

97-208

DEPARTMENT: D.A. Victim/Witness BY: Christine Johnson PHONE: 966-3626

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

It is respectfully requested that the Board of Supervisors authorize the transfer of funds from the Personal Services Category to the Operations Category as follows:

Extra-Help	(001-0215-518.02-01)	Decrease	\$ 862
Benefits	(001-0215-518.03-01)	Decrease	\$ 788
Office Expense	(001-0215-518.04-17)	Increase	\$ 1,650

Allow the expenditure of Victim/Witness Grant Funds in accordance with the grant guidelines.

Funds are available due to the useage of a Work Studies Trainee position in lieu of a Victim/Witness Advocate position.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board of Supervisors has approved similar requests by the Victim/Witness Program in the past.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

A negative action will not allow the expenditure of Victim/Witness Grant funds in accordance with Grant objectives. The money available can be utilized for the purchase of needed supplies for the Victim/Witness Program.

COSTS: (x) Not Applicable

A. Budgeted current FY	\$ _____
B. Total anticipated costs	\$ _____
C. Required additional funding	\$ _____
D. Internal transfers	\$ _____

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

SOURCE: () 4/5ths Vote Required

A. Unanticipated revenues	\$ _____
B. Reserve for contingencies	\$ _____
C. Source description:	_____

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

CLERK'S USE ONLY:

Res. No.: 97-208 Ord. No. _____

Vote - Ayes: 5 Noes: _____

Absent: _____ Abstained: _____

Approved () Denied

Minute Order Attached () No Action Necessary

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:

- Recommended
- Not Recommended
- For Policy Determination
- Submitted with Comment
- Returned for Further Action

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

Comment: _____

A.O. Initials: Jr

BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	INCREASE	DECREASE
001	0215	518.02-01	Extra-Help		\$ 862
001	0215	518.03-01	Benefits		\$ 788
001	0215	518.04-17	Office Expense	\$ 1, 650	
001	0104	414-1090	GENERAL CONTINGENCY		
TOTALS				\$1, 650	\$1, 650

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 another, or between categories within a budget unit;

JUSTIFICATION To utilize the expenditure of Victim/Witness grant funds available do to a surplus of funds in the Personal Services Category.

DEPT HEAD SIGNATURE *Justin D. Johnson* DATE 5-16-97
 APPROVED BY RES NO. 97-208 CLERK MW DATE 5-27-97

AUDITOR'S USE ONLY BA #
