

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: JUNE 26, 1990
AGENDA ITEM NO: 4-A

DEPARTMENT: SHERIFF'S

BY: CMDR. SINCLAIR PHONE: 966-3614

RECOMMENDED ACTION AND JUSTIFICATION:

APPROVE THE TRANSFER OF FUNDS WITHIN THE JAIL BUDGET TO MEET ADDITIONAL MEDICATION COSTS FOR INMATES. WE ARE REQUIRED BY LAW TO PROVIDE ADEQUATE MEDICAL CARE FOR INMATES IN THE COUNTY JAIL.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

THE BOARD HAS APPROVED THESE REQUESTS ON A CASE BY CASE BASIS.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

THE COSTS FOR INMATE MEDICATION WILL REMAIN UNPAID UNTIL THE NEXT FISCAL YEAR.

COSTS: () Not Applicable
A. Budgeted current FY \$4,200
B. Total anticipated costs \$5,200
C. Requires add'l funding \$1,000
D. Source: TRANSFER

SPECIAL INSTRUCTIONS:

List the attachments and number the pages consecutively:

SOURCE: () 4/5ths Vote Required
A. Internal transfers \$1,000
B. Unanticipated revenues \$
C. Reserve for Contingency \$
D. Description:
Balance in Reserve for Contingency if approved: \$

CLERK'S USE ONLY:

Res. No.: 90-316
Ord. No.:
Vote: Ayes: 5 Noes:

ADMINISTRATIVE OFFICER'S

RECOMMENDATION:

This item on the agenda as:

mur Absent: Abstained:
Approved () Denied
() Minute Order Attached
The foregoing instrument is a correct copy of the original on file in this office.

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

Date:

Comment:

ATTEST: MARGIE WILLIAMS
County of Mariposa, State of Ca.

By: Deputy

A. O. Initials: *JWm* by *mur*

MARIPOSA COUNTY
BOARD OF SUPERVISORS

BUDGET
ACTION FORM

RES. NO. 90-316

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:

APPROPRIATIONS (4/5ths Vote Required)

| <u>Department</u> | <u>Item</u> | <u>Account No.</u> | <u>Amount</u> |
|-------------------|-------------|--------------------|---------------|
|-------------------|-------------|--------------------|---------------|

TRANSFERS (3/5ths Vote Required)

| <u>Department</u> | <u>Item</u> | <u>Account No.</u> | <u>Amount</u> |
|-------------------|----------------|--------------------|---------------|
| FROM: JAIL | JANITORIAL | 019-350-2-090 | \$1,000 |
| TO: JAIL | SUPPORT & CARE | 019-350-3-400 | \$1,000 |