

DEPARTMENT: Public Works/Engineering

BY: Dana S. Hertfelder
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RECOMMENDED ACTION AND JUSTIFICATION:

Authorize the Chairperson to amend the Professional Services Agreement with Mead Hunt, in the amount of \$ 25,000 to include construction engineering and design services for the Mariposa-Yosemite Airport Fire Protection System and Apron Improvements. Funding will be from FAA non-primary entitlement funds, approved as separate Board item.

NOTE: This Board item must follow the action on the award of the construction contract for this project.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

On-2006 the Board approved a contract with Mead Hunt for an update to the Master Plan.

On 11-15-2005 the Board approved a contract with Mead Hunt to design the fire suppression system and apron improvements.

On September 12, 2005, the Board approved negotiation of a scope of work for the engineering of the airport fire suppression system and update of the Mariposa-Yosemite Airport Master Plan.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Without the engineering oversight, the plans and specifications may not be applied as intended by the designer.

Financial Impact? (x) Yes () No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? (X) Yes () No () Partially Funded		
Amount in Budget: \$ 500,000 *		List Attachments, number pages consecutively
Additional Funding Needed: \$		1. Amendment 1-Professional Service Agreement— Mead Hunt—Apron improvements & Fire Protection System
Source: _____		_____
Internal Transfer _____		_____
Unanticipated Revenue _____ 4/5's vote		_____
Transfer Between Funds _____ 4/5's vote		_____
Contingency _____ 4/5's vote		_____
() General () Other _____		_____

CLERK'S USE ONLY:

Res. No.: 07-44 Ord. No. _____
Vote - Ayes: 5 Noes: _____
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: 