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

The Department of Public Works recommends that the Board execute the attached contract for fire protection coverage at the Blanchard CDF Station for the current fiscal year, 92/93 and approve the attached Budget Action Form transferring $730 from Don Pedro 1-M Contingency to Don Pedro 1-M Fire Protection. Public Works also recommends that the Board direct the Auditor to immediately make payment to Tuolumne County Fire in the amount of $9,285.

This is a cooperative agreement for fire protection in the Lake Don Pedro Area, which is spread over both Mariposa and Tuolumne and in need of protection during the period of the year known as "non fire season". The actual cost identified by Tuolumne County exceeded the budgeted amount by $730 for 92/93.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has entered into this agreement in prior years and has authorized the Auditor to pay directly from Don Pedro 1-M Fire Protection.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Direct the County Fire Department to enter into this agreement and make payment.
2. No action. These services may be terminated by Tuolumne County.

<table>
<thead>
<tr>
<th>COST:</th>
<th>() Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Budgeted current FY</td>
</tr>
<tr>
<td>B.</td>
<td>Total anticipated costs</td>
</tr>
<tr>
<td>C.</td>
<td>Required additional funding</td>
</tr>
<tr>
<td>D.</td>
<td>Internal transfers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOURCE:</th>
<th>4/5th Vote Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Unanticipated revenues</td>
</tr>
<tr>
<td>B.</td>
<td>Reserve for contingencies</td>
</tr>
<tr>
<td>C.</td>
<td>Source description: Balance in Reserve Contingencies, if approved: $</td>
</tr>
</tbody>
</table>

SPECIAL INSTRUCTIONS: List the attachments and number the pages consecutively:

1. Contract with Tuolumne County
2. Budget Action Form

CLERK'S USE ONLY

Res. No.: 93-36 + 93-2
Ord. No.

Vote - Ayes: _________  Noes: _________
Absent: _________  Abstained: _________
Approved: _________  Denied: _________  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

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: ________

Action Form Revised 5/92
COUNTY OF MARIPOSA

BUDGET ACTION FORM

DEPT/DIV: Public Works  CONTACT: Michael D. Edwards

DATE: June 16, 1993  PHONE: 966-5356

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 appropriating Reserve for Contingencies;

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

() Transfer by Administrator: Moving existing appropriations within a single budget category between line items (i.e. services and supplies, etc.);

() Transfer by Auditor: Moving salaries between line items to accommodate variances internal to salaries; OR transfers within the County budget under $50.00 to accommodate minor variations from the budget.

<table>
<thead>
<tr>
<th>FUND/DEPT/ACCT NO.</th>
<th>LINE ITEM DESCRIPTION</th>
<th>AMOUNT (FROM)/TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>062-100-6-600</td>
<td>Don Pedro 1-M Contingency</td>
<td>($730)</td>
</tr>
<tr>
<td>062-100-2-230</td>
<td>Fire Protection</td>
<td>$730</td>
</tr>
</tbody>
</table>

Justification: This transfer is needed to cover the 92-93 bill from Tuolumne County Fire for our share of the fire protection agreement, which was underestimated by this dollar amount.

Department Head Signature: [Signature] Date: 6/16/93

Approved By: Res. No. 93-366 Clerk: [Signature] Date: 6-22-93

Administrator: [Signature] Date: [Signature] Date: [Signature]

AUDITOR'S USE ONLY:

Description: [Signature] Transfer No.: [Signature]

B.R. No.: [Signature]

Budget Action Form Revised 5/92