RECOMMENDED ACTION AND JUSTIFICATION:

Adopt a Resolution recognizing insurance revenue received from UPS in line item 300-0301-308-1100 for a damaged Gerber Edge FX Thermal Printer. Appropriate this insurance revenue as well as funds moved from line item 300-0301-581-0434 (Sign Shop Materials) and approve the purchase of a new Printer from line item 300-0301-581-0642.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

On April 26, 2010 a Gerber Edge FX Thermal Printer was damaged beyond repair while being shipped to Gerber for servicing via UPS. A claim was submitted to UPS and an insurance payment in the amount of $13,997.16 was awarded to Mariposa County. This revenue, as well as $1,500.00 to be moved from line item 300-0301-581-0434 (Sign Shop Materials) should be used to cover the cost of a new Thermal Printer for the Sign Shop.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Approve; or
2. Forego recognizing insurance revenue and purchasing a new Thermal Printer.

Financial Impact? (x) Yes ( ) No Current FY Cost: $ 15,500.00
Budgeted In Current FY? (x) Yes ( ) No ( ) Partially Funded
Amount in Budget: $ 0
Additional Funding Needed: $ 15,500.00
Source:
Internal Transfer
Unanticipated Revenue X 4/5's vote
Transfer Between Funds
Contingency
( ) General ( ) Other

Annual Recurring Cost: $ 0
List Attachments, number pages consecutively
1. Purchase Order for new printer
2. Copy of quote for new printer from Denco Sales
3. Copy of Insurance settlement information
4. Budget Action Form

CLERK’S USE ONLY:
Res. No.: Ord. No. ______
Vote – Ayes: ______
Absent: ______
Approved
( ) Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.
Date: ______
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: Deputy

COUNTY ADMINISTRATIVE OFFICER:
Requested Action Recommended
No Opinion
Comments:

CAO: ______
### BUDGET ACTION FORM

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEPT/DIV</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>PROJECT</th>
<th>INCREASE</th>
<th>DECREASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>300</td>
<td>0301</td>
<td>581-0642</td>
<td>Gerber Edge Thermal Printer</td>
<td></td>
<td>15,500</td>
<td></td>
</tr>
<tr>
<td>300</td>
<td>0301</td>
<td>581-0434</td>
<td>Sign Shop Materials</td>
<td></td>
<td></td>
<td>1,500</td>
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<tr>
<td>300</td>
<td>0301</td>
<td>308-1100</td>
<td>Miscellaneous Revenue</td>
<td></td>
<td></td>
<td>(14,000)</td>
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#### TRANSFER BETWEEN FUNDS

<table>
<thead>
<tr>
<th>DEBIT</th>
<th>CREDIT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL 1,500 1,500

**ACTION REQUESTED:** (Check all that apply)

(X) Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget, or appropriating Reserve for Contingencies.

( ) Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit.

**JUSTIFICATION:** To recognize insurance revenue received from UPS for damage to a Gerber FX Thermal Printer and to appropriate these funds along with $1,500.00 from the Sign Shop Materials line item for the purchase of a new Thermal Printer.

**DEPT HEAD SIGNATURE** [Signature] 11/3/10

**APPROVED BY** [Signature] 12/14/10

**AUDITOR’S USE ONLY**

**BA#**

300 Roads

Budget Action Form Revised 11/95

ATTACHMENT #4
# PURCHASE ORDER

Mariposa County Public Works
ROADS

4639 Ben Hur Rd.
Mariposa, CA 95338
Phone: (209) 966-5356
Fax: (209) 966-2828

P.O. NO. 5568
DATE November 29, 2010
CUSTOMER ID 1750

VENDOR
Steve Bible
Denco Sales
1960 Olivera Rd
Concord, Ca 94520
Cell 925-628-0470
Fax: 925-798-5296

SHIP TO
Scott Childers
Mariposa County
4639 Ben Hur Rd
Mariposa County, Ca 95338
209-966-5356

