

96-178

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE:
AGENDA ITEM NO.: 4

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

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes X No___)

Funds within the Benefits Line Item have been accumulating due to the Full time Victim/Witness Coordinator being unable to return to work. Retirement has not been used within the Benefits Line Item. These funds, amounting to \$3,000, are needed within the Office Expense Line Item and the Transportation and Travel Line Item in order to complete the Grant year and expend funds according to the Grant guidelines.

Supplies are needed to finish the Grant year and insure a stock on hand for next year's Grant should funding be cut back.

Transportation and Travel needs additional funds to finish the Grant year in order that funds will be available for the Office of Criminal Justice Planning (OCJP) mandated Spring Conference in May of 1996.

Private Vehicle usage for transportation of witnesses from outside areas has increased costs.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

A similar request was made with favorable reaction from the Board of Supervisors during the 1994-1995 Grant year.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Not approve the transfer of funds between categories. This would cause a possible shortfall of funds within the Office Expense and Transportation and Travel Line Items.


COSTS: (x) Not Applicable	
A. Budgeted current FY	\$ 0
B. Total anticipated costs	\$ 0
C. Required additional funding	\$ 0
D. Internal transfers	\$ 3,000

SOURCE: (x) 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.: 96-178 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: 

BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	INCREASE	DECREASE
001	0215	518.03-01	Benefit		\$3,000
001	0215	518.04-17	Office Expense	\$2,500	
001	0215	518.04-49	Transportation & Travel	500	
001	0104	414-1090	GENERAL CONTINGENCY		
TOTALS				\$3,000	\$3,000

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 Funds available due to unfilled Victim/Witness Coordinator position.

DEPT HEAD SIGNATURE	<i>Christine D Johnson</i>	DATE	4-26-1996
APPROVED BY RES NO.	96-178	CLERK	<i>ms</i>
		DATE	5-7-96

AUDITOR'S USE ONLY BA #
