DEPARTMENT: Human Services/Social Services  BY: James Rydingsword
PHONE: (209) 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:
It is respectfully recommended that your Board authorize the Department to enter into a Professional Service Agreement with Edna Terrell for consulting services for Human Services Programs.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Edna Terrell, recently retired from Santa Barbara County, is well versed in child welfare, client services and systems to support those functions.

Mrs. Terrell is interested in helping the department in system improvement efforts and brings a wealth of knowledge and experience to assist us.

Specific scope of work activities are outlined in the attachment to the Professional Services Agreement. The term of this agreement is October 15, 2008 through June 30, 2009 and is not to exceed $25,000 or 500 hours for the remainder of this fiscal year.

Financial
The attached budget action form increases the professional services line in the Social Services budget by $25,000 as a transfer from the salaries account. We have salary savings due to vacancies. A budget action form is attached for the necessary budget adjustments. These costs are state and federally funded and there is no County general fund cost.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Financial Impact? (X) Yes ( ) No  Current FY Cost: $ 25,000  Annual Recurring Cost: $
Budgeted In 2008/09 FY? (X) Yes ( ) No ( ) Partially Funded
Amount in Budget: $25,000
Additional Funding Needed: $ 25,000
Source:
Internal Transfer (X) $25,000
Unanticipated Revenue 4/5’s vote
Transfer Between Funds 4/5’s vote
Contingency 4/5’s vote
( ) General ( ) Other

List Attachments, number pages consecutively
Budget Action Form Page 1
Non-discrimination Compliance Page 2
Professional Service Agreement, Pages 3-8

CLERK’S USE ONLY:
Res. No.: 5  Ord. No. ______
Vote – Ayes: 5  Nocs: ______
Absent: ______
Approved (X) 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
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**TOTALS** 25,000  25,000

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

( ) 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

(X) 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** To cover PSA

**DEPT HEAD SIGNATURE**

**APPROVED BY RES NO.**

**DATE** 10-6-08

**CLERK**

**DATE** 10-14-08

**DEPARTMENT** Human Services/Social Services

**AUDITOR’S USE ONLY**

**BA #**

Budget Revision Form Revised 07/2000