RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes__ No_x__) Resolution Approving Modification of The Copy Company Lease and Authorization for Chairman to Sign. The Copy Company invoiced the payments in a manner which was not acceptable. Since two payments have not been made under the contract, staff recommends that modification be approved to extend the payment dates two months in order to avoid penalty.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Board of Supervisors approved the lease of copiers and the fax machine at a rate of $3,500 per month plus tax from The Copy Company. The invoices were submitted for individual machines rather than for the flat rate and Administration and the Auditor could not approve payment under the terms of the lease. The billing procedure has been corrected, but the County has not made the first two payments. In order to avoid penalties, The Copy Company has agreed to modify the payment period to begin October 1991 rather than August 1991 and waive any penalty.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
1. Do not approve the modification. Past payments will be due with possible penalties.

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively.

1. Modification Agreement

COSTS: ( ) 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 Contingencies, if approved: $_______

CLERK'S USE ONLY:
Res. No.: 91-476
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
Clerk of the Board of Supervisors
County of Mariposa, State of CA
By: __________________________
Deputy

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

Comment: __________________________

A.O. Initials: __________________________

Action Form Revised 12/89