

DEPARTMENT: District Attorney BY: William Flaherty PHONE: 742-7441

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes \_\_\_ No x)

Resolution Authorizing the Board of Supervisors to extend the 2000/2001 District Attorney's Statutory Rape Vertical Prosecution Unit Grant from an ending date of June 30, 2001 to and end date of December 31, 2001. The extension would allow the Grant to expend unused funds in the amount of \$15,400.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board of Supervisors has approved extensions in the past. A delayed hiring of a new advocate resulted in a surplus of funds that would benefit the District Attorney's Statutory Rape Vertical Prosecution Program.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

A negative action would cause a loss of approximately \$15,400 in grant funds and result in the reduction of hours for staff and mandatory training for staff.

COSTS: (x) 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: \$ \_\_\_\_\_

CLERK'S USE ONLY:  
Res. No.: 01-95 Ord. No. \_\_\_\_\_  
Vote - Ayes: \_\_\_\_\_ Noes: \_\_\_\_\_  
Absent: Richard Abstained: \_\_\_\_\_  
my Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Not Recommended: \_\_\_\_\_  
( ) Minute Order Attached ( ) No Action Necessary

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

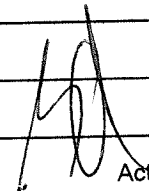
Date: \_\_\_\_\_  
ATTEST: MARGIE WILLIAMS, Clerk of the Board  
County of Mariposa, State of California

By: \_\_\_\_\_  
Deputy

SPECIAL INSTRUCTIONS:  
List the attachments and number the pages consecutively:  
Extension Agreement  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADMINISTRATIVE OFFICER'S RECOMMENDATION:  
This item on agenda as:  
\_\_\_\_\_  
Recommended  
\_\_\_\_\_  
For Policy Determination  
\_\_\_\_\_  
Submitted with Comment  
\_\_\_\_\_  
Returned for Further Action

Comment: \_\_\_\_\_  
\_\_\_\_\_  
A.O. Initials: \_\_\_\_\_



**STANDARD AGREEMENT**  
STD. 2 (REV. 4-90)

APPROVED BY THE  
ATTORNEY GENERAL

CONTRACT NUMBER	AM. NO.
CONTRACTOR'S FEDERAL I.D. NUMBER	

THIS AGREEMENT, made and entered into this 18th day of June 2001, in the State of California, by and between State of California, through its duly elected or appointed, qualified and acting

TITLE OF OFFICER ACTING FOR STATE Executive Director	AGENCY Office of Criminal Justice Planning
CONTRACTOR'S NAME Mariposa County	

, hereafter called the State, and  
hereafter called the Contractor.

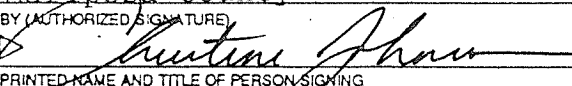
WITNESSETH: That the Contractor for and in consideration of the covenants, conditions, agreements, and stipulations of the State hereinafter expressed, does hereby agree to furnish to the State services and materials as follows: *(Set forth service to be rendered by Contractor, amount to be paid Contractor, time for performance or completion, and attach plans and specifications, if any.)*

Grant Award Agreement No. SR00030220 is hereby amended to change the end date from June 30, 2001 to December 31, 2001

All other provisions 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
AGENCY Office of Criminal Justice Planning	CONTRACTOR (If other than an individual, state whether a corporation, partnership, etc.) Mariposa County
BY (AUTHORIZED SIGNATURE) ▷	BY (AUTHORIZED SIGNATURE) 
PRINTED NAME OF PERSON SIGNING	PRINTED NAME AND TITLE OF PERSON SIGNING Christine Johnson
TITLE Executive Director	ADDRESS P.O.Box 730, Mariposa CA. 95338

AMOUNT ENCUMBERED BY THIS DOCUMENT \$ no additional funds encumbered	PROGRAM/CATEGORY (CODE AND TITLE)	FUND TITLE
	(OPTIONAL USE)	
PRIOR AMOUNT ENCUMBERED FOR THIS CONTRACT \$	ITEM	CHAPTER
TOTAL AMOUNT ENCUMBERED TO DATE \$	STATUTE	FISCAL YEAR
OBJECT OF EXPENDITURE (CODE AND TITLE)		
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.		T.B.A. NO.
SIGNATURE OF ACCOUNTING OFFICER ▷		B.R. NO.
		DATE

Department of General Services  
Use Only

- CONTRACTOR     STATE AGENCY     DEPT. OF GEN. SER.     CONTROLLER