

DEPARTMENT: Human Services

BY: Cheryle Rutherford-Kelly  
PHONE: 966-2000

**RECOMMENDED ACTION AND JUSTIFICATION:**

It is respectfully recommended that your Board: (1) permit this Department to continue to contract with Kathy Albright for fiscal assistance; and (2) authorize your Chairman to sign the contract.

**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.: 06-359 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: 