

DEPARTMENT: Human Services/BHRS

BY: Cheryle Rutherford-Kelly
PHONE: 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully recommended that your Board: (1) approve to continue a professional service agreement with Nanette Oswald, an American Sign Language interpreter, for the hearing-impaired; and (2) authorize your Chairman to sign the agreement.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Please see attachment.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Please see attachment.

Financial Impact? () Yes (X) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? (X) Yes () No () Partially Funded		
Amount in Budget: \$ _____		List Attachments, number pages consecutively
Additional Funding Needed: \$ _____		Board Memo, Page 1
Source:		Agreement, Pages 2 - 7
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.: 6-382 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: EP