

**DEPARTMENT:**  
Agricultural Commissioner

**BY:** Cathi Boze  
**PHONE:** 966-2075

**RECOMMENDED ACTION AND JUSTIFICATION:**

**Resolution authorizing the Chairman of the Board of Supervisors to sign Professional Service Agreements with John Hardaway and Custom Weed Control after approval of County Counsel for Implementation of the Mariposa County Noxious Weed Work Plan.**

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

**The Mariposa County Noxious Weed Work Plan continues control work on noxious weeds (yellow starthistle, Klamath Weed, tocalote, Italian thistle, and other invasives) that began in 2001 and continued through June 2004. This work was previously funded under SB 1740 - legislation that established Weed Management Alliances (WMAs). Mariposa County is a member of the Sierra - San Joaquin Noxious Weed Alliance (Mariposa, Madera, and Fresno Counties).**

**The amount approved in FY 2005/06 budget for this project is \$17,423.**

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Approving these Personal Services Agreements will provide for the implementation of the Mariposa County Noxious Weed Work Plan for FY 2005/06.

Financial Impact? (x) Yes ( ) No	Current FY Cost: \$ 17,423	Annual Recurring Cost: \$
Budgeted In Current FY? (x) Yes ( ) No ( ) Partially Funded		
Amount in Budget: \$ _____		List Attachments, number pages consecutively _____
Additional Funding Needed: \$ _____		_____
Source:		
Internal Transfer _____		PSA - Hardaway _____
Unanticipated Revenue _____ 4/5's vote		PSA - Custom Weed Control _____
Transfer Between Funds _____ 4/5's vote		_____
Contingency _____ 4/5's vote		_____
( ) General ( ) Other _____		_____

**CLERK'S USE ONLY:**

Res. No.: 05-485 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: RH