

DEPARTMENT: Human Services/BHRS

BY: Cheryle Rutherford-Kelly
PHONE: 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully recommended that your Board authorize: (1) a Professional Service Agreement with Sharon Robinson for fiscal assistance; and (2) your Chairman to sign the agreement.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

See Attached

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

See Attached

Financial Impact? () Yes () No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? (X) Yes () No () Partially Funded		
Amount in Budget:	\$ _____	_____
Additional Funding Needed:	\$ _____	_____
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. 05-586 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____
MW 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:
Page 1, Board Memo
Pages 2 - 7, Agreement

 CAO: RH