

DEPARTMENT: Community Services BY: Mary Williams/966-5315

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes_()_No_(x))

The Community Service Office has sponsored a Senior Exposition/Health Fair since 1994, with various providers to promote awareness of services available to seniors or their families. We have had to limit our providers and attendance due to space here at the Senior Center. We had over 250 attend last year with 187 having lunch.

We request permission to rent Building B and Patio at the Fairgrounds on Friday, May 21st for \$200.00. Their staff will set up and take down the tables along with the cleaning of the building.

The providers are willing to pay \$10.00 for informational space to cover the cost of rental and advertising.

We would like to invite State Senator, Dick Monteith, State Assemblyman, George House and Congressman George Radanovich or representatives from their offices.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

In the past the Board of Supervisors have been very supportive of the Senior Exposition/Health Fair.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. We would have the Senior Exposition/Health Fair here at the Senior Center.
2. Limit the providers and attendance.

COSTS: Not Applicable

A. Budgeted current FY \$ _____

B. Total anticipated costs \$ _____

C. Required additional funding \$ 300

D. Internal transfers \$ _____

SOURCE: 4/5ths Vote Required

A. Unanticipated revenues \$ 300

B. Reserve for contingencies \$ _____

C. Source description: _____

Balance in Reserve for Contingencies, if approved: \$ _____

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

CLERK'S USE ONLY:

Res. No.: 99-90 Ord. No. _____

Vote - Ayes: 5 Noes: _____

Absent: _____ Abstained: _____

Approved () Denied

() 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

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]

