RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes  No XX)
AUTHORIZE THE CHAIRMAN TO SIGN THE ATTACHED AGREEMENT WITH AVERY ENTERPRISES FOR AN INMATE TELEPHONE VENDING AGREEMENT, WITH THE PROFITS GOING TO THE INMATE WELFARE FUND. (NO COST TO THE COUNTY) AUTHORIZING THE ESTABLISHMENT OF AN INMATE WELFARE FUNDS PURSUANT TO PENAL CODE SECTION 4025. (REFER TO ATTACHED SHEET)

BACKGROUND AND HISTORY OF BOARD ACTIONS:
THIS TELEPHONE VENDING AGREEMENT WOULD PROVIDE CONTROLLED TELEPHONE SERVICE FOR INMATES, WITH THE COST OF SAID SERVICE TO BE BORNE BY THE USER INMATES. PROFITS, WOULD GO TO THE INMATE WELFARE FUND AND USED FOR INMATE WELFARE.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
DO NOT APPROVE. THE INMATE WELFARE FUND WILL NOT TAKE ADVANTAGE OF PROJECTED PROFITS AND THE COUNTY WILL HAVE THE TOTAL BURDEN FOR INMATE WELFARE ISSUES.

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.: 91-012
Ord. No.: ________________________________
Vote: Ayes: _____ Nays: _____
Absent: _____ Abstained: _____
Approved: _____ Denied: _____

Minute Order Attached
The foregoing instrument is a correct copy of the original on file in this office.
Date: ________________________________

ATTEST: MARSIE 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. D. Initials: ________________________________

Action Form Revised 12/89