RECOMMENDED ACTION AND JUSTIFICATION:

Pass this Resolution in support of House Resolution 290, designating a National Tourism Week. And Authorize a letter of support be sent to Congressman Condit.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

None on this issue.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Not known.

<table>
<thead>
<tr>
<th>COSTS: (x) Not Applicable</th>
<th>SPECIAL INSTRUCTIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Budgeted current FY</td>
<td>1. Submit Original of Action Form</td>
</tr>
<tr>
<td>B. Total anticipated costs</td>
<td>2. Submit eleven copies of all attachments, number the pages, and list the attachments:</td>
</tr>
<tr>
<td>C. Required Add'l funding</td>
<td></td>
</tr>
<tr>
<td>D. Source:</td>
<td></td>
</tr>
</tbody>
</table>

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.: 90-200
Ord. No.:______
Vote - Ayes: 5 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:____________________________________________________________________

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

☐ Recommended
☐ Not Recommended
☐ For Policy Determination
☐ Submitted with Comment
☐ Returned for Further Action

Comment:______________________________________________________________

A.O. Initials:______________________________

Action Form Revised 12/89