

MARIPOSA COUNTY  
BOARD OF SUPERVISORS

AGENDA  
ACTION FORM

DATE: September 10, 1991  
AGENDA ITEM NO. RA 3

DEPT.: COUNTY COUNSEL

BY: JEFFREY G. GREEN

PHONE: 966-3625

RECOMMENDED ACTION AND JUSTIFICATION:

(Policy Item: Yes \_\_\_ No X)

Pass and adopt this Resolution authorizing the Chairman to sign the Lease Agreement attached hereto with D. J. Johnston for premises housing the Victim/Witness Program in Mariposa County. The Merced District Attorney Victim/Witness Program had provided support services to victims of crime in Mariposa County since January, 1990. Mariposa County now has its own Victim/Witness Program and a facility to conduct business is necessary to accommodate this program.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

In the past, the Board has approved similar Lease Agreements with other individuals. This is the first Agreement with this individual for these premises.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not approve - another location for the Mariposa County Victim/Witness Program would have to be found.

COST: ( ) 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:  
Lease 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:  
Resolution No. 91-430  
Ordinance No. \_\_\_\_\_  
Vote: Ayes: 5 Noes: \_\_\_\_\_  
*hrw* Absent: \_\_\_\_\_ Abstained: \_\_\_\_\_  
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 Calif.  
By: \_\_\_\_\_  
Deputy

Comment: \_\_\_\_\_  
\_\_\_\_\_  
A.O. Initials: *hrw*