

DEPARTMENT: SHERIFF'S

BY: CMDR. SINCLAIR PHONE: 966-3614

RECOMMENDED ACTION AND JUSTIFICATION:

AUTHORIZE THE ADMINISTRATIVE OFFICER TO EXECUTE A GRANT MODIFICATION IN THE OCJP DRUG ENFORCEMENT GRANT TRANSFERRING \$1,600.00 FROM COMMUNICATIONS TO EQUIPMENT TO ENABLE THE DISTRICT ATTORNEY TO PURCHASE A FAX MACHINE FOR CONFIDENTIAL COMMUNICATIONS.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

THE BOARD HAS APPROVED LIKE ITEMS ON A CASE BY CASE BASIS

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

DO NOT APPROVE. PROGRAM WILL BE INHIBITED SOMEWHAT DUE TO LACK OF INTER COUNTY COMMUNICATIONS BETWEEN DISTRICT ATTORNEY'S OFFICES.

COSTS: () Not Applicable

- A. Budgeted current FY \$ 0
- B. Total anticipated costs \$1,600.00
- C. Requires add'l funding \$
- D. Source: GRANT FUNDS

SPECIAL INSTRUCTIONS:

List the attachments and number the pages consecutively:

SOURCE: () 4/5ths Vote Required

- A. Internal transfers \$
- B. Unanticipated revenues \$
- C. Reserve for Contingency \$
- D. Description:

Balance in Reserve for Contingency if approved: \$

CLERK'S USE ONLY:

Res. No.: 90-476

Ord. No.:

Vote: Ayes: 4 Noes:

Absent: None Abstained:

Approved () Denied

() Minute Order Attached

The foregoing instrument is a correct copy of the original on file in this office.

Date:

ATTEST: MARGIE WILLIAMS

County of Mariposa, State of Ca.

By:

Deputy

ADMINISTRATIVE OFFICER'S

RECOMMENDATION:

This item on the agenda as:

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

Comment:

A. O. Initials: *JW*

BE IT RESOLVED by the Board of Supervisors of Mariposa county, a political subdivision of the State of California, that pursuant to the provisions of the Government Code of the State of California, Sections 29120 et seq, the following **APPROPRIATIONS** and/or **TRANSFERS** within the Budget of the County of Mariposa are hereby adopted:

| <u>Department</u> | <u>APPROPRIATIONS</u> (4/5ths Vote Required) | | |
|-------------------|--|--------------------|---------------|
| | <u>Item</u> | <u>Account No.</u> | <u>Amount</u> |

| <u>Department</u> | <u>TRANSFERS</u> (3/5ths Vote Required) | | |
|-------------------|---|--------------------|---------------|
| | <u>Item</u> | <u>Account No.</u> | <u>Amount</u> |

FROM:

| | | | |
|-------------------|--|---------------|------------|
| OFFICE\DCJP GRANT | | 001-310-2-171 | \$1,600.00 |
|-------------------|--|---------------|------------|

TO:

| | | | |
|-------------------|-------------|---------------|------------|
| FIXED ASSETS D.A. | FAX MACHINE | 001-300-4-373 | \$1,600.00 |
|-------------------|-------------|---------------|------------|

MAIL TO: 1130 K STREET, SUITE LL30
 SACRAMENTO, CA 95814
 ATTN: GRANTS CONTROL UNIT

Instructions on reverse side

| | | |
|---|--------------------------------------|--|
| (1) GRANTEE Mariposa County | | (2) GRANT AWARD NUMBER DC90010220 |
| (3) PROJECT TITLE Mariposa Intra-County Comprehensive Drug Enforcement | | (4) MODIFICATION NUMBER #1 |
| (5) CONTACT PERSON Pelk Richards | (6) TELEPHONE NUMBER 209/966-3614 | (7) GRANT PERIOD FROM 7/1/90 TO 6/30/91 |

(8) REVISION TO BUDGET

| CATEGORY | CURRENT ALLOCATION | PROPOSED CHANGE | REVISED ALLOCATION |
|------------------------|--------------------|-----------------|--------------------|
| A. PERSONAL SERVICES | No change | | |
| B. EMPLOYEE BENEFITS | No change | | |
| C. TRAVEL | No change | | |
| D. CONSULTING SERVICES | No change | | |
| E. OPERATING EXPENSES | \$4,500 | \$2,900 | \$2,900 |
| F. EQUIPMENT | -0- | \$1,600 | \$1,600 |
| TOTALS | | | |

(9) JUSTIFICATION FOR MODIFICATION

The Mariposa Sheriff's Department has recently purchased a FAX communicator with funds from the department assets seizure account. All components of this grant are in agreement that with an additional installation of a FAX communication system in the District Attorney's Office, all three participating agencies would enhance their ability to effectively communicate confidential and classified information concerning drug related offenders.

We submit to you our request to fund this communication system out of Line Item, Operating Expenses.

We have been allocated \$1,600.00 for communication expenditures. Our desires are to place this specific funding in the category equipment.

| (10) LOCAL APPROVAL SIGNATURES | DATE | (11) OCJP APPROVAL SIGNATURES | APPROVE | DISAPPROVE | DATE |
|--------------------------------------|------|-------------------------------|--------------------------|--------------------------|------|
| (A) PROJECT DIRECTOR | | (A) PROGRAM STAFF | <input type="checkbox"/> | <input type="checkbox"/> | |
| (B) FINANCIAL OFFICER | | (B) BRANCH CHIEF | <input type="checkbox"/> | <input type="checkbox"/> | |
| (C) REGIONAL/LOCAL PLANNING DIRECTOR | | (C) DEPUTY DIRECTOR | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | (D) EXECUTIVE DIRECTOR | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | (E) GRANTS CONTROL STAFF | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | (F) OTHER APPROVAL | <input type="checkbox"/> | <input type="checkbox"/> | |

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 10-13-90