPRIATIONS and/or TRANSFERS within the Budget of the County of Mariposa are hereby adopted:

<u>Department</u>	<u>APPROPRIATIONS (4/5ths Vote Required)</u> <u>Item</u>	<u>Account No.</u>	<u>Amount</u>
-------------------	---	--------------------	---------------

<u>Department</u>	<u>TRANSFERS (3/5ths Vote Required)</u> <u>Item</u>	<u>Account No.</u>	<u>Amount</u>
FROM: County Counsel	OFFICE EXPENSE	019-160-2-170	\$85.00
TO: County Counsel	MEMBERSHIP	019-160-2-150	\$85.00