DEPARTMENT: Public Works/Yosemite West

RECOMMENDED ACTION AND JUSTIFICATION:

Declare a 1965 FWD snow blower owned by Yosemite West to be surplus equipment; authorize Fleet Services to solicit informal sealed bids and award it to the highest bidder and forward the proceeds to the Yosemite West Maintenance District; authorize the Fleet Superintendent to sign off on the title.

The 1965 FWD snow blower was purchased by the Yosemite West Maintenance District in 1994. It is now inoperable and has been so for many years. The vehicle is over forty years old and parts for it are difficult to find and extremely expensive. The cost to restore it to operational status would be prohibitive. The county's Fleet Services division currently has a contract for surplus vehicles to be sold at auction in Modesto, CA through Ernst & Associates. However, it is estimated the cost to transport the vehicle from Yosemite West, where it resides, to Modesto will possibly be more than the sales revenue generated from the Modesto auction. Currently there is one local party interested in bidding for this vehicle.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

None.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not approve the requested actions; we would be unable to dispose of the vehicle.

Financial Impact? ( ) Yes (X) No
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded
Amount in Budget: $__________
Additional Funding Needed: $__________
Source:
Internal Transfer
Unanticipated Revenue ( ) 4/5's vote
Transfer Between Funds ( ) 4/5's vote
Contingency ( ) 4/5's vote
( ) General ( ) Other

Annual Recurring Cost: $

List Attachments, number pages consecutively
1. Photograph of 1965 FWD snow blower

CLERK'S USE ONLY:
Res. No.: 16 Ord. No. ______
Vote - Ayes: 5 Noes: ______
Absent: ______
Approved: ______
( ) 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

COUNTY ADMINISTRATIVE OFFICER:
( ) Requested Action Recommended
( ) No Opinion
Comments: ______________________
________________________
________________________
________________________
________________________

CAO: ________________________

Revised Dec. 2002