DEPARTMENT: Human Services Department
BY: Cheryle Rutherford-Kelly
PHONE: 966-3609

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___ No__X__) 
SEE ATTACHMENT

BACKGROUND AND HISTORY OF BOARD ACTIONS:
SEE ATTACHMENT

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
SEE ATTACHMENT

<table>
<thead>
<tr>
<th>COSTS:</th>
<th>SPECIAL INSTRUCTIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(x) Not Applicable</td>
<td>List the attachments and number the pages consecutively:</td>
</tr>
<tr>
<td>A. Budgeted current FY</td>
<td>Page One, Department Memo</td>
</tr>
<tr>
<td>B. Total anticipated costs</td>
<td>Pages Two – Four, Agreement 02C-1420. Due to the length of the agreement, only certain pages have been copied. A copy of the full document is available in the administrative office.</td>
</tr>
<tr>
<td>C. Required additional funding</td>
<td></td>
</tr>
<tr>
<td>D. Internal transfers</td>
<td></td>
</tr>
</tbody>
</table>

| SOURCE: | |
|--------| |
| ( ) 4/5ths Vote Required | |
| A. Unanticipated revenues | |
| B. Reserve for contingencies | |
| C. Source description: | |
| Balance in Reserve for Contingencies, if approved: | |

CLERK'S USE ONLY:
Res. No: 88
Vote - Ayes: 4
Noes: 0
Absent: 1
( ) Approved
( ) Denied
( ) No Action 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 of Supervisors County of Mariposa, State of California
By: Deputy

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:

Recommended
Not Recommended
For Policy Determination
Submitted with Comment
Returned for Further Action

Comment: Rev. & Appropriations CR in the Requested FY 2002-03 budget

C.A.O. Initials: JWW

Action Form Revised 5/92
DATE: July 9, 2002
TO: Members, Board of Supervisors
FROM: Cheryle Rutherford-Kelly
RE: Community Action Programs
Department of Energy Weatherization Funds

RECOMMENDED ACTION AND JUSTIFICATION
It is respectfully recommended that your Board:

(1) Accept $5,011 in Department of Energy (DOE) funding from the Department of Community Services and Development, agreement number 02C-1420;

(2) Authorize the Human Services Department to coordinate with the Public Works Department for program delivery; and

(3) Authorize the Human Services Director to execute subsequent amendments to this agreement with the State Department of Community Services and Development.

BACKGROUND
The purpose of the DOE weatherization program is to provide weatherization services to low-income County residents. These services include insulating, weather stripping, and replacement of old appliances. The County has utilized this funding in recent years.

CURRENT SITUATION
If approved by your Board, this funding will be used to weatherize approximately three households. To access the funds necessary for the weatherization program, the County must contract with the State Department of Community Services and Development.

FINANCIAL
This is a State funded program that will bring in $5,011. No County match is required.
1. This Agreement is entered into between the State Agency and the Contractor named below

STATE AGENCY'S NAME
Department of Community Services and Development

CONTRACTOR'S NAME
Mariposa County Human Services Department

2. The term of this Agreement is: April 1, 2002 through January 31, 2003

3. The maximum amount of this Agreement is: $ 5,011.00

4. The parties agree to comply with the terms and conditions of the following exhibits that are by this reference made a part of the Agreement:

   Exhibit A - Scope of Work
   Exhibit B - Budget Detail and Payment Provisions
   Exhibit C - General Terms and Conditions
   Exhibit D - Special Terms and Conditions
   Exhibit E - Additional Provisions
   Exhibit F - Programmatic Provisions
   Exhibit G - Materials Standards That Are Not Included in the CSD Weatherization Installation Standards
   Exhibit H - Weatherization Priority Plan Narrative
   Exhibit I - Definitions
   Exhibit J - Annual Heating Degree Day and Cooling Degree Day Data For Selected California Locations
   Exhibit K - Certification Regarding Lobbying, Disclosure of Lobbying Activities

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)
Mariposa County Human Services Department

BY (Authorized Signature) DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS
P.O. Box 39, Mariposa, CA 95338

STATE OF CALIFORNIA

AGENCY NAME
Department of Community Services and Development

BY (Authorized Signature) DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING
Richard J. Bueche, Chief Financial Officer

ADDRESS
700 North 10th Street, Sacramento, California 95814

CALIFORNIA
Department of General Services
Use Only

I hereby certify that all conditions for exemption have been complied with, and this document is exempt from the Department of General Services approval.

☐ Exempt per _____
EXHIBIT A
(Standard Agreement)

SCOPE OF WORK

1. Contractor agrees to provide Weatherization Assistance Program assistance to eligible participants residing within the designated service area as described in Exhibit A, Scope of Work, Section 2., pursuant to Title 42 of the United States Code (U.S.C.) 6861 et seq., as amended, and 10 Code of Federal Regulations (CFR), Part 440, as amended, the Department of Energy Weatherization Assistance Program for Low-Income Persons (DOE WAP).

2. The services shall be performed in the following service area:

Mariposa County

3. Send all correspondence and fiscal and programmatic reports to:

State Agency: Department of Community Services and Development
Section/Unit: Field Operations
Address: 700 North 10th Street, Room 258
Sacramento, CA 95814
Phone: (916) 341-4200
Fax: (916) 327-3153
**DOE WEATHERIZATION PROGRAM BUDGET**

CSD 570 (Rev. 3/02)

<table>
<thead>
<tr>
<th>Contractor</th>
<th>Contract Term</th>
<th>Contract #</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mariposa County Human Services Department</td>
<td>4/1/02 - 1/31/03</td>
<td>02C-1420</td>
<td>$ 5,011</td>
</tr>
</tbody>
</table>

**SECTION A - ADMINISTRATIVE COSTS**

1. Salaries and Wages  | $ 250.00 |
2. Fringe Benefits |
3. Facilities |
4. Utilities |
5. Equipment TOTAL (specify below: )
   a. |
   b. |
   c. |
   d. |
6. Telephone/Communications |
7. Travel In-State |
8. Travel Out-of-State |
9. Accounting |
10. Insurance/Bonding |
11. Office Supplies |
12. Miscellaneous TOTAL (specify below: )
   a. |
   b. |
   c. |
   d. |

**TOTAL SECTION A (Should not exceed 5% of Contract)**

5 %  | $ 250.00 |

**SECTION B - OTHER PROGRAM COSTS**

1. Training and Technical Assistance |
2. Vehicle and Equipment - Acquisition Costs |
3. Liability Insurance |
4. Financial Audit |
5. Health and Safety (Not to exceed 25% of Sections B & C) |
6. Leveraging |

**TOTAL SECTION B**

%  | $ |

**SECTION C - PROGRAM OPERATIONS**

1. Measures (Do not include health and safety measures)  | $ 4,761.00 |
2. Outreach |
3. Intake |
4. Client Education |

**TOTAL SECTION C**

(Total of Sections B & C should not exceed 95% of Contract)

95 %  | $ 4,761.00 |

**SECTION D - TOTAL CONTRACT BUDGET**

**TOTAL CONTRACT BUDGET (Total of Sections A, B & C)**

100%  | $ 5,011.00 |

**SECTION E - TOTAL UNITS**

**TOTAL UNITS**

3 |

**SECTION F - AVERAGE COST PER UNIT**

**AVERAGE COST PER UNIT ($2,568 max. average; Section C divided by Section E)**

$ 1,587.00 |

Authorized Signature  
Date  
Authorized Person's Name/Title (Please Print)  
Cheryle Rutherford-Kelly/Director  
Telephone Number  
(209) 966-3609