Board of Supervisors
County of Mariposa
Resolution No. 79-76

WHEREAS the Mariposa County Board of Supervisors are desireous of providing services to the senior residents of the County 60 years of age and over, and

WHEREAS the services that have been determined to be of priority concern, within the limited fiscal capacity of the County and available grant program assistance, are:

1. Senior citizen information and referral,
2. Senior Transportation service,
3. Senior citizen outreach of the isolated elderly handicapped,
4. Escort services for the elderly,
5. Support activities for the homebound elderly in the areas of telephone reassurance, meal and grocery delivery, and miscellaneous errand support, and
6. Social and recreational activities and other special support and technical assistance activities;

WHEREAS it has been determined by the Board of Supervisors that these services and activities do not duplicate existing services for the senior citizens of the County, supplant other local resources utilized to provide services to County senior residents and will be coordinated with other service and activities provided by the County;

WHEREAS this project is recommended by the Mariposa County Commission on Aging and interested senior citizens from throughout the county.

NOW THEREFORE BE IT RESOLVED that the Mariposa County Board of Supervisors approves the submission of a Title III Senior Service Grant Application for 1979-80 to be administered by the Mariposa County...
Board of Supervisors or its designee.

BE IT FURTHER RESOLVED that the County of Mariposa will provide such in-kind staff and other support as is provided for in the grant application upon the approval of grant award by the California Department of Aging.

PASSED AND ADOPTED by the Board of Supervisors of the County of Mariposa, State of California, this 8th day of May, 1979, by the following vote:

AYES: Dalton, Clark, Weber, Owings, Erickson
NOES: None
NOT VOTING: None
ABSENT: None

EUGENE DALTON, Chairman
Board of Supervisors

ATTEST:

Joan J. Lynk
Clerk of the Board
ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE REGULATION UNDER
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

MARIPOSA COUNTY SENIOR ASSISTANCE PROGRAM
(Name of Subgrantee of Secondary Recipient)

(hereinafter called the "Subgrantee") HEREBY AGREES THAT it will
comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and
all requirements imposed by or pursuant to the Regulation of the Depart-
ment of Health, Education and Welfare (45 CFR Part 80) issued pursuant
to that title, to the end that, in accordance with Title VI of that Act
and the Regulation, no person in the United States shall, on the ground
of race, color, or national origin, be excluded with participation in,
be denied the benefits of, or be otherwise subjected to discrimination
under any program or activity for which the Subgrantee receives Federal
financial assistance from

CALIFORNIA DEPARTMENT OF AGING
(Name of Grantor)

a recipient of Federal financial assistance from the Department (hereinafter
called "Grantor"); and hereby gives assurance that it will immediately take
any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the
aid of Federal financial assistance extended to the Subgrantee by the Grantor,
this assurance shall obligate the Subgrantee, or in the case of any transfer
of such property, any transferee, for the period during which the real
property or structure is used for a purpose for which the Federal financial
assistance is extended or for another purpose involving the provision of
similar services or benefits. If any personal property is so provided, this
assurance shall obligate the Subgrantee for the period during which it
retains ownership or possession of the property. In all other cases, this
assurance shall obligate the Subgrantee for the period during which the
Federal financial assistance is extended to it by the Grantor.

AOA Form 441 (To be completed by applicant for any grant from Calif. Dept.
of Aging designated to implement the Older Americans Act. Where provision
of facilities is involved, HEW Form 441 is to be executed.)
THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Subgrantee by the Grantor, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Subgrantee recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the Grantor or the United States or both shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Subgrantee, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Subgrantee.

