

Budget Revision Request

BJE 2007064

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 \$123,105 in State grant revenue for Rural Crime Grant program. Appropriate \$115,024 in salaries and \$8,081 in other expenses.

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 State of California Office of Emergency Services (OES) has awarded the County of Santa Barbara \$150,000 in FY2007-08 for a Rural Crime Prevention program. The Sheriff's Department is allocated \$123,105 of this grant to pay for a dedicated Deputy Sheriff and associated expenses in working on solving and preventing rural crime. The District Attorney receives the remainder of the money to cover the prosecution of alleged offenders.

Financial Summary

Increase or (Decrease) in Appropriation for / Uses:	Department / Fund 032 / 0001	Department / Fund /	Department / Fund /	Department / Fund /
Salaries & Benefits	115,024 00	00	00	00
Services & Supplies	2,081 00	00	00	00
Other Charges	6,000 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
Sources:				
Revenue	123,105 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	