RECOMMENDED ACTION AND JUSTIFICATION:
Authorize the Administrative Officer to execute a letter agreement with Robert Wieck, who is an expert on AB8, for services in conducting an analysis of the alternatives and the impacts of eliminating the County's contract with the State of California for sanitarian and health services (opt out). The terms of this agreement would provide for a report to be provided to the Board of Supervisors by June 15, 1990, at a total cost not to exceed $2,500.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
On May 8, 1990, the Board discussed and determined to have an analysis performed regarding the impacts and the alternatives for eliminating the contract with the State of California for sanitarian and health services.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
1. Authorize the Administrative Officer to execute an agreement for services with Mr. Wieck.
2. Take no action and do not have the analysis performed.
3. Direct that another consultant be used for this analysis.

COSTS: (  ) Not Applicable
A. Budgeted current FY $ __________________
B. Total anticipated costs $2,500
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 Contingency if approved: $ __________________

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

________________________
________________________
________________________
________________________

CLERK'S USE ONLY:
Res. No.: 90-245
Ord. No.: __________________
Vote - Ayes: 5 Noes: ___
Absent: ___ Abstained: ___
________________________
Approved (  ) Denied (  ) Minutes 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 agenda as: __________________
Recommended ________
Not Recommended ________
For Policy Determination ________
Submitted With Comment ________
Returned for Further Action ________

Comment: ___________________________________________

A.O. Initials: __________________

Action Form Revised 12/89