DEPARTMENT: Human Services/BHRS

RECOMMENDED ACTION AND JUSTIFICATION:
It is respectfully requested that your Board authorize: (1) the department to enter into a Personal Services Agreement with Chevon Kothari to provide grant research, development and application; and (2) your Chairman to sign the agreement.

Please see attached staff report for additional information.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Please see attachment.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Please see attachment.

Financial Impact? (Y) Yes  (N) No  Current FY Cost: $6000  Annual Recurring Cost: $
Budgeted in Current FY? ( ) Yes  ( ) No ( ) Partially Funded
Amount in Budget: $ 0
Additional Funding Needed: $ 0
Source:
Internal Transfer
Unanticipated Revenue — 4/5’s vote
Transfer Between Funds X 4/5’s vote
Contingency — 4/5’s vote
( ) General  ( ) Other

CLERK’S USE ONLY:
Res. No. 08-58  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

Revised Dec. 2002

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

CAO: [Signature]
March 18, 2008

TO: Members, Board of Supervisors
   Rick Benson, CAO
FROM: James Rydingsword, Director
RE: Professional Service Agreement with Chevon Kothari

Recommendation
It is respectfully requested that your Board approve and authorize the chair to sign a Professional Services Agreement with Chevon Kothari.

Background/Current Situation
Chevon Kothari, current executive director for Mountain Crisis Services (MCS), is well versed in researching and writing grant proposals for a variety of activities. As Executive Director for one of Mariposa’s prominent non-profit organizations, Chevon is well aware of the needs in Mariposa County for public and private sectors as well as consumers.

Chevon will be stepping down from her post with MCS in the next few months and is interested in helping the department research and apply for various grants that are open to public agencies. Chevon will also identify grants that could benefit Mariposa County in other areas and bring those to attention of the department for further research.

The department currently has the opportunity to pursue grants in the following areas:
   Energy Assistance
   Welfare to Work
   Alcohol & Drug
   Housing
   Mental Health

Due to the current work load in the department, staff are not able to give grant writing the time necessary, nor do some have the ability to do a thorough job. Chevon has the expertise and time needed to do the research and properly complete grant applications.

It is a known fact that the grant process can be rather lengthy. It is the intention of the department to use this 15 month time period as a trial for this type of professional agreement.

The effectiveness of this agreement will be evaluated based on a number of factors. These factors will include but not be limited to:
   The number of grant possibilities identified.
   The number of grant applications completed.
   The number of grants awarded.
   The dollar amount of the grant awards.

As outlined in the scope of work, Chevon will be meeting on a regular basis with department staff and the director to assure that progress is being attained.
Specific scope of work activities are outlined in the attachment to the professional services agreement. The term of this agreement is April 1, 2008 through June 30, 2009 and is not to exceed $30,000 or 1,000 hours. The time estimated for this fiscal year is based on 66.67 hours per month, times 3 months at $30.00/hr.

Financial
The attached budget action form increases the professional services line in the Human Services budget by $6,000 and increases the transfers from supporting budgets by an apportioned share for the amount proposed for the remainder of this fiscal year. Budget action forms are also attached for the necessary budget adjustments to the supporting units to allow for the increased share in the Human Services budget.

The amount for fiscal year 2008-2009 will be included in the 2008-2009 budget process.

There is no impact on the general fund.
# BUDGET ACTION FORM

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| TOTALS | 673 | 673 |

## TRANSFER BETWEEN FUNDS

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| TOTALS |

**ACTION REQUESTED:** (Check all that apply)

- [X] Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget, or transferring appropriation from Contingencies

- [ ] Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit

**JUSTIFICATION** Additional funding needed for Kothari PSA.

---

**DEPT HEAD SIGNATURE**  
Signature  
DATE 3/7/2008

**APPROVED BY**  
RES NO. 08-98  
CLERK  
DATE 3-18-08

**DEPARTMENT** Human Services

**AUDITOR'S USE ONLY**

Budget Revision Form Revised 07/2000
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### JUSTIFICATION

Additional funding needed for Kothari PSA.

### DEPT HEAD SIGNATURE

[Signature]

**DATE** 3/7/2008

### APPROVED BY RES NO:

**58-98** CLERK

**DATE** 3-18-08

**DEPARTMENT** Human Services

**AUDITOR'S USE ONLY**

**BA #**

Budget Revision Form Revised 07/2000
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**Justification** Additional funding needed for Kothari PSA.

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**Dept Head Signature**

[Signature]

**Date**

3/7/2008

**Approved By Res No.**

[Signature]

**Clerk**

[Signature]

**Date**

3/13/2008

**Department**

Human Services

**Auditor's Use Only**

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**JUSTIFICATION** Additional funding needed for Kothari PSA.

DEPT HEAD SIGNATURE [Signature] DATE 3/7/2008

APPROVED BY RES NO. 888 CLERK [Signature] DATE 3-18-08

DEPARTMENT Human Services

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**DEPT HEAD SIGNATURE** [Signature]  **DATE** 3/7/2008

**APPROVED BY** [Signature]  **DATE** 3/18/08

**DEPARTMENT** Human Services

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**JUSTIFICATION** Additional funding needed for Kothari PSA.

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**DEPT HEAD SIGNATURE**

**DATE** 3/7/2008

**APPROVED BY RES NO.** 08-98

**CLERK**

**DATE** 3/18/08

**DEPARTMENT** Human Services

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**AUDITOR'S USE ONLY**

**BA #**