RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes__ NoXX__)  
AUTHORIZE THE CHAIRMAN TO EXECUTE THE ATTACHED COOPERATIVE AGREEMENT. THE PARTICIPATION IN THIS NARCOTICS TASK FORCE HAS HAD A SIGNIFICANT IMPACT ON THE ILLICIT DRUG ACTIVITIES IN THIS COUNTY.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
THE BOARD HAS APPROVED PAST AGREEMENTS

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
DO NOT SIGN AGREEMENT. THE COUNTY DOES NOT PARTICIPATE IN THE TASK FORCE. THE LAW ENFORCEMENT EFFORT TO THWART NARCOTIC ACTIVITIES IN THE COUNTY WILL BE SIGNIFICANTLY HAMPERED.

COSTS: (XX) Not Applicable
A. Budgeted current FY $________
B. Total anticipated costs $________
C. Requires 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:

CLERK'S USE ONLY:
Res. No.: 91-285
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
County of Mariposa, State of Ca.
By: Deputy

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on the agenda as:  
Recommended  
Not Recommended  
For Policy Determination  
Submitted with comment  
Returned for Further Action  
Comment: __________________________

A. O. Initials: __________________________
Action Form Revised 12/89