RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No ___ x ___)
The Board authorize Chairman to sign the Challenge Grant Applications/Assurances for Fiscal Year 1990/91 Challenge Grant Funds.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Mariposa has been receiving Challenge Grant Funds from the Child Abuse Prevention Office since 1986. These are Federal funds allocated to the State for child abuse and neglect prevention activities and they are added to the Children's Trust Fund. Last year we received $29,069, and this year's allocation should be a similar amount. These funds have been used in the past for respite care for at-risk families, training and training materials, teen task force activities, etc. Recommendations for expenditure of these funds are made by the Child Abuse Prevention Coordinating Council.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Mariposa County will not receive an allocation for this program year.

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 Contingency if approved: $____

SPECIAL INSTRUCTIONS
List the attachments and number the pages consecutively
1. Applications/Assurances
2. Challenge Grant Application
3. Certification

CLERK'S USE ONLY:
Res. No.: 91-96
Ord. No.: ____________________________
Vote: Ayes: 5 Noes: 0
Absent: 0 Abstained: 0
( ) Approved ( ) Denied
( ) Minute Order Attached

The foregoing instrument is a correct copy of the original on file in this office.
Date: ____________________________
ATTEST: MARGIE WILLIAMS
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: ____________________________

Action Form Revised 12/89