

DEPARTMENT:

BY:

PHONE:

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes \_\_\_ No X)

That the Board accept \$1,443.00 donation from CYA to be used to fund a portion of the shortfall in the Victim-Witness Program due to budget cuts in the OCJP Grant.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

In the past, the Board has accepted donations of this type for other uses by the Victim-Witness Program.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Return donation to CYA.

COSTS: ( ) Not Applicable

A. Budgeted current FY \$ \_\_\_\_\_

B. Total anticipated costs \$ \_\_\_\_\_

C. Required additional funding \$ \_\_\_\_\_

D. Internal transfers \$ \_\_\_\_\_

SOURCE: ( ) 4/5ths Vote Required

A. Unanticipated revenues \$ \_\_\_\_\_

B. Reserve for contingencies \$ \_\_\_\_\_

C. Source description: \_\_\_\_\_

Balance in Reserve for Contingencies, if approved: \$ \_\_\_\_\_

SPECIAL INSTRUCTIONS:

List the attachments and number the pages consecutively:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLERK'S USE ONLY:

Res. No.: 92-564 Ord. No. \_\_\_\_\_

Vote - Ayes: \_\_\_\_\_ Noes: \_\_\_\_\_

Absent: \_\_\_\_\_ 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

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: [Signature]

COUNTY OF  
MARIPOSA

BUDGET ACTION FORM

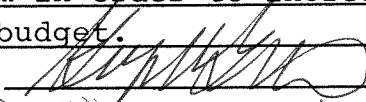
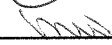
DEPT/DIV: District Attorney CONTACT: Connie Lopez  
Victim-Witness Program  
 DATE: 10-20-92 PHONE: 966-3626

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 appropriating Reserve for Contingencies;
- (X) 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.

FUND/DEPT/ACCT NO.	LINE ITEM DESCRIPTION	AMOUNT (FROM)/TO
001-800-8-348	Victim/Witness Misc.	(1443.00)
001-103-6-000	Contingency	1443.00
001-103-6-000	Contingency	(1443.00)
001-302-1-101	Victim/Witness	1443.00

Justification: The CYA donated \$1,443.00 to be used in the  
Victim-Witness Program in order to increase the funds  
available within the budget.

Department Head Signature:  Date: 10-20-92  
 Approved By: Res. No. 92-564 Clerk:  Date: 10-22-92  
 Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Auditor: \_\_\_\_\_ Date: \_\_\_\_\_

AUDITOR'S USE ONLY:

Description: \_\_\_\_\_ Transfer No.: \_\_\_\_\_  
 \_\_\_\_\_ B.R. No.: \_\_\_\_\_