DEPARTMENT: Administration  BY: John W. McCamman  PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes____ No x )
Resolution Authorizing Distribution Request for Proposal for Improving Public Contact Skills for County Personnel. The attached request for proposals for improving public contact skills is recommended for distribution to companies in the business of training seminars and programs in order to evaluate various mechanisms for training County public contact personnel.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The RFP is in response to the Board’s discussions on a training program for improving public contact skills and attitudes. The attached request for proposals seeks assistance in training County staff regarding handling of citizen complaints, gaining compliance to governmental rules and regulations, more expeditious handling of complaints, request for information of services, dealing with citizen cooperation programs, and related activities. The goal of this training is to improve Mariposa County’s interaction with its citizens.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
1. Approve the request for proposals.
2. Do not approve the request. A Countywide training program will not be pursued.

COSTS: ( ) Not Applicable
A. Budgeted current FY
B. Total anticipated costs Unknown
C. Required Add’l funding
D. Source:
SOURCE: ( ) 4/5ths Vote Required
A. Internal transfers $
B. Unanticipated revenues $
C. Reserve for contingency $
D. Description:
Balance in Reserve for Contingencies, if approved: $

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
1. Request for Proposals

CLERK’S USE ONLY:
Res. No.: 92-123
Ord. No.:
Vote - Ayes: __ Noes: __
Absent: __ Abstained: __
( ) Approved ( ) Denied
( ) Minute Order Attached

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

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

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

Comment:

A.O. Initials: ____________

3-10SMILE Action Form Revised 12/89