MARIPOSA COUNTY
BOARD OF SUPERVISORS
HOUSING AND COMMUNITY DEVELOPMENT AGENCY
BY: James F. Evans

AGENDA ACTION FORM
DATE: November 19, 1991
AGENDA ITEM NO: BB

PHONE: 966-6121

RECOMMENDED ACTION AND JUSTIFICATION: (POLICY ITEM: YES__ NO_X__)

Resolution authorizing the Housing and Community Development Agency
Director to execute a Personal Services Agreement with Larry Schuster for
weatherization services. (Necessary to continue the weatherization
program).

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Board has authorized operation of the weatherization program for years.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION.
1) Do not continue program.
2) Request recruitment of another provider.

COSTS: (X) 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: $_________

SPECIAL INSTRUCTIONS:
List the attachments and number pages accordingly:

________________________
________________________
________________________

________________________
Agreement
________________________
________________________

________________________
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CLERK’S USE ONLY:
Resolution No.: 91-552
Ordinance No.: ___________
Vote - Ayes: _______ Noes: _______
Absents: _______ Abstain: _______

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 Clerk of the Board

ADMINISTRATIVE OFFICER’S RECOMMENDATION:
This item on agenda as:

☑ Recommended
☐ Not Recommended
☐ Policy Determination
☐ Submitted w/ Comment
☐ Returned for further action

Comment: ______________________

________________________
________________________

________________________
A.O. Initials: ☑