MARIPOSA COUNTY BOARD OF SUPERVISORS AGENDA ACTION FORM DATE: \\-\3-90 AGENDA ITEM NO.:RA\8

DEPARTMENT: Health

BY: Charles B. Mosher, M.D.

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RECOMMENDED ACTION AND JUSTIFICATION:

The Health Officer negotiated with Doreen Wysocki of Department of Health Services the granting of an additional \$19,000 to Mariposa County in partial restitution for the prolonged vacancy of a sanitarian position last year. This money is available to us if this amendment is signed. The Health Officer has already invoiced Department of Health Services for the full amount. Funds are desperately needed to replenish budget cuts suffered during FY 90-91 hearing, just to maintain the current operation.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

NA

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Loss of \$19,000 unanticipated revenue.

COSTS: () Not Applicable A. Budgeted current FY \$ 29.580 B. Total anticipated costs \$ 48.580 C. Required Add'l funding \$ 19.000 D. Source: Unanticipated Revenue #001-800-	List the attachments and number the pages consecutively:
SOURCE: (X) 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: Res. No.:	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:

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>	APPROPRIATIONS (Item	4/5ths Vote Required) Account No.	Amount
From: TO:	Unticipated Revenue General Contingency	001-800-5-314 001-103-6-000	19,000 19,000
From: TO : Health Dept.	General Contingency Extra Help Office Supplies Medical Supplies/Stat	001-103-6-000 019-450-1-003 019-450-2-170 ce 019-450-2-141	19,000 8,020 6,000 4,980

TRANSFERS (3/5ths Vote Required)

Department Item Account No.

Amount