

DEPARTMENT: Public Works/Engineering

BY: Dana Hertfelder

PHONE: 966-5356

RECOMMENDED ACTION AND JUSTIFICATION:

Authorize Public Works to waive encroachment permit fee to Healing Nations (a non-profit organization) for a one-day bike ride through the Don Pedro area. Bicyclists will begin travel in Mariposa County on Merced Falls Road and exit Mariposa County on Highway 132

BACKGROUND AND HISTORY OF BOARD ACTIONS:

On February 12, 2008, the Board of Supervisors approved waiving the encroachment fee for this event.

On August 21, 2007, the Board of Supervisors approved waiving the encroachment fee for this event.

This is an annual event.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

NA

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: \$ _____		Letter from Healing Nations _____
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. 09-68 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.

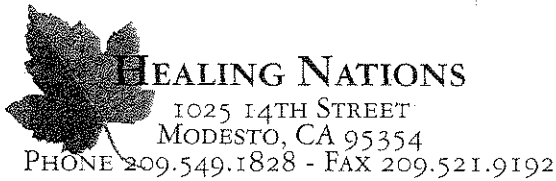
Date: _____
 Attest: MARGIE WILLIAMS, Clerk of the Board
 County of Mariposa, State of California

By: _____
 Deputy

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
 Comments: _____

CAO: [Signature]



January 27, 2009

Ms. Darlene Benson
COUNTY OF MARIPOSA
DEPARTMENT OF PUBLIC WORKS
4639 Ben Hur Road
Mariposa CA 95338

RE: COVERED BRIDGE BIKE CLASSIC – MARCH 14, 2009

Dear Ms. Benson,

The 2009 CBBC is slated for Saturday, March 14, 2009. The cyclist's route in Mariposa County remains the same as last year. I have enclosed a route map. It is only the century riders that will travel into Mariposa County.

This is a ride, not a race. We are not requesting any road closures. We have obtained insurance with Mariposa County listed as additional insured. A copy of the insurance is enclosed.

I am hopeful that the Mariposa County Board of Supervisors will waive the encroachment fee as you did last year. Healing Nations is a 501 (c)(3) non-profit. Our tax ID is 77 0550481. We serve at-risk children and youth in west Modesto. All proceeds earned from this fundraiser will benefit needy children and youth.

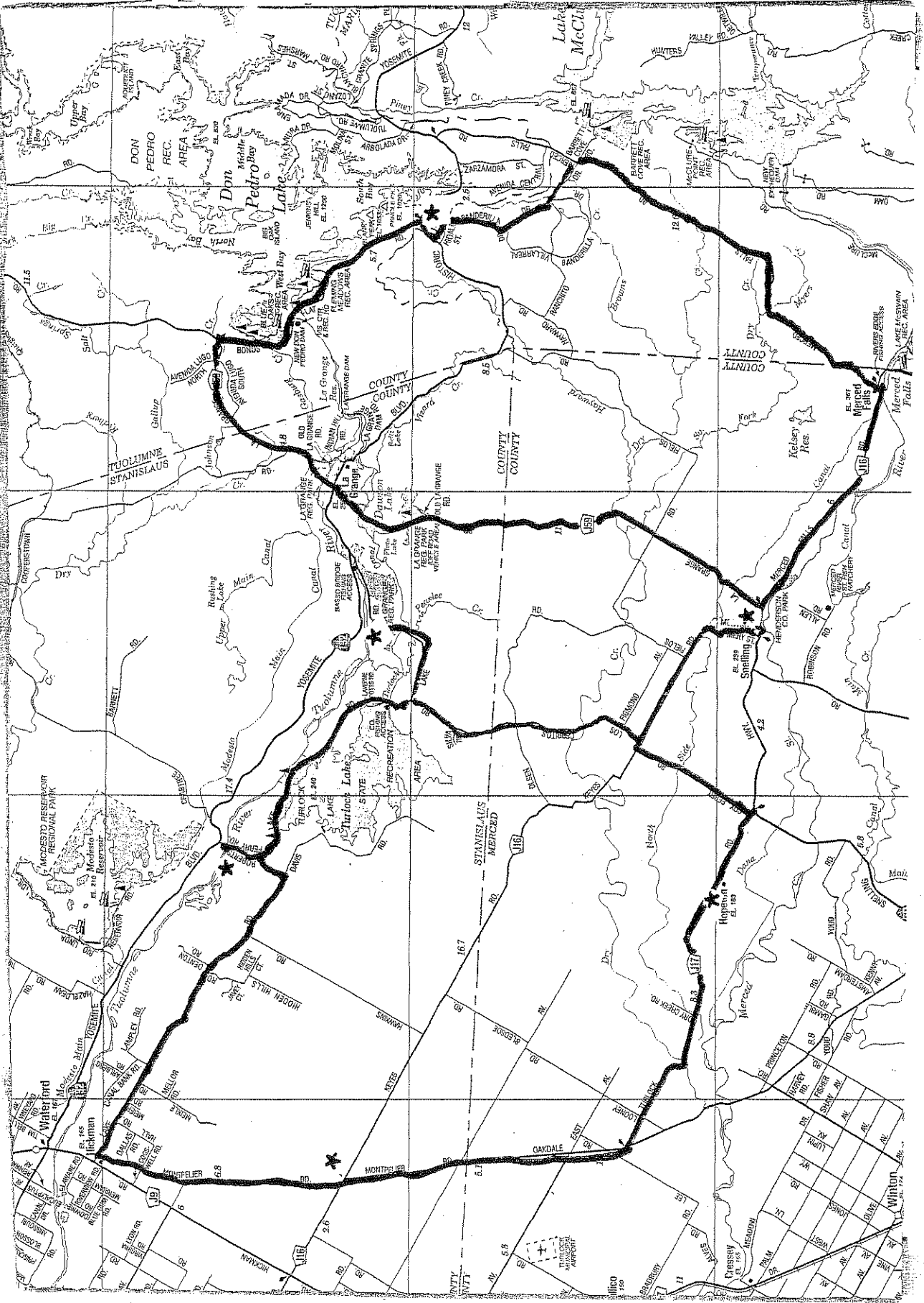
Thank you for your assistance!

Sincerely,

Shirley Salter
Director, Healing Nations

**Covered Bridge Bike Classic
Century Route**

**Rest stop or
Turn Around Area**





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/26/09

PRODUCER HCM Insurance Brokers 131 N. El Molino Avenue, Suite 100 Pasadena, CA 91101 Phone (800)800-3256 Fax (626)287-6395	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Bicycle Ride Directors Association 755 N. Leafwood Brea, CA 92821- (562)690-9693	INSURER A: Lexington Insurance Company	
	INSURER B: National Union Fire Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

THE POLICIES OF INSURANCE LISTED HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Participant Liability <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	014-782827	01/01/09	01/01/10	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
						MED EXP (Any one person)	excl
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>	014-782827	01/01/09	01/01/10	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT	
						OTHER THAN EA ACC	
						AUTO ONLY: AGG	
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	
						E.L. DISEASE - EA EMPLOYEE	
						E.L. DISEASE - POLICY LIMIT	
B		OTHER Excess Medical	SRG0009125086	01/01/09	01/01/10	each person \$250 ded	\$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Named Insured to Read. Healing Nations
 Event: Covered Bridge Bike Classic
 Date: March 14, 2009

Certificate Holder added as additional insured.

CERTIFICATE HOLDER**CANCELLATION**

County of Mariposa
 it's officers, agents and employees

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE