

DEPARTMENT:
Ag Commissioner/Sealer

BY:
Cathi Parker Boze

PHONE: 966-2075

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No xx)

Resolution authorizing the Chairman of the Board of Supervisors to sign the Agreement NO. 00-73-06-0260-RA: the Annual Work Plan and Reimburseable Budget Plan for FY 2000/2001 with USDA/APHIS/WS (Wildlife Services) and verify the tax identification number on the agreement as requested.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

This is an annual work plan for work performed in Mariposa County by the Federal Wildlife Services Specialists. This year's budget includes an increase of \$1440 from FY 1999/2000--a 5% increase to cover increases in workmen's compensation costs, vehicle operating expenses, and cost of living. Last year's agreement was approved by Resolution NO. 99-119.

Last year's contract amount was \$28,560 for FY 1999/2000 - the FY 2000/2001 contract amount is \$30,000.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Non-renewal of the wildlife services control program with USDA/APHIS/WS for Mariposa County will result in the end of service to the county.

If the Board wishes to reserve the right to consider this program during FY 2000/2001 budget deliberations, a Letter of Intent can be sent in lieu of the executed agreement.

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|---|----------|
| COSTS: () Not Applicable Contract - \$30,000 | |
| A. Budgeted current FY | \$ _____ |
| B. Total anticipated costs | \$ _____ |
| C. Required additional funding | \$ _____ |
| D. Internal transfers | \$ _____ |
| SOURCE: () 4/5ths Vote Required | |
| A. Unanticipated revenues | \$ _____ |
| B. Reserve for contingencies | \$ _____ |
| C. Source description: | _____ |
| Balance in Reserve for Contingencies, if approved: \$ _____ | |

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
Letter from State Director, WS
Annual Work Plan FY 2000/2001
Reimburseable Budget Plan
Annual Summary FY 1999

CLERK'S USE ONLY:
Res. No.: 00-223 Ord. No. _____
Vote - Ayes: 5 Nocs: _____
Absent: _____ Abstained: _____
Approved _____ () Denied _____
() Minutes Order Attached () No Action Necessary

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:
 Recommended
 Not Recommended
 For Policy Determination
 Submitted with Comment
 Returned for Further Action
Comment: _____
A.O. Initials: [Signature]

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