RECOMMENDED ACTION AND JUSTIFICATION:
Resolution approving and authorizing the Chairman to sign the renewal AGREEMENT with Bierly and Associates, Workers Compensation Administration providers.
There is no substantive change to the prior year's Agreement except for the increase in service fees. FY 1989/90 service fee cost was $6,636, FY 1990/91 has an increase of 6% which amounts to a total of $6,742. Counsel recommends that the Board renew the Agreement as the service is adequate for our needs.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Board first entered into an Agreement with Bierly's on July 28, 1987, for FY 1987/88. The County has remained with Bierly's since that time, renewing their Agreement for 1988/89 and 1989/90.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
County would have to contact administrators of workers compensation service and obtain bids for these service.

COST: ( ) Not Applicable
A. Budgeted FY90/91 $6,742
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 contingencies $________
D. Description: ________________________
Balance in Reserve for Contingencies, if approved: $________

CLERK'S USE ONLY:
Resolution No. 90-274
Ordinance 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
Clerk of the Board of Supervisors
County of Mariposa, State of Calif.
By: ________________________________
Deputy

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
"AGREEMENT" 7 pages

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: __________