RECOMMENDED ACTION AND JUSTIFICATION:

(Policy Item: Yes ___ No ___)

Approve budget action increasing appropriations and estimated revenue $38,356 in the Probation Department budget in order to fund Drug Court activities.

The Superior Court obtained a mini-grant to fund various aspects of the Mariposa County Drug Court. The requested budget action recognizes grant revenue to come from the Court to the Probation Department to cover the cost of an extra help Probation Officer, drug testing for drug court participants and residential treatment costs for drug court participants.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has received previous briefings on the Mariposa County Drug Court

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

COSTS: ( ) Not Applicable
A. Budgeted Current FY $ 0
B. Total Anticipated Costs $ 38,356
C. Required Additional Funding $ 38,356
D. Internal Transfers $

SOURCE: ( ) 4/5ths Vote Required
A. Unanticipated Revenues $ 38,356
B. Reserve for Contingencies $
C. Source Description:

Balance in Reserve for Contingencies, if approved:

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

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

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

Comment:

CAO's Initials:

Action Form Revised 5/92
<table>
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**TRANSFER BETWEEN FUNDS**

**TOTALS** | $0 | $0

**ACTIONS 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 to another, or between categories within a budget unit;

**JUSTIFICATION**

Funds from the General Fund need to be transferred to implement the Drug Court Mini Grant Program. The General Fund will receive full reimbursement from the State of California.

**DEPT HEAD SIGNATURE**

**CLERK**

**APPROVED BY RES NO.**

**DATE**

1/18/00

**CLERK**

1/25/00

**AUDITOR'S USE ONLY**

**BA #**

Budget Revision Form Revised 11/95