

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: 11-13-90
AGENDA ITEM NO. RA1

DEPARTMENT: Veterans Service BY: Jim Eutsler

PHONE: 966-3696

RECOMMENDED ACTION AND JUSTIFICATION: Recommend the Chairman sign the claim.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Always signed in the past.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
CDVA won't pay if claim is not made.

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COSTS: (X) Not Applicable

A. Budgeted current FY \$ _____

B. Total anticipated costs \$ _____

C. Required Add'l funding \$ _____

D. Source: _____

SPECIAL INSTRUCTIONS:

1. Submit Original of Action Form

2. Submit eleven copies of all attachments, number the pages, and list the attachments:

SOURCE: () 4/5ths Vote Required

A. Internal transfers \$ _____

B. Unanticipated revenues \$ _____

C. Reserve for contingency \$ _____

D. Description: _____

Balance in Reserve for Contingencies,
if approved: \$ _____

CLERK'S USE ONLY:

Res. No.: 90-512

Ord. No.: _____

Vote - Ayes: 5 Noes: _____

Absent: _____ Abstained: _____

mw Approved () Denied

() Minute Order Attached

ADMINISTRATIVE OFFICER'S
RECOMMENDATION:

This item on agenda as:

Recommended

Not Recommended

For Policy Determination

Submitted with Comment

Returned for Further Action

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____

ATTEST: MARGIE WILLIAMS
Clerk of the Board of Supervisors
County of Mariposa, State of CA

By: _____
Deputy

Comment: _____

A.O. Initials: Jim E
by mw

DEPARTMENT OF VETERANS AFFAIRS
County Subvention Program
Certification of Compliance

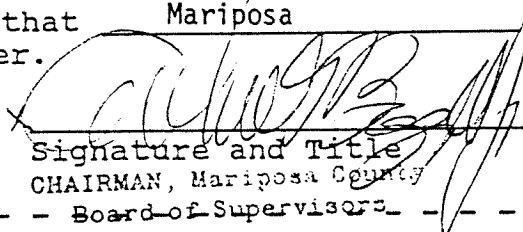
Charge: Chapter 93/89, Item 1960-101-001

Contribution to counties toward compensation and expenses of county veteran service officers pursuant to Section 972, Military and Veterans Code: General Fund.

COUNTY CERTIFICATION

I hereby certify that Mariposa County has appointed, prescribed the qualifications, and fixed the compensation of an officer who is termed "County Veteran Service Officer," that said officer administers the aid provided for in Chapter 5 of Article 4 of the Military and Veterans Code, and that Mariposa County by appropriate action, hereby accepts the foregoing allocation and the terms and conditions pursuant thereto. (Please attach a copy of the resolution of acceptance from the Board of Supervisors or delegation of authority from the Board to an officer accepting on behalf of the county.)

I further certify that Mariposa County is an Equal Opportunity Employer.



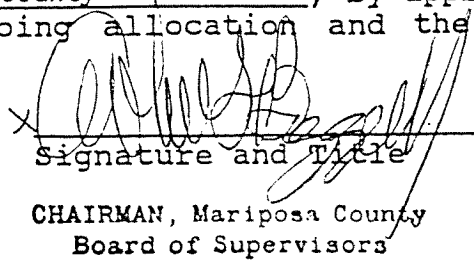
Signature and Title
CHAIRMAN, Mariposa County
Board of Supervisors
Date
NOV 14 1990

Charge: Chapter 1208/89, Item 1960-602-001

Contribution to counties toward compensation and expenses of county veteran service officers pursuant to Section 972.1, Military and Veterans Code: General Fund.

COUNTY CERTIFICATION

I hereby certify that Mariposa County has (1) established and maintained a County Veteran Service Office in accordance with the staffing level and workload under the formula based on performance established by the Department of Veterans Affairs, and (2) has allocated county funds in fiscal year 1989-90 in an amount not less than the amount allocated in fiscal year 1988-89, and that Mariposa County, by appropriate action, hereby accepts the foregoing allocation and the terms and conditions pursuant thereto.



Signature and Title
CHAIRMAN, Mariposa County
Board of Supervisors
Date
NOV 14 1990

CLAIM FOR SUBVENTION FUNDS
COUNTY VETERANS SERVICE OFFICE
FISCAL YEAR 1989-90

The County of MARIPOSA herewith applies for the semiannual Subvention allocation for maintaining a County Veterans Service Office in accordance with the terms and conditions as stated in Attachments I and II of the Allocation Letter dated January 25, 1990.

We hereby certify that county funds in the amount of \$14,924.11 have been expended for the operation of the County Veterans Service Office for the two quarters ending June 30, 1990.

Evelyn N. Billings
County Auditor/Controller

September 10, 1990
Date

Evelyn N. Billings by: Christopher A. Ebie

Assistant Auditor-Recorder

Mail claim to: California Department of Veterans Affairs
Division of Veterans Services
P. O. Box 942895
Sacramento, CA 94295-0001

This portion to be completed by the Department of Veterans Affairs

Authorization for disbursement of Subvention allocation.

Approved for payment in the amount of \$_____ as the Allocation in accordance with Sections 972 and 972.1 of the Military and Veterans Code.

Charge: Chapter 93/89, Item 1960-101-001; \$_____.

Charge: Chapter 1208/89, Item 1960-602-001; \$_____.

Authorized Representative

Date