

DEPARTMENT: District Attorney's Office

BY: William Flaherty

PHONE: 742-7441

RECOMMENDED ACTION AND JUSTIFICATION: Request a Resolution of the Board of Supervisors authorizing reducing funds in the District Attorney's Office Vertical Prosecution Block Grant, provided through the State of California Emergency Management Agency, from a grant amount of \$91,344 to \$73,911. Funds are being reduced as a result of a reduction to the State of California General Fund.

BACKGROUND AND HISTORY OF BOARD ACTIONS: Multiple changes have occurred this grant year due to various changes to the State of California General Fund deficits.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

A negative action may cause the loss of the District Attorney Vertical Prosecution Block Grant funding.

Financial Impact? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially Funded		
Amount in Budget: <u>73,911</u>		List Attachments, number pages consecutively
Additional Funding Needed: \$ _____		O.E.S. Grant Award Amendment, Budget Action Form.
Source:		
Internal Transfer _____		
Unanticipated Revenue _____ 4/5's vote		
Transfer Between Funds _____ 4/5's vote		
Contingency _____ 4/5's vote		
() General (x) Other _____		

CLERK'S USE ONLY:

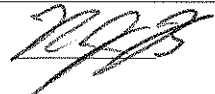
Res. No.: 0156 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____
 Approved
 Minute Order Attached No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
 Comments: _____

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

CAO: 

California Emergency Management Agency

GRANT AWARD NO. VB08060220

GRANT AWARD AMENDMENT

AMENDMENT NO. #2

THIS AMENDMENT, made and entered into on MARCH 10, 2009 by and between the
 (Date)
California Emergency Management Agency, hereafter designated CalEMA, and the following Administrative Agency
County of Mariposa hereafter called the Recipient.

WITNESSETH: That the Recipient agrees to the amendment of this Grant Award Agreement as specified below:

Grant Award Agreement _VB08060220_ between the parties hereto is hereby Amended to:

Decrease the 08 State funds by \$ 38,063 from \$ 91,344 to \$ 53,281;

Increase 08VLF funds by \$ 20,630 from \$ 0 to \$ 20,630;

Revise the Total Project Cost by \$ 20,630 from \$ 53,281 to \$ 73,911.

All other provisions of this agreement shall remain as previously agreed upon.

IN WITNESS WHEREOF, this Grant Award Amendment has been executed by the parties hereto, upon the date written above.

CALIFORNIA EMERGENCY MANAGEMENT AGENCY <small>(for CalEMA use only)</small>				RECIPIENT		
BY (AUTHORIZED SIGNATURE)				RECIPIENT		
				County of Mariposa		
PRINTED NAME OF PERSON SIGNING				BY (AUTHORIZED SIGNATURE)		
				<i>Robert H. Brown</i> DATE <i>3-10-09</i>		
TITLE				PRINTED NAME AND TITLE OF PERSON SIGNING		
				Robert H. Brown, District Attorney		
DATE				ADDRESS		
				P.O. Box 730, mariposa, CA 95338		
AMOUNT ENCUMBERED BY THIS DOCUMENT		PROGRAM/CATEGORY (CODE AND TITLE)		FUND TITLE		
\$						
PRIOR AMOUNT ENCUMBERED FOR THIS GRANT AWARD	MATCH	ITEM	CHAPTER	STATUTE	FISCAL YEAR	
\$						
TOTAL AMOUNT ENCUMBERED TO DATE		PCA NUMBER		PROJECT NUMBER		
\$						
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.					FEDERAL CATEGORY NUMBER	
SIGNATURE OF CalEMA FISCAL OFFICER				DATE		

BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0210	470.01-03	Advocate			1,254
001	0210	470.01-14	Deputy District Attorney III			4,145
001	0210	470.01-15	Victim/Witness Serv. Supervisor			1,878
001	0210	470.02-01	Extra Help			2,315
001	0210	470.02-35	Longevity Pay			165
001	0210	470.02-70	SDI			56
001	0210	470.03-10	Fica			596
001	0210	470.03-11	Medicare			204
001	0210	470.03-13	Medical/Dental/Vision			910
001	0210	470.03-14	Retirement/Employer			1,070
001	0210	470.03-15	Retirement/Employee			470
001	0210	470.03-16	Deferred Compensation			639
001	0210	470.03-17	Life Insurance			8
Totals						\$13,710

TRANSFER BETWEEN FUNDS				DEBIT	CREDIT
			General Fund		
TOTALS					

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 transferring appropriation from Contingencies
- Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit.

