

**BOARD OF SUPERVISOR ACTION FORM**

**DEPARTMENT:** District Attorney **BY:** Christine Johnson **PHONE:** 966-3626

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

It is recommended that the Board authorize the District Attorney to apply for the California Victim Witness Program Grant through the Office of Criminal Justice Planning (OCJP) for the continuation of the Victim/Witness Program now in existence through the District Attorney's Office.

\* Copies of the grant proposal will be made available.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

The Board of Supervisors has approved applications for this and other grants through OCJP in the past.

**LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Do not take advantage of grant monies available to the Victim/Witness Program through this OCJP program, thereby jeopardizing services available to the victims of crime in Mariposa County.

**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.: 95-300 Ord. No. \_\_\_\_\_

Vote - Ayes: 5 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: W

**OFFICE OF THE CRIMINAL JUSTICE PLANNING**  
**RESOLUTION OF THE GOVERNING BOARD**

WHEREAS the District Attorney desires to undertake a certain project designated Victim/Witness to be funded in part from funds made available through the Victim/Witness Assistance Program administered by the Office of Criminal Justice Planning (hereafter referred to as OCJP).

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

BE IT FURTHER RESOLVED that the applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OCJP and that the cash match will be appropriated as required, subject to appropriation by the Board of Supervisors during the budget process.

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.

IT IS ALSO AGREED that this award is not subject to local hiring freezes.

I hereby certify that the foregoing is a true copy of the resolution adopted by the Mariposa County Board of Supervisors of Mariposa County in a meeting thereof held on June 27, 1995, by the following:

Vote:

Ayes: REILLY, BALMAIN, STEWART, PARKER, TABER

Noes: NONE

Absent: NONE

Signature: *Garry R. Parker* Date: 6-27-95

Typed Name and Title: GARRY R. PARKER, Chairman

Attest: Signature: *Margie Williams* Date: 6-27-95

Typed Name and Title: MARGIE WILLIAMS, Clerk of the Board