DEPARTMENT: Grand Jury
BY: M. Romeike
PHONE: 966-2005

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes No)

Approve appropriation of funds from Trial Court Funding to Grand Jury to cover unexpected shortage of funds in Office Expenses. Matter has been discussed with Auditor and County Counsel.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Board has approved funds to allow the grand jury to perform their duties.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

No alternatives.
COUNTY OF
MARIPosa

BUDGET ACTION FORM

DEPT/DIV: Grand Jury CONTACT: Marlane Romeike

DATE: April 20, 1993 PHONE: 966-2005

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 to another, or between categories within a budget unit;

( ) Transfer by Administrator: Moving existing appropriations within a single budget category between line items (i.e. services and supplies, etc.)

( ) Transfer by Auditor: Moving salaries between line items to accommodate variances internal to salaries; OR transfers within the County budget under $50.00 to accommodate minor variations from the budget.

<table>
<thead>
<tr>
<th>FUND/DEPT/ACCT NO.</th>
<th>LINE ITEM DESCRIPTION</th>
<th>AMOUNT (FROM)/TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-800-5-350</td>
<td>Trial Court Funding Trust Account</td>
<td>($5,000)</td>
</tr>
<tr>
<td>001-103-6-000</td>
<td>Contingency</td>
<td>$5,000</td>
</tr>
<tr>
<td>001-103-6-000</td>
<td>Contingency</td>
<td>($5,000)</td>
</tr>
<tr>
<td>001-270-2-110</td>
<td>Jury &amp; Witness Expense</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

Justification: Transfer of funds to cover unanticipated expenses

Department Head Signature: __________________________ Date: ________

Approved By: Res. No. 93-224 Clerk: __________ Date: 4-20-93

Administrator: __________________________ Date: ________

Auditor: __________________________ Date: ________

AUDITOR’S USE ONLY:

Description: __________________________ Transfer No.: ________

D.R. No.: ________

Budget Action Form Revised 5/92