Date: May 8, 1979

Mariposa County Board of Supervisors
(Subgrantee)

By: (President, Chairman of Board, or comparable authorized official)

P. O. Box 247
Mariposa, California 95338
(Recipient's Mailing Address)
FEDERAL GRANT APPLICATION/AWARD NOTIFICATION
STATE OF CALIFORNIA STATE CLEARINGHOUSE (916) 445-0613

APPLICATION DATE
1 APPLICATION DATE
yr mo day 19 79 05 07

2 FEDERAL EMPLOYER ID NO.

3. APPLICANT - Organizational Unit
MARIPOSA COUNTY BOARD OF SUPERVISORS
P. O. BOX 247

4. ADDRESS - Street or P. O. Box

5. CITY MARIPOSA
6. COUNTY MARIPOSA
7. STATE 8. ZIP CODE CA 95338 11756 (AGRING PROGRAMS)

10. TYPE OF ACTION
1. New c Modificati on
2. Increased Dollars 3. Increased Duration
4. Decreased Dollars 5. Decreased Duration
6. Other Scope Changes
7. Cancellation

19. APPLICANT TYPE
A. State F. School District
B. Interstate G. Community Action Agency
C. Sub State Dist H. Sponsored Organization
D. County I. Indian
E. City J. Other (Specify in Remarks)

20. FEDERAL
21. STATE
22. LOCAL
23. OTHER
24. TOTAL (20, 21, 22, 23)
25. BRIEF TITLE OF APPLICANT'S PROJECT
MARIPOSA COUNTY SENIOR ASSISTANCE PROGRAM

26. DESCRIPTION OF APPLICANT'S PROJECT (Purpose)
TO PROMOTE À IF ALL THE ELEMENTS OF I & R, OUTREACH, SHOPPING ASSISTANCE, MEDICAL HELP, AND OTHER SERVICES TO THE OLDER PEOPLE CAN BE COUPLED TOGETHER IN AN EFFECTIVE MOBILE OPERATION, NAMELY THE SENIOR ASSISTANCE TRANSPORTATION BUS.

27. AREA OF PROJECT IMPACT (Indicate City, County, State, etc.)
MARIPOSA COUNTY

28. CONGRESSIONAL DISTRICT
Of Applicant Districts Impacted By Project

29. ENVIRONMENTAL ASSESSMENT REQUIRED By State/Federal Agency?

30. CLEARINGHOUSE(S) TO WHICH SUBMITTED

31. NAME/TITLE OF CONTACT PERSON
GLEN R. POWERS, PROJECT DIRECTOR

32. CLEARINGHOUSE ID
MULTIPLE CLEARINGHOUSE

33. ACTION BASED ON REVIEW OF
1. Notification
2. Application

34. STATE APPLICATION IDENTIFIER (SAI)
C L A

35. CLEARINGHOUSE IMPACT CODE
STATE WIDE

36. STATE PLAN REQUIRED
Yes No

37. RECEIVING DATE AT CLEARINGHOUSE
yr mo day 19 79 05 08

38. SIGNATURE OF CH OFFICIAL

39. CERTIFICATION
The applicant certifies that to the best of his knowledge and belief the above data are true and correct and filing of this form has been duly authorized by the governing body of the applicant.

40. NAME (Print or Type)
EUGENE DALTON

41. DATE MAILED TO FEDERAL STATE AGENCY
yr mo day 19 79 05 08

42. NAME OF FEDERAL STATE AGENCY TO WHICH THIS APPLICATION SUBMITTED
CALIF. DEPT. OF AGING

43. GRANT APPLICATION ID
(Assigned by Federal Agency)

44. GRANTOR AGENCY

45. ORGANIZATIONAL UNIT

46. ADMINISTERING OFFICE

47. ADDRESS - Street or P. O. Box

48. CITY

49. STATE

50. ZIP CODE

51. TELEPHONE NUMBER

ITEMS 33-38 TO BE COMPLETED BY CLEARINGHOUSE

ITEMS 39-42 TO BE COMPLETED BY APPLICANT BEFORE SENDING FORM TO FEDERAL AGENCY

ITEMS 43-54 TO BE COMPLETED BY FEDERAL OFFICE EVALUATING AND RECOMMENDING ACTION ON THE APPLICATION.