

DEPARTMENT: District Attorney/Family Support By: Marita Green

PHONE: 966-3400

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No_X_)

It is recommended that a resolution be adopted authorizing the Auditor to increase revenue and appropriations to reflect costs associated with the transition of the Family Support Division from the District Attorney's Office to the new Department of Child Support Services scheduled to take place July 1, 2001.

The State Department of Child Support Services has approved the administrative and operating costs expended during the current fiscal year that may be claimed as transition costs. Adjustments to the revenue and appropriations line items of the Family Support Division's budget unit are necessary in order to claim for reimbursement by the State Department of Child Support Services.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has previously approved adjustments to budget units.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

- 1) Approve
- 2) Provide alternative direction

COSTS: () Not Applicable	
A. Budgeted current FY	\$ _____
B. Total anticipated costs	\$ 10,964
C. Required additional funding	\$ 10,964
D. Internal transfers	\$ _____
SOURCE: (x) 4/5ths Vote Required	
A. Unanticipated revenues	\$ 10,964
B. Reserve for contingencies	\$ _____
C. Source description: 66% Federal 34% State Funds	
Balance in Reserve for Contingencies, if approved: \$ _____	

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

CLERK'S USE ONLY:
 Res. No.: 01-178 Ord. No. _____
 Vote - Ayes: 4 Noes: _____
 Absent: Marita 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

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

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

Comment: _____

C.A.O. Initials: *sd*

BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0207	305-6205	Child Supp Incentives		(3,728)	
001	0207	306-7209	Child Supp Administration		(7,236)	
001	0207	515-0417	Office Expenses		2,060	
001	0207	515-0910	Intrafund Transfers (Transition)		8,904	
0001	0104	414-1090	GENERAL CONTINGENCY			
				TOTAL	0	0
TRANSFER BETWEEN FUNDS						
TOTALS						

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 within a budget unit

JUSTIFICATION:
 Increase revenue and appropriations to reflect Transition related costs to be claimed for reimbursement.

DEPT. HEAD SIGNATURE *Christine D. Johnson* DATE 6-8-01
 APPROVED BY RES. NO. 01-178 CLERK mm DATE 6-19-01

AUDITOR'S USE ONLY BA #
