

DEPARTMENT: District Attorney BY: William Flaherty PHONE: 742-7441

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

Resolution authorizing augmentation and extension through June 30, 1999 of the Office of Criminal Justice Planning Grant for the Mariposa County District Attorney's Office Statutory Rape Vertical Prosecution Unit.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board of Supervisors has approved Mariposa County District Attorney's Office Statutory Rape Vertical Prosecution Unit Program O.C. J.P. grant funding in past years. The augmentation and extension of the current grant through June 30, 1999 is new to the Statutory Rape Vertical Prosecution Unit.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

By not approving the Mariposa County District Attorney's Office Statutory Rape Vertical Prosecution Unit augmentation and extension of the grant, services to the victims of statutory rape may be decreased and the educational process provided to the schools regarding statutory rape would cease.

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.: 98-357 Ord. No. \_\_\_\_\_  
Vote - Ayes: 3 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: *JK*

**RESOLUTION OF THE GOVERNING BOARD**

**WHEREAS** the Mariposa County Board of Supervisors desires to undertake a certain project designated as the District Attorney Statutory Rape Vertical Prosecution Program to be funded in part from funds made available through the Statutory Rape Vertical Prosecution (SRVP) Program administered by the Office of Criminal Justice Planning (hereafter referred to as OCJP).

**NOW, THEREFORE, BE IT RESOLVED** that the District Attorney of the County of Mariposa is authorized, on its behalf to submit the attached proposal to OCJP and is authorized to sign and approve on behalf of the Mariposa County Board of Supervisors the attached Grant Award Agreement including any extensions or amendments thereof.

**BE IT FURTHER RESOLVED** that there is a no match funding requirement for this program.

**IT IS AGREED** that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OCJP disclaim responsibility for any such liability.

**BE IT FURTHER RESOLVED** that grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

I hereby certify that the foregoing is a true copy of the resolution adopted by the Board of Supervisors, County of Mariposa, State of California in a meeting thereof held on September 22, 1998 by the following:

Vote:

Ayes: Reilly, Balmain, Stewart, Parker, Pickard

Noes: None

Absent: None

Signature: Patti Reilly Date: 9-22-98

Typed Name and Title: Patti Reilly, Chair of the Board of Supervisors

ATTEST: Signature: Margie Williams Date: 9-22-98

Typed Name and Title: Margie Williams, Clerk of the Board of Supervisors

THIS AGREEMENT, made and entered into this 25th day of June, 1998, in the State of California, by and between State of California, through its duly elected or appointed, qualified and acting

TITLE OF OFFICER ACTING FOR STATE: Executive Director AGENCY: Office of Criminal Justice Planning  
 hereafter called the State, and  
 COUNTY OF Mariposa, hereafter called the Contractor.

WITNESSETH: That the Contractor for and in consideration of the covenants, conditions, agreements, and stipulations of the State hereinafter expressed, does hereby agree to furnish to the State services and materials as follows: (Set forth service to be rendered by Contractor, amount to be paid Contractor, time for performance or completion, and attach plans and specifications, if any.)

Grant Award Agreement No. SR97020220 between the parties hereto is hereby amended to increase the State amount by \$ 33,000 from \$ 50,000 to \$ 83,000; to increase the Total Project Cost by \$ 33,000 from \$ 50,000 to \$ 83,000; and to change the ending date from 6-30-98 to 6-30-99.

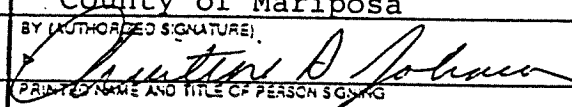
All other provisions under this agreement shall remain as previously agreed upon.

CONTINUED ON \_\_\_\_\_ SHEETS, EACH BEARING NAME OF CONTRACTOR AND CONTRACT NUMBER.

The provisions on the reverse side hereof constitute a part of this agreement.  
 IN WITNESS WHEREOF, this agreement has been executed by the parties hereto, upon the date first above written.

STATE OF CALIFORNIA

CONTRACTOR

AGENCY <u>Office of Criminal Justice Planning</u>		CONTRACTOR (if other than an individual, state whether a corporation, partnership, etc.) <u>County of Mariposa</u>			
BY (AUTHORIZED SIGNATURE) ▶		BY (AUTHORIZED SIGNATURE) 			
PRINTED NAME OF PERSON SIGNING		PRINTED NAME AND TITLE OF PERSON SIGNING <u>Christine Johnson, District Attorney</u>			
TITLE <u>Executive Director</u>		ADDRESS <u>P.O. Box 748, Mariposa, CA 95338</u>			
AMOUNT ENCUMBERED BY THIS DOCUMENT \$	PROGRAM/CATEGORY (CODE AND TITLE)	FUNO TITLE			
PRIOR AMOUNT ENCUMBERED FOR THIS CONTRACT \$	(OPTIONAL USE)				
TOTAL AMOUNT ENCUMBERED TO DATE \$	ITEM	CHAPTER	STATUTE	FISCAL YEAR	
OBJECT OF EXPENDITURE (CODE AND TITLE)					
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.		T.S.A. NO.	B.R. NO.		
SIGNATURE OF ACCOUNTING OFFICER ▶			DATE		

Department of General Services  
Use Only

CONTRACTOR  STATE AGENCY  DEPT. OF GEN. SER.  CONTROLLER