<table>
<thead>
<tr>
<th>REQUISITIONER</th>
<th>SHIP VIA</th>
<th>Budget Acct #</th>
<th>Project or Vehicle #</th>
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</thead>
<tbody>
<tr>
<td>Scott Childers</td>
<td></td>
<td>300-0301-581-0642</td>
<td>Sign Shop</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM #</th>
<th>DESCRIPTION</th>
<th>QTY</th>
<th>UNIT PRICE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gerber Edge FX Thermal Resin Printer Pkg</td>
<td>1</td>
<td>$13,990.00</td>
<td>$13,990.00</td>
</tr>
<tr>
<td></td>
<td>See attached quote</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Replacement for damaged unit by UPS, Insured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Freight Est</td>
<td></td>
<td></td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>SUBTOTAL</th>
<th>SALES TAX</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>$14,190.00</td>
<td>$1,224.13</td>
<td>$15,414.13</td>
</tr>
</tbody>
</table>

Send all correspondence to: Scott Childers
Mariposa County
4639 Ben Hur Rd.
Mariposa, CA 95338
Phone: (209) 966-5356
Fax: (209) 966-2828

Luis Mercado 11/23/2010
Authorized by Date

ATTACHMENT #1
Denco Sales Company
Albuquerque Boise Concord Denver Fresno Los Angeles Portland Seattle

Quote Prepared For: County of Mariposa
Scott Childers
4639 Ben Her Rd.
Mariposa, CA 95338
209.966.5356
schilders@mariposacounty.org

<table>
<thead>
<tr>
<th>Qty.</th>
<th>Description</th>
<th>List Price</th>
<th>Office Use</th>
<th>Your Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gerber Edge FX Thermal Resin Printer (Includes: 1- FX foil, 1-Caddy and 1-15&quot; 3M white gloss vinyl and one year parts and labor warranty)</td>
<td>16695</td>
<td>11490</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Omega CP4.0 software (USB key)</td>
<td>5495</td>
<td>1000</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Gerber GSx-15&quot; cutter/plotter (serial connectivity)</td>
<td>5495</td>
<td>1500</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Gerber Foil Cartridges</td>
<td>99.75</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Gerber Edge FX standard Foils of your choice</td>
<td>1250</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Day for installation and training at your facility</td>
<td>2000</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Subtotal: 20,624.76  Subtotal: $13,990.00

Freight: ALL items sold FOB Manufacturer! Applicable Freight Charges apply & will be added to final total

Taxes: Applicable State Sales Taxes, in the exact amount due, will be added to final total

Terms: General Terms are as follows - Net 30 with a Purchase Order OAC

ALL Sales Are Final / NO Returns After Delivery!

Warranty: ALL Warranties either expressed or implied are from the Manufacturer to the Purchaser. Denco Sales DOES NOT WARRANT ANY Equipment items.

Note: It shall be the responsibility of the Purchaser to ascertain the condition of any goods shipped directly to him. BEFORE accepting those goods from the Freight Company. Denco Sales IS NOT RESPONSIBLE for damaged goods.

Restock: ANY ORDERS CANCELED after the item has shipped from the Manufacturer, but before delivery, are subject to a 25% "Restocking Fee" Sorry! NO exceptions!

This Quote is valid through November 30, 2010 and supersedes all other previous quotes.

Thank you for the opportunity to provide information & pricing on these items. Denco Sales values your business!

I have carefully read this entire document and accept both the pricing and the terms as stated herein.

Date: ____________________

Accepted by: ____________________ For (Company) ____________________

Quote prepared by: Steve Bibel  Please Contact: Steve Bibel phone: 925.628.0470 / Fax: 925.798.5296

2211 Commercial St. NE  655 E 4th Street  14042 Central Ave  1990 Olivers Road  355 S. Tampa St.  5447 E. Lamona St.  15269 NE David Ct  711 S Fujibay St
Albuquerque, NM 87102  Boise, ID 83714  Chino, CA 91710  Concord, CA 94520  Denver, CO 80223  Fresno, CA 93727  Portland, OR 97214  Seattle, WA 98108
505.830.0212  208.375.0100  909.365.8517  925.822.0000  303.733.0607  559.454.5095  503.233.0460  206.764.9180

