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

Recommend resolution authorizing Chairman to sign personal services agreement with Chris Ralph, Air Quality Engineer, for Air Pollution professional services.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

At its October 12, 1993 meeting, the Board authorized the Health Officer to obtain professional services as required to maintain Air Pollution activities.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Air Pollution Program will not be brought back into full operation.

COSTS: ( ) Not Applicable
A. Budgeted current FY $40,965
B. Total anticipated costs $6,000
C. Required additional funding $0
D. Internal transfers

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

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CLERK'S USE ONLY:

Res. No.: 93-527
Vot. Ayes: Absent: 5
Approved: Abstained: 0
Denied: Minute Order Attached: 0
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: A.O. Initials
TO: DR. MOSHER, COUNTY HEALTH OFFICER
FROM: MARGIE WILLIAMS, CLERK OF THE BOARD
SUBJECT: AIR POLLUTION AGREEMENT WITH CHRIS RALPH

THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY, CALIFORNIA,
ADOPTED THIS Order on November 16, 1993

ACTION AND VOTE:

Consent Agenda Item 2 - Following discussion with Dr. Mosher/County Health Officer, (M)Parker, (S)Baggett, Res. 93-577 adopted, contingent upon addition of sixty day termination clause/Ayes: Unanimous.

CA-2 Resolution Authorizing Chairman to Sign Personal Services Agreement with Chris Ralph, Air Quality Engineer, for Air Pollution Professional Services (County Health Officer); Res. 93-577, with termination clause

cc: Jeff Green, County Counsel
Evelyn Billings, Auditor-Recorder
File
**COUNTY OF**
**MARIPOSA**

**BUDGET ACTION FORM**

**DEPT/DIV:** Public Health  **CONTACT:** Charles B. Mosher, M.D., Health Officer

**DATE:** Nov. 16, 1993  **PHONE:** (209) 966-3689

**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 appropriating Reserve for Contingencies;

(XX) Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations 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>001-0401-621-0123</td>
<td>Special Services Coordinator</td>
<td>($ 4,441)</td>
</tr>
<tr>
<td>001-0401-621-0301</td>
<td>Benefits</td>
<td>($ 1,559)</td>
</tr>
<tr>
<td>001-0104-414-1090</td>
<td>Reserve for Contingency</td>
<td>$ 6,000</td>
</tr>
<tr>
<td>001-0104-414-1090</td>
<td>Reserve for Contingency</td>
<td>($ 6,000)</td>
</tr>
<tr>
<td>001-0401-621-0440</td>
<td>Air Pollution</td>
<td>$ 6,000</td>
</tr>
</tbody>
</table>

**Justification:** This appropriation is necessary to enable the Public Health Department to submit for payment and the Auditor’s Office to pay invoices received for Air Pollution Personal Services activities.

---

**Department Head Signature:** [Signature]  **Date:** 11/2/93  

**Charles B. Mosher, MD, Health Officer**

**Approved By:** Res. No. [Signature]  **Date:** 11/16/93

**Administrator:**  **Clerk:**  **Date:**

**Auditor:**

**Auditor’s Use Only:**

Description: ________________________________  Transfer No.: ________

B.R. No.: ________