DEPARTMENT: District Attorney  BY: William Flaherty  PHONE: 742-7441

RECOMMENDED ACTION AND JUSTIFICATION:  (Policy Item: Yes ___No

Request Resolution authorizing the District Attorney Statutory Rape Vertical Prosecution Advocate to become a full time position with Benefits for the period from December 1, 2001 to June 30, 2002. Unused funds are available in the District Attorney Statutory Rape Vertical Prosecution Program Grant due to an extension of the 2000-2001 grant and retirement of the Statutory Rape Vertical Prosecution Program Deputy D.A.

Continued full time employment as opposed to 80% Permanent Part-time Employment for the following grant year 2002-2003, will be determined by continued grant funding and amount of funds available. The employee understands the conditions of grant funding.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board of Supervisors has shown support for the District Attorney Statutory Rape Vertical Prosecution Program in the past.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

A negative action would negate additional provisions of services to victims of crime in Mariposa County.

COSTS:  (x)Not Applicable
A. Budgeted current FY
B. Total anticipated costs
C. Required additional funding
D. Internal transfers
   No cost to County

SOURCE:  ( ) 4/5ths Vote Required
A. Unanticipated revenues
B. Reserve for contingencies
   $________
C. Source description
D. Balance in Reserve for Contingencies,
   if approved:  $_____

CLERK'S USE ONLY
Res. No.:  D-342  Ord. No.  ___
Vote - Ayes:  ___  Noes:
   Absent:  ___  Abstained:  ___
   Approved: ( ) Denied:  ( ) Not Recommended
   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  

ACTION FORM AGENDA ITEM NO.: #5

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

Grant Augmentation

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

item on agenda as:

Recommended

For Policy Determination

Submitted with Comment

Returned for Further Action

Comment:

Action Form Revised 5/92
## BUDGET ACTION FORM

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEPT/DIV</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>PROJECT</th>
<th>INCREASE</th>
<th>DECREASE</th>
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<tbody>
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<td>465-0185</td>
<td>Advocate</td>
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<td>414-1090</td>
<td>GENERAL CONTINGENCY</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**  

|       |       |       | TOTAL | $0   | $0     |

### TRANSFER BETWEEN FUNDS

|       |       |       |       |       |

**TOTALS**  

|       |       |       | TOTAL | $0   | $0     |

**ACTION REQUESTED:** (Check all that apply)

- [x] 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;

- ( ) Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget another, or between categories within a budget unit;

**JUSTIFICATION:** Allow Advocate full time status for the remainder of grant year to expend funds due to retiring Deputy D.A.

**DEPT HEAD SIGNATURE**  

[Signature]

**DATE**  

11-01-01

**APPROVED BY RES NO.**  

[Signature]

**DATE**  

12-04-01

**Department:**

[Department Name]

**AUDITOR'S USE ONLY**

BA #

Budget Revision Form Revised 11/95