

**DEPARTMENT:** District Attorney's Office

**BY:**  
**PHONE:** 966-3626

**RECOMMENDED ACTION AND JUSTIFICATION:** Request a Resolution of the Board of Supervisors authorizing transferring funds between line items and Categories within the District Attorney Victim/Witness Grant, moving the Advocate position 30% from the District Attorney Vertical Prosecution Block Grant effective April 1, 2011 to June 30, 2011. Reduce funds in the Victim/Witness Services Supervisor vacant position Salary and Benefits and add a one-time only Cost Allocation line item in the amount of \$4,000. (\$11,347)

**BACKGROUND AND HISTORY OF BOARD ACTIONS:** Yearly adjustments have been approved in the past.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

The untimely delay in the hiring process for the Victim/Witness Services Supervisor position has caused excess funds that would not be expended at fiscal year end. Funds unspent are reverted back into the State Penalty Assessment Fund and could possibly cause a reduction to Victim/Witness Grant funding for the 2011-2012 grant year.

Financial Impact? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially Funded		
Amount in Budget:		List Attachments, number pages consecutively
Additional Funding Needed: \$ _____		Budget action forms = 2
Source:		_____
Internal Transfer <input checked="" type="checkbox"/>		_____
Unanticipated Revenue _____ 4/5's vote		_____
Transfer Between Funds _____ 4/5's vote		_____
Contingency _____ 4/5's vote		_____
<input type="checkbox"/> General <input checked="" type="checkbox"/> Other		_____

**CLERK'S USE ONLY:**  
 Res. No.: 11-282 Ord. No. \_\_\_\_\_  
 Vote - Ayes: 4 Noes: \_\_\_\_\_  
 Absent: Impair  
 Approved  
 Minute Order Attached  No Action Necessary

**COUNTY ADMINISTRATIVE OFFICER:**  
 Requested Action Recommended  
 No Opinion  
 Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

CAO: [Signature]

# BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0215	518.01-03	Advocate		1,493	
001	0215	518.01-15	V/W Services Supervisor			7,478
001	0215	518.02-01	Extra Help		2,500	
001	0215	518.03-10	Social Security		96	
001	0215	518.03-11	Medicare		56	
001	0215	518.03-13	Medical/Dental/Vision			536
001	0215	518.03-14	Retirement-Employer			848
001	0215	518.03-15	Retirement-Employee			500
001	0215	518.03-16	Deferred Compensation			1,800
001	0215	518.03-17	Life Insurance			10
001	0215	518.03-18	SDI			175
001	0215	518.03-19	Cafeteria Plan		622	
Totals				Sub total	\$4,767.00	\$11,347.00

TRANSFER BETWEEN FUNDS				DEBIT	CREDIT
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: Fund adjustment to remove Advocate position from Vertical Prosecution Block Grant to Victim/Witness Grant. Re-distribute V/W Supervisor unexpended funds to other line items.

DEPT HEAD SIGNATURE		DATE <u>5-26-11</u>
APPROVED BY RES NO. <u>11-282</u>	CLERK <u>[Signature]</u>	DATE <u>6-14-11</u>
DEPARTMENT	DISTRICT ATTORNEY	AUDITOR'S USE ONLY BA #

# BUDGET ACTION FORM

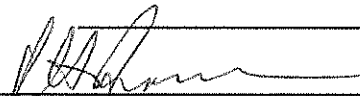
FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
01	0215	518.04-06	Communications		800	
001	0215	518.04-17	Office Expense		1,180	
001	0215	518.03-31	Rents & Leases		600	
001	0215	518.04-75	Cost Allocation (Indirect Costs)		4,000	
			Totals		\$11,347.00	\$11,347.00

TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
			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
- (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.

JUSTIFICATION: See First sheet

  
 DEPT HEAD SIGNATURE  
 APPROVED BY RES NO. \_\_\_\_\_ CLERK \_\_\_\_\_

DATE 5-26-11  
 DATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ DISTRICT ATTORNEY \_\_\_\_\_

AUDITOR'S USE ONLY
BA # _____