AGENDA ITEM NO.: #5

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 SPECIAL INSTRUCTIONS List the attachments and nu the pages consecutively: Grant Augmentation	
SOURCE: () 4/5ths Vote Required A. Unanticipated revenues B. Reserve for contingencies C. Source description: Balance in Reserve for Contingencies, if approved: \$	
Res. No.: Ord. No. item on agenda as: Vote - Ayes: Noes: Recommended Absent: Absent: Absent: Absent: Recommended Approved: Order Attached: Not Recommended () Minute Order Attached: No Action Necessary The foregoing instrument is a correct copy of the original on file in this office.	TER'S RECOMMENDATION mination omment ther Action
Date: Comment:_ ATTEST: MARGIE WILLIAMS, Clerk of the Board County of Mariposa, State of California By: Deputy A.O. Initials:	<u></u>

Action Form Revised 5/92

BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0202	465-0185	Advocate		\$ 2,950	
001	0202	465-0203	Deputy D.A.			\$ 4,650
001	0202	465-0301	Benefits		\$ 1,700	
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001	0104	414-1090	GENERAL CONTINGENCY			
				TOTAL	\$0	. \$0
		~~~				
TRANS	ER BETWE	EN FUNDS				
<u> </u>						
TOTALS			\$0	\$0		

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;
- ( ) 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 hutter foliain	DATE //- 9-0/
APPROVED BY RES NO. 01-342 CLERK	DATE 12-4-01
Department:	AUDITOR'S USE ONLY BA#
Budget Re	evision Form Revised 11/95