

**DEPARTMENT:** Board/Co. Counsel **BY:** Lyle Turpin/Thomas P. Guarino **PHONE:** 966-3222

**RECOMMENDED ACTION AND JUSTIFICATION:**

Resolution authorizing the Chairman to execute the attached Memorandum of Understanding (MOU) with the Stanislaus National Forest (USDA Forrest Service) and the American Indian Council of Mariposa County for a term of 5 years for the protection, preservation, environmental enhancement, and economic development of the area known as Jordan Creek/Bower Cave Special Interest Area. The County's primary role relating to the MOU is to provide technical assistance to the Forest Service and the Indian Council and will assist both of these agencies in obtaining grant funds and other means of support.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

In 1995 the Board approved a preliminary proposal to be submitted to the Stanislaus National Forest to further the possibility of a Special Use Permit to develop the site.

In 1998 the Board authorized the Chair to sign a MOU with the Stanislaus National Forest and the American Indian Council.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Financial Impact? ( ) Yes (x) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded		
Amount in Budget: \$ _____		List Attachments, number pages consecutively _____
Additional Funding Needed: \$ _____		_____
Source: _____		Memorandum of Understanding _____
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.: 245 Ord. No. \_\_\_\_\_  
Vote - Ayes: 5 Noes: \_\_\_\_\_  
Absent: \_\_\_\_\_  
*AW* 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
CAO: SS