MARIPOSA COUNTY RESOLUTION NO. 82-164

BE IT HEREBY RESOLVED by the Board of Supervisors of Mariposa County, a political subdivision of the State of California, that the Board of Supervisors hereby approves the following document, and Chairman WILLIAM H. MOFFITT, is hereby authorized to sign same:

Amendment to the BCIP Agreement

PASSED AND ADOPTED by the Mariposa County Board of Supervisors this 10th day of August 1982, by the following vote:

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

WILLIAM H. MOFFITT, Chairman
Mariposa County Board of Supervisors

ATTEST:

ELLEN BRONSON, County Clerk
Ex Officio Clerk of the Board

APPROVED AS TO FORM AND LEGAL SUFFICIENCY:

RICHARD K. DENHALTER
County Counsel
Mariposa County Department of Social Welfare

FINANCIAL: That the Contractor is in good standing. The requirements and specifications of the Financial Article of the Agreement are met. The Contractor is in accordance with the terms of the Agreement. The Contractor has fulfilled all the obligations of the Agreement.

Amendment No. 1

That this amendment to provide Emergency Services Intervention Program (ESIP) services to Elkhorn residents throughout the State, entered into on November 10, 1981, and amended on March 1, 1982, and further amended on June 1, 1982, is further amended as follows:

1. That the term of this agreement be extended from August 31, 1982, through September 30, 1982.

2. That Article C.A. be decreased from 45,000 to 30,726, to reflect a decrease of 14,274.

3. That Attachment A be replaced in its entirety by Attachment B, revised August 1, 1982 in accordance with the decrease.

All remaining terms and conditions of this agreement shall remain unchanged.

STATE OF CALIFORNIA

Mariposa County Department of Social Welfare

CONTRACTOR

P.O. Box 7, Mariposa, CA

$30,726

UNENCUMBERED BALANCE

FUND

General

ITEM

726

STATUTES

32

1982-83

I hereby certify upon my own personal knowledge that the above financial information is true and correct.

DATE

[Signature]

I hereby certify that all conditions for exemption set forth in State Administrative Code Section 1296 have been complied with and this document is exempt from revenue in the Department of Finance.

DATE

[Signature]
## Budget

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Direct Benefits</td>
<td>$24,551</td>
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<tr>
<td>Direct Program Services Cost</td>
<td>$5,459</td>
</tr>
<tr>
<td>Administrative Overhead</td>
<td>$616</td>
</tr>
<tr>
<td><strong>Budget Total</strong></td>
<td><strong>$30,726</strong></td>
</tr>
</tbody>
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Revised - 8/1/82