

RECOMMENDED ACTION AND JUSTIFICATION:

(Policy Item: Yes ___ No ___)

Approve Budget Action to provide for Second Quarterly payment pursuant to the Lockyer-Isenberg Trial Court Funding Act of 1997.

The second payment of \$44,470 is due to the State on April 1, 1998. The recommended Budget Action reflects the County's contribution for bailiff services to the Superior and Municipal Courts for the entire year plus an additional amount for Data Processing services.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board approved a Budget Action for the first quarterly payment on December 16, 1997. The final two payments will be addressed during your Third Quarter budget review.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

The Lockyer-Isenberg Trial Court Funding Act of 1997 requires the County to forward a specified amount to the State rather than expending it ourselves for the trial courts.

<p>COSTS: () Not Applicable</p> <p>A. Budgeted Current FY \$</p> <p>B. Total Anticipated Costs \$</p> <p>C. Required Additional Funding \$</p> <p>D. Internal Transfers \$</p> <p>SOURCE: () 4/5ths Vote Required</p> <p>A. Unanticipated Revenues \$</p> <p>B. Reserve for Contingencies \$</p> <p>C. Source Description: _____</p> <p>Balance in Reserve for Contingencies, if approved: _____</p>	<p>SPECIAL INSTRUCTIONS: List the attachments and number the pages consecutively: Budget Action</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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CLERKS USE ONLY:

Res. No. 98-99 Ord. No. _____

Vote - Ayes: 5 Noes: _____

Absent: _____ Abstained: _____

MW 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: _____

CAO's Initials: *JH*

