

Budget Revision Request

BJE 2007008

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 a grant in the amount of \$10,000 from the CHP to be used for DUI enforcement in the UCSB and Isla Vista areas. Expenses are limited to overtime incurred.

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 received a grant from the California Highway Patrol (CHP) to assist in DUI enforcement action in the area surrounding UCSB and Isla Vista. The \$10,000 grant will fund overtime shifts for deputy sheriffs to perform enforcement activities under the CHP DUI College Corridor Project. The deployments will occur between Spetember 2007 and May 2008.

Financial Summary

Increase or (Decrease) in Appropriation for / Uses:	Department / Fund 032 / 0001	Department / Fund /	Department / Fund /	Department / Fund /
Salaries & Benefits	10,000 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
Sources:				
Revenue	10,000 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"/> Approved
_____ Department Head Date		<input type="checkbox"/> Disapprove _____ Date	<input type="checkbox"/> Disapproved _____ Date
_____ Department Head Date		Transfer/Revision in Accordance with Board Policy dated 8/3/93.	_____ Agenda Item
_____ Department Head Date		_____ County Executive Officer	_____ Clerk of the Board of Supervisors