RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes  No x)
Pass and adopt this Resolution approving the Mariposa County Pioneer Wagon Train event as a County activity which will be held June 11 through June 13, 1992. Additionally, authorize the Chairperson to sign the agreements attached hereto for the use of real property utilized during the event. These agreements are with Scott Snider for the use of Cold Springs Ranch and Sally M. Wallace and JoAnne M. Calhoun for the use of Macready Corners.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Wagon Train event is an annual event which the Board has authorized as a County activity since its inception 17 years ago.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Do not sponsor the Pioneer Wagon Train event. This event would not be held if not endorsed by the County.
The general public would not be able to participate in this activity which celebrates the history of Mariposa County.

COST: ( ) Not Applicable
A. Budgeted current FY $________
B. Total anticipated costs $________
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:
Scott Snider Agreement
Sally M. Wallace/JoAnne M. Calhoun Agreement

CLERK’S USE ONLY:
Resolution No. 92-140
Ordinance 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 Calif.
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: __________________________