RECOMMENDED ACTION AND JUSTIFICATION: Recommend the Chairman sign the claim.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Always signed in the past.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
CDVA won't pay if claim is not made.

COSTS: (X) Not Applicable
A. Budgeted current FY $______
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 contingency $______
D. Description: ________________________
Balance in Reserve for Contingencies, if approved: $______

SPECIAL INSTRUCTIONS:
1. Submit Original of Action Form
2. Submit eleven copies of all attachments, number the pages, and list the attachments:
   ________________________
   ________________________
   ________________________

CLERK'S USE ONLY:
Res. No.: 90-512
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: ________________________
   Deputy

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as: 
   X Recommended
   Not Recommended
   For Policy Determination
   Submitted with Comment
   Returned for Further Action

Comment: ________________________

A.O. Initials: ________________________

Action Form Revised 12/89
DEPARTMENT OF VETERANS AFFAIRS
County Subvention Program
Certification of Compliance

Charge: Chapter 93/89, Item 1960-101-001

Contribution to counties toward compensation and expenses of county veteran service officers pursuant to Section 972, Military and Veterans Code: General Fund.

COUNTY CERTIFICATION

I hereby certify that Mariposa County has appointed, prescribed the qualifications, and fixed the compensation of an officer who is termed "County Veteran Service Officer," that said officer administers the aid provided for in Chapter 5 of Article 4 of the Military and Veterans Code, and that Mariposa County by appropriate action, hereby accepts the foregoing allocation and the terms and conditions pursuant thereto. (Please attach a copy of the resolution of acceptance from the Board of Supervisors or delegation of authority from the Board to an officer accepting on behalf of the county.)

I further certify that Mariposa County is an Equal Opportunity Employer.

Signature and Title
CHAIRMAN, Mariposa County Board of Supervisors

NOV 4 1990

Charge: Chapter 1208/89, Item 1960-602-001

Contribution to counties toward compensation and expenses of county veteran service officers pursuant to Section 972.1, Military and Veterans Code: General Fund.

COUNTY CERTIFICATION

I hereby certify that Mariposa County has (1) established and maintained a County Veteran Service Office in accordance with the staffing level and workload under the formula based on performance established by the Department of Veterans Affairs, and (2) has allocated county funds in fiscal year 1989-90 in an amount not less than the amount allocated in fiscal year 1988-89, and that Mariposa County, by appropriate action, hereby accepts the foregoing allocation and the terms and conditions pursuant thereto.

Signature and Title
CHAIRMAN, Mariposa County Board of Supervisors

NOV 4 1990
CLAIM FOR SUBVENTION FUNDS  
COUNTY VETERANS SERVICE OFFICE  
FISCAL YEAR 1989-90

The County of [MARIPOSA] herewith applies for the semiannual Subvention allocation for maintaining a County Veterans Service Office in accordance with the terms and conditions as stated in Attachments I and II of the Allocation Letter dated January 25, 1990.

We hereby certify that county funds in the amount of $14,924.11 have been expended for the operation of the County Veterans Service Office for the two quarters ending June 30, 1990.

[Signature]  
County Auditor/Controller  
Evelyn N. Billings  
September 10, 1990  
Date  

Evelyn N. Billings by: Christopher A. Ebie  
Assistant Auditor-Recorder  

Mail claim to: California Department of Veterans Affairs  
Division of Veterans Services  
P. O. Box 942895  
Sacramento, CA 94295-0001

This portion to be completed by the Department of Veterans Affairs

Authorization for disbursement of Subvention allocation.

Approved for payment in the amount of $_______ as the Allocation in accordance with Sections 972 and 972.1 of the Military and Veterans Code.

Charge: Chapter 93/89, Item 1960-101-001; $_______.

Charge: Chapter 1208/89, Item 1960-602-001; $_______.

Authorized Representative  
Date