JUSTIFICATION: Reduction of State General Fund allocation amount by \$38,063 and increase of Vehicle License Fee Fund amount by \$20,630, amounting to a final reduction of \$17,433.

DEPT HEAD SIGNATURE <i>M. Newbold</i> APPROVED BY RES NO. <i>09-156</i> CLERK <i>MW</i>	DATE <i>4-1-09</i> DATE <i>4-2-09</i>
VERTICAL PROSECUTION GRANTS DEPARTMENT DISTRICT ATTORNEY	AUDITOR'S USE ONLY BA #

BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0210	470.04-17	Communications			16
001	0210	470.04-17	Office Expense			1,930
001	0210	470.04-31	Renta & Leases - Buildings			750
001	0210	470.04-60	Utilities			407
001	0210	470.04-71	Copier Expense			452
001	0210	470.04-91	Private Vehicle Use			168
001	0210	305-6254	State Revenue			<17,433>
Totals					\$0.00	<13,710>

TRANSFER BETWEEN FUNDS				DEBIT	CREDIT
TOTALS					

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 transferring appropriation from Contingencies
- () Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit.

JUSTIFICATION: Reduction of State General Funding allotment and increase in Vehicle license fees for an overall decrease of \$17,433

DEPT HEAD SIGNATURE <u>Mary B. Hodson</u>	DATE <u>4-1-09</u>
APPROVED BY RES NO. <u>09-156</u> CLERK <u>mmw</u>	DATE <u>4-2-09</u>
VERTICAL PROSECUTION GRANTS DEPARTMENT DISTRICT ATTORNEY	AUDITOR'S USE ONLY BA #

California Emergency Management Agency

GRANT AWARD NO. VB08060220

GRANT AWARD AMENDMENT

AMENDMENT NO. #2

THIS AMENDMENT, made and entered into on MARCH 10, 2009 by and between the
 (Date)
California Emergency Management Agency, hereafter designated CalEMA, and the following Administrative Agency
County of Mariposa hereafter called the Recipient.

WITNESSETH: That the Recipient agrees to the amendment of this Grant Award Agreement as specified below:

Grant Award Agreement VB08060220 between the parties hereto is hereby Amended to:

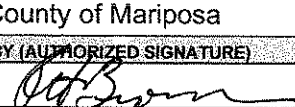
Decrease the 08 State funds by \$ 38,063 from \$ 91,344 to \$ 53,281;

Increase 08VLF funds by \$ 20,630 from \$ 0 to \$ 20,630;

Revise the Total Project Cost by \$ 20,630 from \$ 53,281 to \$ 73,911.

All other provisions of this agreement shall remain as previously agreed upon.

IN WITNESS WHEREOF, this Grant Award Amendment has been executed by the parties hereto, upon the date written above.

CALIFORNIA EMERGENCY MANAGEMENT AGENCY <small>(for CalEMA use only)</small>		RECIPIENT			
BY (AUTHORIZED SIGNATURE)		RECIPIENT			
		County of Mariposa			
PRINTED NAME OF PERSON SIGNING		BY (AUTHORIZED SIGNATURE)		DATE	
				3-10-09	
TITLE		PRINTED NAME AND TITLE OF PERSON SIGNING			
		Robert H. Brown, District Attorney			
DATE		ADDRESS			
		P.O. Box 730, mariposa, CA 95338			
AMOUNT ENCUMBERED BY THIS DOCUMENT		PROGRAM/CATEGORY (CODE AND TITLE)		FUND TITLE	
\$					
PRIOR AMOUNT ENCUMBERED FOR THIS GRANT AWARD	MATCH	ITEM	CHAPTER	STATUTE	FISCAL YEAR
\$					
TOTAL AMOUNT ENCUMBERED TO DATE		PCA NUMBER		PROJECT NUMBER	
\$					
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.					FEDERAL CATEGORY NUMBER
SIGNATURE OF CalEMA FISCAL OFFICER			DATE		