

# Budget Revision Request

**BJE 0001757**  
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".

District Attorney: Establish revenue and expenditures in the FY 2011-12 budget due to a state grant award of \$50,000 received from the Department of Insurance for the Life and Annuity Protection Program.



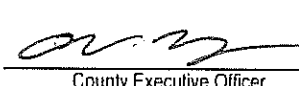
**Justification:** For all changes: explain what the change is for and why it is needed. Attach additional justification, board Letters or spreadsheet, if appropriate. When moving Appropriation: explain why it's available. When Revenue is adjusted: explain the reason for the increase or decrease. For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

The District Attorney Victim Witness Program was awarded \$50,000 in state grant funding from the Department of Insurance to establish the Life and Consumer Protection Program in FY 2011-12. The purpose of the program is to distribute funds to California District Attorneys for the identification, outreach, victim advocacy, investigation and prosecution of life insurance and annuity financial abuse by insurance licensees or persons holding themselves out to be insurance licensees, or any person purporting to be engaged in the business of insurance. Victims will receive services to help them recover from emotional and financial injuries, including but not limited to, resource and referral counseling and case status updates. Grant funds will be utilized to fund the salary and benefit costs of a part time .40 Victim Witness Program Assistant II and a part time Extra Help Deputy District Attorney.

## Financial Summary

Increase or (Decrease) in Appropriation for / Uses:	Department / Fund 021 / 0001		Department / Fund /		Department / Fund /		Department / Fund /	
	Salaries & Benefits	50,000	00	00	00	00	00	00
Services & Supplies	00	00	00	00	00	00	00	
Other Charges	00	00	00	00	00	00	00	
Fixed Assets	00	00	00	00	00	00	00	
Other Financing Uses	00	00	00	00	00	00	00	
Intrafund Transfers	00	00	00	00	00	00	00	
Reserve or Designation	00	00	00	00	00	00	00	
<b>Sources:</b>								
Revenue	50,000	00	00	00	00	00	00	
Other Financing Sources	00	00	00	00	00	00	00	
Intrafund Transfers	00	00	00	00	00	00	00	
Reserve or Designation	00	00	00	00	00	00	00	
<b>Effect on Contingency / RE</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>00</b>	

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 AUDITOR CONTROLLER

<b>Departmental Authorization</b>  Department Head _____ Date <u>8/25/11</u>	<b>Auditor-Controller</b> Budget Journal Entry and Related Journal Entry if applicable Approved as to Accounting Form.  Auditor-Controller	<b>CEO's Recommendation</b> <input checked="" type="checkbox"/> Approve <u>8/30/11</u> <input type="checkbox"/> Disapprove _____ Date _____ Transfer/Revision in Accordance with Board Policy dated 8/3/93.  County Executive Officer	<b>Board of Supervisor's Action</b> <input type="checkbox"/> Approved _____ Date _____ <input type="checkbox"/> Disapproved _____ Date _____ Agenda Item _____ Clerk of the Board of Supervisors
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