

MARIPOSA COUNTY

AGENDA

DATE: 5-7-91

BOARD OF SUPERVISORS

ACTION FORM

AGENDA ITEM NO.: 7-A

DEPARTMENT: Human Services BY: Wm. L'Heureux PHONE: 966-3609

Social Services Div.

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No ___)

That the Board adopt this resolution authorizing the ~~Social Services Division Deputy Director~~ ^{Program Manager I} to sign State fiscal claims and reports in the absence of the Director of Human Services; and that the Board direct the chair to sign the attached State resolution format.

The California Welfare and Institutions Code, Section 10802, provides that the Human Services Director may, by resolution of the Board of Supervisors, authorize an agent of the Director to sign State fiscal claims and reports.

Authorizing the ~~Deputy Director~~ ^{Prog. Mgr. I} as an agent of the Director for signing fiscal claims and reports, will ensure that fiscal claims and reports are processed in accordance with timelines since the Director's responsibilities take him out of County to conduct business regarding Mental Health, Alcohol and Drug, and Social Services matters on a frequent basis..

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Not applicable.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

- 1. The Director remains the only authorized signature, which due to the Directors expanded duties, could delay the receipt of claims and reports by the State, thus delaying fiscal advances and reimbursements.

COSTS: (X) Not Applicable
A. Budgeted current FY \$
B. Total anticipated costs \$
C. Required Add'l funding \$
D. Source:

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.: 91-197
Ord. No.: _____
Vote - Ayes: 4 Noes: _____
Absent: 0 Abstained: _____
mw Approved 0 () 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:

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

Comment: _____

A.O. Initials: 

MARIPOSA COUNTY RESOLUTION NO. 91-197

WHEREAS, the California Welfare and Institutions Code, Section 10802, provides that Human Services Director may, by resolution of the Mariposa County Board of Supervisors, authorize an agent of the Director to sign fiscal claims and reports;

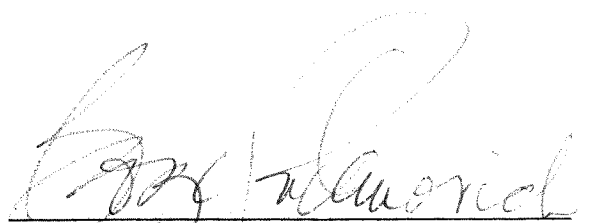
AND WHEREAS, the Human Services Director wishes to delegate authority for signing fiscal claims and reports to the Program Manager I in the absence of the Director;

AND WHEREAS, the State of California requires a resolution on file designating an agent of the Human Services Director,

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Mariposa approve the designation of the Program Manager I as agent for the Human Services Director in his/her absence for the purpose of signing fiscal claims and reports.


PASSED AND ADOPTED by the Board of Supervisors, County of Mariposa this 7th day of May , 1991, by the following vote:

AYES: PUNTE, ERICKSON, RADANOVICH, TABER
NOES: NONE
ABSTAINED: NONE
ABSENT: BAGGETT



GEORGE RADANOVICH, CHAIRMAN
MARIPOSA COUNTY BOARD OF SUPERVISORS

ATTEST:



MARGIE WILLIAMS
CLERK OF THE BOARD

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:



JEFFREY G. GREEN
COUNTY COUNSEL