RECOMMENDED ACTION AND JUSTIFICATION:
Adopt Resolution authorizing Chairman to sign Agreement with the Madera County Board of Supervisors for Donald O. Cripe, Madera Agricultural Commissioner, to:
1. Provide Agricultural Commissioner services sufficient to meet the requirements of the California Department of Food and Agriculture, and
2. Provide any and all weights and measures inspections and testing services within the County of Mariposa.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Donald O. Cripe has been the Agricultural Commissioner for Mariposa, in conjunction with his duties in Madera County, since 1986. Other individuals working in Madera County have served in the capacity of Sealer of Weights and Measures. This Agreement will bring both services i.e. Agricultural Commissioner/Sealer of Weights and Measures under the control of Donald O. Cripe, for the first time.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Individual agreements would have to be drawn for the two services. Delays would ensue for weights and measures services.

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COST: ( ) 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: $________

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CLERK’S USE ONLY:
Resolution No. 90-525
Ordinance No.
Vote: Ayes:________ Noes:________
Absents:________ 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.

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

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

Comment: __________________________

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