RECOMMENDED ACTION AND JUSTIFICATION:  (Policy Item: Yes ___ No X __)

That the Board approve the addition of a fax machine for Social Services to the existing County lease with the Copy Company and direct the Chair to sign Lease.

BACKGROUND AND HISTORY OF BOARD ACTIONS:  FAX transmissions for this department have increased substantially this past year with the addition of the Link-up Program and we expect this trend to continue as more and more State Department of Social Services functions increasingly rely on FAX transmissions to conduct routine business. We have been recently notified of an additional unanticipated funding of 100% State monies, in the amount of $8,000, for the Link-up Program, a portion of which we propose to use to fund the additional lease payment. Having an onsite FAX machine will allow us to realize savings in staff time away from the office and travel expenses currently expended in picking up FAX transmissions from an offsite system. It will also give us the opportunity to comply with Grand Jury recommendations regarding sending and receiving departmental information. The County Administrative Staff would also be relieved of responsibility for this department's FAX transmissions. The Board has approved additions to the Copy Company Lease in the past for copy machines and other FAX machines added after initial lease became effective.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

The department would continue to use the Administrative Office FAX system.

COSTS:  ( ) Not Applicable

A. Budgeted current FY

B. Total anticipated costs.

C. Required additional funding

D. Internal transfers $ 600.00

SOURCE:  ( ) 4/5ths Vote Required

A. Unanticipated revenues $ 8,000.00

B. Reserve for contingencies

C. Source description: 100% State funds

Balance in Reserve for Contingencies

if approved: $

SPECIAL INSTRUCTIONS:

List the attachments and number the pages consecutively:

Lease and Addendum

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

This item on agenda as:

( ) Recommended

( ) Not Recommended

( ) For Policy Determination

( ) Submitted with Comment

( ) Returned for Further Action

Comment:

A.O. Initials:

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