

DEPARTMENT: County Counsel

BY: Thomas Guarino

PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION:

Resolution approving and authorizing the Chairman of the Board of Supervisors to Sign the Third Amended Agreement with V. Michael "Mike" Coffield to increase hours to authorize up to 25 additional hours for transitional meetings and provision of budget/personnel/risk management duties through November 5, 2006.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

On August 8, 2006, the Board approved an amended agreement with Mike Coffield to provide the noted services during the vacancy of the County Administrative Officer position. Mr. Coffield continued performing budget/personnel and risk management functions on approximately a half-time capacity through October and early November until the new CAO took office. It may be necessary for an additional meeting to assist with transitional matters. The ratification of the overage and additional meeting is estimated not to exceed an additional 25 hours. If this is agreeable with the Board, the maximum hours on his contract should be increased from 860 to 885.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

There would be no payment for the extra hours provided.

Financial Impact? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially Funded		
Amount in Budget: <u>\$ 1250.00</u>		List Attachments, number pages consecutively
Additional Funding Needed: <u>\$ -0</u>		<u>Third Amended Agreement</u>
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.: 06517 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: [Signature]