

DEPARTMENT: Audit BY: Ken Hawkins PHONE: 966-7606

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

Pursuant to Government Code Section 11019.5, counties with a population of 150,000 or less as of January 1, 1983, may request advance payments from the State Controller. In order to receive advance payments, Mariposa County must show a resolution from the Mariposa County Board of Supervisors indicating the need and request from the State for advance payments. The advance payments for the Sund-Pellosso homicide trial will be put into Trust Fund #113. Any money used from that Trust will require Board approval and would be transferred to the operating department in the General Fund. Mariposa County will receive approximately \$17,594.00 per month for the first year and will undoubtedly be adjusted in subsequent years.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

In the 2000-01 budget, costs have been budgeted in the General Fund to pay for anticipated homicide trial costs.

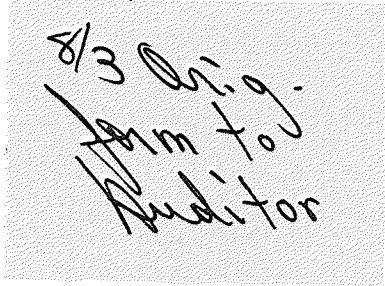

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Mariposa County would have to wait for reimbursement of actual claims submitted to the State Controller.

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.: 09-262 Ord. No.
Vote - Ayes: 3 Absent:
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: UNBA

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

APPLICATION FOR ADVANCE PAYMENTS Pursuant to Government Code Sections 11019.5 Homicide Trials	For State Controller Use only (01) Program Number _____ (02) Date File _____ / _____ / _____ (03) Signature Present <input type="checkbox"/>
(04) Claimant Identification Number SA1999TR0084 (Sund-Pelosso Murder Trial)	
(05) Mailing Address: PO Box 729 Mariposa, CA 95338	
Claimant Name County of Mariposa	
County of Location County of Mariposa	
Street Address or P. O. Box 4982 Tenth St. PO Box 729	
City State Zip Code Mariposa, CA 95338	Fiscal Year For Which Funds are Requested (06) 2000 / 2001
	Amount Of Funds Requested (07) \$ 17,594 per month \$211,126 per year
	
(08) CERTIFICATION OF APPLICATION In accordance with the provisions of Government Code Section 11019.5, I certify that I am the person authorized by the county to file applications with the State of California to request advance payments to fund the cost of homicide trial or trials; and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. The amount shown in line (07) is hereby requested from the State for advance payments to fund the cost of homicide trial or trials set forth on the attached statements.	
Signature of Authorized Representative  _____ Type or print Name Ken Hawkins	Date July 6, 2000 _____ Title Mariposa County Auditor
(09) Name of Contact Person for Claim Ken Hawkins	Telephone Number (210) 9 66 17 16 10 16 Ext. _____

Instructions For Completing And Certifying The Application For Advance Payments, Form FAM-44

- (01) Leave blank.
- (02) Mailing Address. Enter the name and address of the county filing the application.
- (03) through (05)
Leave blank.
- (06) Fiscal Year For Which Funds Are Requested. Enter the fiscal year for which funds are requested.
- (07) Amount of Funds Requested. Enter the amount of funds requested by the county to conduct homicide trial or trials.
- (08) Certification of Claim. Read the statement 'Certification of Application'. If the statement is true, the application must be dated, signed by the county's authorized representative, and must include that person's name and title, typed or printed. The application cannot be processed for payment unless accompanied by a signed certification.
- (09) Name of Contact Person for Claim. Enter the name of person and telephone number this office may contact if additional information is required.

MAILING ADDRESS FOR FILING APPLICATION

State Controller's Office
Division of Accounting
P.O. Box 942850
Sacramento, CA 94250-5875

Please submit three copies of the application form and two copies of the supporting data (i.e., Form FAM 44A and statements specified on pages 2 and 3).