RECOMMENDED ACTION AND JUSTIFICATION:
Public Works requests the execution by the Chairman, of the attached Agreement No. 10-5940 for Seismic Retrofit Inventory of County bridges. Said inventory was mandated by the State following the San Francisco earthquake in October, 1989. The inventory was completed in April, 1990, and has been submitted to the State. This agreement will allow the reimbursement of $1,465.00 to the County for performing the inventory.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The BOS has never executed any such agreement and it is assumed this will be the only time this inventory is done.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Negative action will result in the County losing $1,465.00.

<table>
<thead>
<tr>
<th>COSTS:</th>
<th>( ) Not Applicable</th>
<th>SPECIAL INSTRUCTIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Budgeted current FY</td>
<td>List the attachments and number</td>
</tr>
<tr>
<td></td>
<td>$______</td>
<td>the pages consecutively:</td>
</tr>
<tr>
<td>B.</td>
<td>Total anticipated costs</td>
<td><strong>Letter of Instruction from</strong></td>
</tr>
<tr>
<td></td>
<td>$______</td>
<td>Department of Transportation</td>
</tr>
<tr>
<td>C.</td>
<td>Required Add'l funding</td>
<td>and Two Copies of the Agreement</td>
</tr>
<tr>
<td></td>
<td>$______</td>
<td>for execution and return</td>
</tr>
<tr>
<td>Source:</td>
<td>( ) 4/5ths Vote Required</td>
<td></td>
</tr>
</tbody>
</table>

SPECIAL INSTRUCTIONS:

CLERK'S USE ONLY:
Res. No.: 90-351
Ord. No.:  
Vote - Ayes: _5_ Noes: _0_
Absent: _1_ Abstained: _1_
Approved: _5_ Denied: _0_
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: _____________
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