

DEPARTMENT: Senior Services BY: Jim Eutsler

PHONE: 966-5315

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes: ___ No X)
THE SENIOR NUTRITION SERVICES PROGRAM HAS BEEN AWARDED \$2,931 ONE-TIME-ONLY GRANT MONEY WHICH I PLAN TO USE FOR CAPITAL IMPROVEMENTS AT THE GREELEY HILL COMMUNITY CENTER SENIOR ANNEX. THE TOTAL COST OF THE IMPROVEMENTS IS EXPECTED TO BE \$3,500 - \$4,000 WITH THE CONTRACTOR WANTING A PORTION OF THE MONEY UP FRONT FOR MATERIALS AND THE GREELEY HILL COMMUNITY CLUB WILL PAY COSTS IN EXCESS OF \$2,931. RECOMMEND YOU AUTHORIZE THE AUDITOR TO CUT A CHECK IN THE AMOUNT OF \$2,931 FROM THE SENIOR CITIZENS FUND (165-100-x-xxx). UPON RECEIPT FROM A12AA, I WILL APPROPRIATE THE \$2,931 AND TRANSFER IT TO THE SENIORS CITIZENS FUND.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
IN THE PAST I HAVE BORROWED THE MONEY FROM THE GENERAL FUND. THIS METHOD SEEMS EASIER AND WILL PROVIDE A CLEAR AUDIT TRAIL.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

BORROW THE MONEY FROM THE GENERAL FUND OR DECLINE TO ACCEPT THE UNANTICIPATED REVENUE.

COSTS: () Not Applicable
A. Budgeted current FY \$ -0-
B. Total anticipated costs \$ 2,931
C. Required Add'l funding \$ 2,931
D. Source: Unanticipated revenue

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

SOURCE: () 4/5ths Vote Required
A. Internal transfers \$ _____
B. Unanticipated revenues \$ _____
C. Reserve for contingency \$ _____
D. Description: _____
Balance in Reserve for Contingencies, if approved: \$ _____

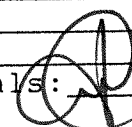
CLERK'S USE ONLY:
Res. No.: 92-58
Ord. No.: _____
Vote - Ayes: 4 Noes: _____
Absent: _____ Abstained: _____
Approved () Denied
() Minute Order Attached

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:
K Recommended
____ Not Recommended
____ For Policy Determination
____ Submitted with Comment
____ Returned for Further Action

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 CA
By: _____
Deputy

Comment: _____

A.O. Initials: 

AREA 12

AGENCY
ON
AGING

A Joint Powers Agency serving the counties of:
Alpine • Amador • Calaveras • Mariposa • Tuolumne

December 16, 1991

Jim Eutsler
Mariposa Senior Assistance Program
P.O. Box 744
Mariposa, CA. 95338

Dear Jim,


The Area 12 Agency on Aging has reviewed your one-time-only monies request. It is our pleasure to inform you your request has been approved for the following items:

Rec. 92-58
Title IIIC
Capital Improvements of Greeley Hill Community Center
(\$2,931)

Rec. 92-59
IIIB
*Purchase of Computer Equipment and Software (\$1,929)

Please provide us at your earliest convenience (but before June 30, 1992) all receipts verifying purchase of the above articles. Should you have any questions regarding this matter please contact our office.

Sincerely,


Dennis Dudley
Executive Director

cc: Sherri Tucker A12AA Fiscal Manager
Supervisor Sally Punte

* Per our conversation of 12/6/91 you will be providing the Area Agency with more specificity regarding these items prior to their purchase.