

96-150

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: 4-16-96
AGENDA ITEM NO.: 4

DEPARTMENT: D.A. Victim/Witness BY: William Flaherty PHONE: 742-7441

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

The Office of Criminal Justice Planning (OCJP) acquired additional funds through Victims of Crime Assistance (VOCA). These funds are to be divided up between all of California's Victim/Witness Centers based on population served. Mariposa County Victim/Witness has been designated to receive \$2,048 as its share of these funds. The Victim/Witness Program will put these funds to use aiding victims of Mariposa County. There will be no cost passed onto Mariposa County. The Victim/Witness Program respectfully requests the Board of Supervisors approve appropriation to the Victim/Witness budget of these unanticipated revenues, and authorize the District Attorney to sign the Agreement for the additional funding.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Unknown

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Not accept the funds. Create a negative impact on the Victim/Witness Program, trainings and services provided through the use of these additional beneficial funds.

COSTS:		(x) Not Applicable
A.	Budgeted current FY	\$ 0
B.	Total anticipated costs	\$ 0
C.	Required additional funding	\$ 0
D.	Internal transfers	\$ 0

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

Page 1 - State form from OCJP

SOURCE:		(x) 4/5ths Vote Required
A.	Unanticipated revenues	\$ 2,048
B.	Reserve for contingencies	\$
C.	Source description: VOCA Funds	
Balance in Reserve for Contingencies, if approved: \$		

CLERK'S USE ONLY:

Res. No.:	96-150	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

Comment: _____

A.O. Initials:

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

MARIPOSA COUNTY BOARD OF SUPERVISORS

MINUTE ORDER

TO: CHRISTINE JOHNSON, District Attorney and
BILL FLAHERTY, Victim-Witness Coordinator

FROM: MARGIE WILLIAMS, Clerk of the Board *MW*

SUBJECT: RESOLUTION NUMBER 96-150

THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY, CALIFORNIA,
ADOPTED THIS Order on April 16, 1996

ACTION AND VOTE:

9:27 a.m. Bill Flaherty/Victim-Witness Coordinator, appeared on behalf of Christine Johnson, District Attorney; Resolution Authorizing the Appropriation of Unanticipated Revenues (\$2048) for Victims of Crime Assistance (VOCA), and Authorize District Attorney to Sign Contract (4/5ths Vote Required)

BOARD ACTION: Bill Flaherty advised of concurrence with the District Attorney for the unanticipated revenue to be deposited into the General Fund to offset previous County contributions to the program - Board concurred. It was requested that excess funding for benefits in the program be transferred to other areas in the program - this request to be submitted on a future agenda. (M)Parker, (S)Stewart, Res. 96-150 adopted authorizing District Attorney to sign the Contract amendment/Ayes: Unanimous.

cc: Ken Hawkins, Auditor
Mike Coffield, County Administrative Officer
File

BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	INCREASE	DECREASE
001	0215	306-7201	OCJP Grant-Victim/Witness	\$ 2,048	
001	0215	518-0449	Travel & Training	\$ 800	
001	0215	518-0406	Communications	\$ 300	
001	0215	518-0417	Office Expense	\$ 550	
001	0215	518-0431	Rents & Leases	\$ 398	
			<i>To General Fund, per Minute Order attached</i>		
001	0104	414-1090	GENERAL CONTINGENCY		
TOTALS				\$ 4,096	

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 OCJP has allotted Victim/Witness additional funds that can be put to use assisting victims of crime in Mariposa County.

APPROVED BY RES NO. *Christine A Johnson* CLERK DATE 3-29-96

AUDITOR'S USE ONLY
BA #

THIS AGREEMENT, made and entered into this 1st day of March, 1996,
 the State of California, by and between State of California, through its duly elected or appointed, certified and acting

BY OFFICER ACTING FOR STATE
Executive Director AGENCY Office of Criminal Justice Planning, hereafter called the State, and
 BY CONTRACTOR'S NAME
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,
 fee for performance or completion, and attach plans and specifications, if any.)

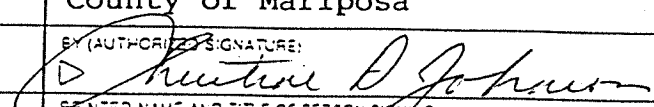
Grant Award Agreement No. VW95050220 between the parties hereto is hereby
 amended to increase the State amount by \$ 2,048 from \$ 53,343 to
 \$ 55,391; to increase the Total Project Cost by \$ 2,048 from \$ 53,343
 to \$ 55,391.

All other provisions of 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
BY <u>Office of Criminal Justice Planning</u>	CONTRACTOR (If other than an individual, state whether a corporation, partnership, etc.) <u>County of Mariposa</u>
AUTHORIZED SIGNATURE:	BY (AUTHORIZED SIGNATURE): 
PRINTED NAME OF PERSON SIGNING	PRINTED NAME AND TITLE OF PERSON SIGNING <u>Christine Johnson, District Attorney</u>
<u>Executive Director</u>	ADDRESS <u>P. O. Box 748, Mariposa, CA 95338</u>

AMOUNT ENCUMBERED BY THIS MENT	PROGRAM CATEGORY (CODE AND TITLE):	FUND TITLE
	(OPTIONAL USE):	
AMOUNT ENCUMBERED FOR CONTRACT	ITEM	CHAPTER STATUTE FISCAL YEAR
	OBJECT OF EXPENDITURE (CODE AND TITLE)	
AMOUNT ENCUMBERED TO		
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.		
SIGNATURE OF ACCOUNTING OFFICER		DATE

Department of General Services
 Use Only

CONTRACTOR STATE AGENCY DEPT. OF GEN. SER. CONTROLLER