ATTACHMENT #2
SHIPPER #: 8E6281  
DATE: 11/15/10

<table>
<thead>
<tr>
<th>SHIPPER INVOICE NO.</th>
<th>SHIPPER REFERENCE NO.</th>
<th>SHIPMENT DATE</th>
<th>PACKAGE TRACKING NO.</th>
<th>UPS CLAIM NO.</th>
<th>BILLED AMOUNT</th>
<th>PAYMENT AMOUNT</th>
<th>PMT. CODE</th>
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<tbody>
<tr>
<td>06074</td>
<td></td>
<td>04/14/10</td>
<td>126E628143020478230</td>
<td>97661881</td>
<td>14,002.11</td>
<td>13,997.16</td>
<td>4</td>
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</tbody>
</table>

300-0301-308-1100

Refer to asset # 11659

| TOTALS             | 14,002.11     | 13,997.16     |

1. Claim reimbursement adjusted to include UPS Shipping Charges.
2. Claim reimbursement adjusted to reflect the appropriate UPS Shipping Charges.
3. Claim reimbursement adjusted to reflect the value declared at time of shipment.
4. Claim reimbursement adjusted to reflect your actual cost, replacement cost, or the purchase price paid by the consignee.
5. Claim reimbursement adjusted to reflect the cost to repair damaged merchandise.

INCLUDES UPS PAYMENT AND ANY INSURANCE PAYMENT FOR EXCESS VALUE INSURANCE.

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

UPS/UPS CAPITAL INSURANCE AGENCY
P.O. BOX 1265
NEWPORT NEWS, VA 23601-1265

MARIPOSA COUNTY PUBLIC WORK
4639 BEN HUR RD
MARIPOSA CA 95338-9474

PAY TO THE ORDER OF

Thirteen Thousand Nine Hundred Ninety Seven and 16/100 Dollars

CITIBANK, N.A.
ONE PENN’S WAY, NEW CASTLE, DE 19720

0386

AUTHORIZED SIGNATURE
CLAIM FORM

Complete this CLAIM FORM as your cover page and submit it along with your claim documentation. Include your replacement or repair cost of the merchandise and transportation charges. For future reference, this claim is identified by the following: Shipper #: Claim #:

<table>
<thead>
<tr>
<th>Shipper Number:</th>
<th>PickUp Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8E6281</td>
<td>04/22/10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Parcels:</th>
<th>Weight:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>110 lbs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shipper Invoice:</th>
<th>Shipper Reference Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PickUp Record Number:</th>
<th>Value:</th>
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</thead>
<tbody>
<tr>
<td>n/a</td>
<td>$15,000.00</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Tracking Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1Z8E62814390478238</td>
</tr>
</tbody>
</table>

Merchandise:

Address you want your check sent to:

Name: Mariposa County Public Works

Address: 4639 Ben Hur Rd.

City/State/Zip: Mariposa, CA 95338

Did you make the item shipped? Yes

Did you buy the item shipped? Yes

Were you selling the item shipped? Yes

Is it repairable? No

If this was a sale, are you going to reship a replacement to your customer? N/A

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description of Item(s)</th>
<th>Replacement Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gerber Edge FX</td>
<td>$14,002.11</td>
</tr>
</tbody>
</table>

Transportation Charges:

Total Amount Claimed: $14,002.11

The information provided is correct to the best of my knowledge.

Signature: [Signature]

Date: 10/07/10

Home Phone: (209) 966-5356

Daytime Phone: (209) 966-5356

Tracking Number(s): [Provide any additional Tracking Number(s) for the above shipment.]

To expedite your claim payment request, you may FAX the completed claim form as a cover page along with the above mentioned required documents to: (1-800-877-9508).

Or, send by mail to: Claims Processing Center
P.O. Box 1265
Newport News VA 23601
September 8, 2010

Mariposa County Public Works
4639 Ben Hur Rd
Mariposa Ca 95338
209-966-5355
Attn: Scott Childers Sign Shop Supervisor

Dear Scott,

This letter is to inform you that the Gerber Edge FX serial number F010610056 that was sent into Gerber on April 26, 2010 under Service Order 4689361 was damaged beyond repair. The frame of the unit was so severely bent that is it not repairable by my technicians. Not only is the frame bent beyond repair but also the top casting is also bent and the latch that holds the cover down is also not able to be repaired.

Please let me know if you have any further questions or concerns.

Thank you,

Vicki Leone
Gerber Repair Admin
800-828-5406
vicki.leone@gspinc.com

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