

# Budget Revision Request

**BJE 2007292**

Budget Journal Entry #

Gov. Code Sec. 29125 & 29130

**JE**

Related Journal Entry #

**Subject / Title:** Provide a **short description** for this budget revision request. For example: "Designate funds for zoning ordinance amendments" or "Distribute proceeds from sale of 2005 COPS".

Sheriff: Recognize \$4,985 in Office of Traffic Safety grant revenue for a Click It or Ticket campaign in Carpinteria and an offsetting expense in overtime

**Justification:** For all changes: explain what the change is for and why it is needed. Attach additional justification, board Letters or spreadsheet, if appropriate. When moving Appropriation: explain why it's available. When Revenue is adjusted: explain the reason for the increase or decrease. For adjustments to General Fund Contingency: explain why no other alternative funding source is available.

The Sheriff's Department has been awarded a \$4,985 grant from the Office of Traffic Safety to run a Click it or Ticket seat belt violation campaign in the Carpinteria area. The operation will be run with Deputy Sheriffs on overtime and will occur in the months of May and June 2008. Claims for reimbursement of expense are due to the Office of Traffic Safety no later than July 31, 2008

## Financial Summary

Increase or (Decrease) in Appropriation for / Uses:	Department / Fund <b>032 / 0001</b>	Department / Fund /	Department / Fund /	Department / Fund /
Salaries & Benefits	4,985   00	00	00	00
Services & Supplies	00	00	00	00
Other Charges	00	00	00	00
Fixed Assets	00	00	00	00
Other Financing Uses	00	00	00	00
Intrafund Transfers	00	00	00	00
Reserve or Designation	00	00	00	00
<b>Sources:</b>				
Revenue	4,985   00	00	00	00
Other Financing Sources	00	00	00	00
Intrafund Transfers	00	00	00	00
Reserve or Designation	00	00	00	00
Effect on Contingency / RE	-   00	00	00	00

Departmental Authorization	Auditor-Controller	CEO's Recommendation	Board of Supervisor's Action
_____ Department Head      Date	Budget Journal Entry and Related Journal Entry <i>if applicable</i> Approved as to Accounting Form.  _____ Auditor-Controller	<input type="checkbox"/> Approve  <input type="checkbox"/> Disapprove      _____ Date	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved      _____ Date  _____ Agenda Item
_____ Department Head      Date		Transfer/Revision in Accordance with Board Policy dated 8/3/93.	_____ Clerk of the Board of Supervisors
_____ Department Head      Date		_____ County Executive Officer	