MARIPOSA COUNTY
BOARD OF SUPERVISORS
AGENDA ACTION FORM

DATE: 12-17-91

AGENDA ITEM NO: 13-B

DEPARTMENT: SHERIFF'S
BY: ROD SINCLAIR PHONE: 966-3614

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___ No_xx)
REINSTATE THE THIRD FULL TIME BOATING SAFETY POSITION (STATE FUNDED)
THIS POSITION WAS MADE PART TIME DUE TO THE DRAUGHT. CURRENT FUNDING
LEVELS INCLUDE A THIRD FULL TIME DEPUTY. THE COUNTY SHOULD TAKE ADVANTAGE
OF THESE FUNDS.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The board originally approved three full time positions.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
DO NOT RE-CREATE FULL TIME POSITION. LOSE STATE FUNDS FOR THE PROGRAM.

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.: __________
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