

DEPARTMENT: Agricultural Commissioner

BY: Cathi Boze
PHONE: 966-2075

RECOMMENDED ACTION AND JUSTIFICATION:

Resolution authorizing the Chairman of the Board of Supervisors to sign Pierce's Disease Control Program/Glassy-Winged Sharpshooter Contract No. 06-0516 for FY 2006/2007 with California Dept. of Food and Agriculture (CDFA)

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Pierce's Disease Control Program contract is an annual contract which provides State subvention funds for the Glassy-Winged Sharpshooter (GWSS) trapping program to cover the costs of the program. This contract was first instituted in 2000 when a GWSS infestation was discovered in California — which presented a threat to California vineyards through the transmission of the bacteria which causes Pierce's Disease.

There is a decrease of \$3999.28 in the contract subvention amount from previous contracts. Last year's contract was approved by Resolutions No. 05-408.

The total available FY 2006/2007 contract amount for this agreement is \$ 10,615.91.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

No subvention funds will be received for the GWSS trapping program already in progress to defray the funds expended for work performed in this program.

Financial Impact? (x) Yes () No	Current FY Contract Amount: \$10,615.91	Annual Recurring Cost: \$
Budgeted In Current FY? (x) Yes () No () Partially Funded		
Amount in Budget: \$ _____		List Attachments, number pages consecutively _____
Additional Funding Needed: \$ _____		Cover letter from CDFA Contracts Unit _____
Source: _____		Agreement No. 06-0516 _____
Internal Transfer _____		PDCP 2006/07Workplan _____
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.: 06-494 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____
 Approved
 Minute Order Attached () No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:

_____ Requested Action Recommended
 _____ No Opinion
 Comments: _____

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

CAO: 