MARIPOSA COUNTY RESOLUTION No. 83-37

JOINT POWERS PROPOSAL FOR JOB TRAINING
PARTNERSHIP ACT

RESOLVED by the Board of Supervisors of Mariposa County that
Mariposa County intends to execute a negotiated joint powers
agreement with Amador, Calaveras, and Tuolumne Counties for the
purpose of establishing a Service Delivery Area to provide job
training programs under the Job Training Partnership Act.

RESOLVED FURTHER, that the Chairman of the Board of Super-
visors be authorized to sign the Application for Service Delivery
Area Designation, attached hereto as Exhibit A, on behalf of the
County of Mariposa, and to designate thereon as the local contact
person CETA Director Paul Watts.

PASSED AND ADOPTED this 8th day of February, 1983, by the
Board of Supervisors of Mariposa County by the following vote:

AYES: Taber, Dalton, Barrick, Erickson and Moffitt
NOES: None
ABSENT: None
ABSTAINED: None

[Signature]
Eric J. Erickson, Chairman
Board of Supervisors

ATTEST:

[Signature]
ELLEN BRONSON, County Clerk and
Ex Officio Clerk of the Board

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:

[Signature]
RICHARD K. DENHALTER, County Counsel
Part B: Sign in the spaces below to indicate application for consortia SDA designation.

1. Signed for the County/City of MARIPOSA
   Eric J. Erickson, Chairman, by Board of Supervisors
   Type name and Title of Chief elected official
   Signature
   on this date

2. Signed for the County/City of ________________________________
   by ________________________________,
   Type name and Title of Chief elected official
   Signature
   on this date

3. Signed for the County/City of ________________________________
   by ________________________________,
   Type name and Title of Chief elected official
   Signature
   on this date

4. Signed for the County/City of ________________________________
   by ________________________________,
   Type name and Title of Chief elected official
   Signature
   on this date

5. Signed for the County/City of ________________________________
   by ________________________________,
   Type name and Title of Chief elected official
   Signature
   on this date

6. Signed for the County/City of ________________________________
   by ________________________________,
   Type name and Title of Chief elected official
   Signature
   on this date

7. Signed for the County/City of ________________________________
   by ________________________________,
   Type name and Title of Chief elected official
   Signature
   on this date

Please type the name and telephone number of a locally designated contact person

PAUL WATTS, CETA Director, (209) 966-3643