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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 ECIP Agreement

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

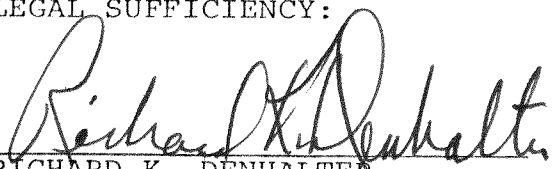
AYES: Taber, Barrick, Dalton, Erickson, Moffitt  
NOES: None  
ABSENT: None  
ABSTAINED: None

  
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

THIS CONTRACT was made and entered into this 15th day of August, 1982, in the State of California, by and between the State of California, the duly elected and qualified Governor, and the State Controller, of the one part, and the Mariposa County Department of Social Welfare, of the other part.

AM. #3

Mariposa County Department of Social Welfare  
 8200-0826-13

**Mariposa County Department of Social Welfare**

WITNESSETH: That the Contractor herein in consideration of the covenants, conditions, agreements, and stipulations of the Contract expressed and set forth herein to the State in words and material, as follows:

Amendment No. 3

That this agreement to provide Energy Crisis Intervention Program (ECIP) services to eligible participants throughout the State, entered into on November 16, 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 8.A. be decreased from 45,000 to 30,726, to reflect a decrease of 14,274.
3. That Attachment A Budget be replaced in its entirety by Attachment A Budget revised August 1, 1982 in accordance with the decrease.

All remaining terms and conditions of this agreement shall remain unchanged. The provisions on the reverse side hereof constitute a part of this agreement.

WITNESS WHEREOF, this agreement has been executed by the parties hereto, upon the date first above written.

|   |  |                     |                 |               |                 |      |         |                      |    |      |         |          |             |  |  |  |     |    |         |                             |    |          |           |  |  |                             |           |                     |  |  |  |
|---|--|---------------------|-----------------|---------------|-----------------|------|---------|----------------------|----|------|---------|----------|-------------|--|--|--|-----|----|---------|-----------------------------|----|----------|-----------|--|--|-----------------------------|-----------|---------------------|--|--|--|
| <p style="text-align: center;"><b>STATE OF CALIFORNIA</b></p> <p>Office of Economic Opportunity</p> <p>(AUTHORIZED SIGNATURE)</p> <p>Director</p>   | <p style="text-align: center;"><b>CONTRACTOR</b></p> <p>CONTRACTOR (IF OTHER THAN AN INDIVIDUAL, STATE WHETHER A CORPORATION, PARTNERSHIP, ETC.)</p> <p style="text-align: center;">Mariposa County Department of Social Welfare</p> <p>BY (AUTHORIZED SIGNATURE)</p> <p><i>[Signature]</i></p> <p>TITLE</p> <p style="text-align: center;"><i>Thomas P. [Signature] County Supervisor</i></p> <p>ADDRESS</p> <p style="text-align: center;">P.O. Box 7, Mariposa, CA</p>  |                     |                 |               |                 |      |         |                      |    |      |         |          |             |  |  |  |     |    |         |                             |    |          |           |  |  |                             |           |                     |  |  |  |
| <p>CONTINUED ON _____ SHEETS, EACH BEARING NAME OF CONTRACTOR:</p> <p>Department of General Services<br/>Use ONLY</p>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">AMOUNT ENCUMBERED</td> <td style="width: 25%;">\$ 30,726</td> <td style="width: 25%;">APPROPRIATION</td> <td style="width: 25%;">0860-001-001(c)</td> <td style="width: 20%;">FUND</td> <td style="width: 20%;">General</td> </tr> <tr> <td>UNENCUMBERED BALANCE</td> <td>\$</td> <td>ITEM</td> <td>CHAPTER</td> <td>STATUTES</td> <td>FISCAL YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">326</td> <td style="text-align: center;">82</td> <td style="text-align: center;">1982-85</td> </tr> <tr> <td>ADJ. INCREASING ENCUMBRANCE</td> <td>\$</td> <td>FUNCTION</td> <td colspan="3" style="text-align: center;">LHBP/ECIP</td> </tr> <tr> <td>ADJ. DECREASING ENCUMBRANCE</td> <td>\$ 14,274</td> <td>LINE ITEM ALLOTMENT</td> <td colspan="3"></td> </tr> </table> | AMOUNT ENCUMBERED   | \$ 30,726       | APPROPRIATION | 0860-001-001(c) | FUND | General | UNENCUMBERED BALANCE | \$ | ITEM | CHAPTER | STATUTES | FISCAL YEAR |  |  |  | 326 | 82 | 1982-85 | ADJ. INCREASING ENCUMBRANCE | \$ | FUNCTION | LHBP/ECIP |  |  | ADJ. DECREASING ENCUMBRANCE | \$ 14,274 | LINE ITEM ALLOTMENT |  |  |  |
| AMOUNT ENCUMBERED   | \$ 30,726  | APPROPRIATION       | 0860-001-001(c) | FUND          | General         |      |         |                      |    |      |         |          |             |  |  |  |     |    |         |                             |    |          |           |  |  |                             |           |                     |  |  |  |
| UNENCUMBERED BALANCE  | \$   | ITEM                | CHAPTER         | STATUTES      | FISCAL YEAR     |      |         |                      |    |      |         |          |             |  |  |  |     |    |         |                             |    |          |           |  |  |                             |           |                     |  |  |  |
|   |  |                     | 326             | 82            | 1982-85         |      |         |                      |    |      |         |          |             |  |  |  |     |    |         |                             |    |          |           |  |  |                             |           |                     |  |  |  |
| ADJ. INCREASING ENCUMBRANCE   | \$   | FUNCTION            | LHBP/ECIP       |               |                 |      |         |                      |    |      |         |          |             |  |  |  |     |    |         |                             |    |          |           |  |  |                             |           |                     |  |  |  |
| ADJ. DECREASING ENCUMBRANCE   | \$ 14,274  | LINE ITEM ALLOTMENT |                 |               |                 |      |         |                      |    |      |         |          |             |  |  |  |     |    |         |                             |    |          |           |  |  |                             |           |                     |  |  |  |
| <p>I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.</p> <p>SIGNATURE OF ACCOUNTING OFFICER</p> <p><i>[Signature]</i></p> <p>DATE</p>   |  |                     |                 |               |                 |      |         |                      |    |      |         |          |             |  |  |  |     |    |         |                             |    |          |           |  |  |                             |           |                     |  |  |  |
| <p>I hereby certify that all conditions for exemption set forth in State Administrative Manual Section 1205 have been complied with and this document is exempt from review by the Department of Finance.</p> <p>SIGNATURE OF OFFICER SIGNING ON BEHALF OF THE AGENCY</p> <p><i>[Signature]</i></p> <p>DATE</p> |  |                     |                 |               |                 |      |         |                      |    |      |         |          |             |  |  |  |     |    |         |                             |    |          |           |  |  |                             |           |                     |  |  |  |

ATTACHMENT A

Budget

|  |                         |
|--|-------------------------|
| Direct Benefits  | \$ <u>24,551</u>        |
| Direct Program Services Cost<br>(Reasonable and necessary costs as<br>related to Direct Benefits)    | \$ <u>5,459</u>         |
| Administrative Overhead<br>(Reasonable and necessary Cost not<br>to exceed 2.5% of Direct Benefits.) | \$ <u>616</u>           |
| Budget Total   | \$ <u><u>30,726</u></u> |