Resolution directing the Auditor to release Marriage License fees (approximately $4,700) dedicated to domestic violence prevention programs to Mountain Crisis Services and directing the Housing and Community Development Agency Director to report to the Board in conjunction with the Calaveras-Mariposa Community Action Agency subcontract with Mountain Crisis Services. (Previous Board direction).

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Board has previously designated Mountain Crisis Services as the agency to receive the Marriage License domestic violence prevention funds. The Calaveras-Mariposa CAA has a current agreement with MCS mandating reporting, insurance, etc, making a new agreement rather redundant.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION.

Designate another agency or require a formal agreement.

COSTS: (X) 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 pages accordingly:

______________________________
______________________________
______________________________
______________________________
______________________________
______________________________
______________________________

______________________________
______________________________
______________________________
______________________________

CLERK’S USE ONLY:
Resolution No.: 92-323
Ordinance No.: ______________________

Vote - Ayes: _______ Noes: _______
Absent: _______ Abstain: _______
( ) 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 Clerk of the Board

A.O. Initials: ______________________

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

☑ Recommended
☐ Not Recommended
☐ Policy Determination
☐ Submitted w/ Comment
☐ Returned for further action

Comment: ______________________

______________________________