

DEPARTMENT: Administration BY: John W. McCamman PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No x)
Resolution Approving Area 12 Agency on Aging In-Kind Agreement,
Authorizing Chairman to Sign, and Discussion of Requested Cash
Subvention.

Cash Subvention to be a policy decision in Final Budget Hearing.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The County's in-kind agreement with the Area 12 Agency on Aging has included a contribution in the amount of \$3,692 for banking and checking services of the County Auditor's Office. This year, the Agency is requesting an additional cash contribution in the amount of \$923 for funding of the minimum staffing requirements of the Agency. The amount is 25% cash match over the current required soft match. Staff recommends renewal of the In-Kind Agreement and discussions on the additional cash contribution.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. No agreement would eliminate the important Area 12 Agency on Aging Joint Agreement with Mariposa County.
2. Contribution of the additional cash would contribute to staffing of the Agency at an additional cost of \$923 to the County.

COSTS: () 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:

1. Letter from Area 12 Agency on Aging
2. Agreement

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.: 91-374

Ord. No.: _____

Vote - Ayes: 5 Noes: _____

Absent: _____ Abstained: _____

my Approved () Denied

() Minute Order Attached

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

This item on agenda as:

Recommended

Not Recommended

For Policy Determination

Submitted with Comment

Returned for Further Action

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

Comment: _____

A.O. Initials: JWM / Jymw

agreement