

DEPARTMENT: District Attorney BY: Marita Green PHONE: 966-3400
Family Support Division

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No ___)
The Family Support Division's computer system is part of an approved consortium of networked counties hosted by San Francisco Co. (CASES) and linked through the Health & Welfare Data Center in Sacramento. The original hardware and software have been identified by the State as not being Y2K compliant, therefore they must be replaced. The Board of Supervisors previously approved funds in the amount of \$22,500 to replace the PC workstations but the existing server which links our computer network system must also be replaced. We are requesting the transfer of funds from existing appropriations to fixed assets, in the amount of \$4,200, to replace the network server. It is requested that the Board of Supervisors waive the formal bid process and allow an informal bid since the hardware and software may be purchased on the open market at the lowest available price for the quantity and quality required. Because the number of providers of technical support who are qualified to set up hardware and install software for CASES is very limited, the formal bid process will not generate any savings over the informal bid process.

The total estimated cost is \$26,700, of which 66% will be paid by Federal funds and 34% by incentives. There is no county general fund costs.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board of Supervisors approved the funds for the replacement of PC workstations during the mid-year budget adjustments.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

There would be no cost savings or other benefits should the Board of Supervisors require a formal bid process.

COSTS: () Not Applicable	
A. Budgeted current FY	\$ 22,500
B. Total anticipated costs	\$ _____
C. Required additional funding	\$ _____
D. Internal transfers	\$ 4,200
SOURCE: () 4/5ths Vote Required	
A. Unanticipated revenues	\$ _____
B. Reserve for contingencies	\$ _____
C. Source description:	_____
Balance in Reserve for Contingencies, if approved: \$ _____	

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

CLERK'S USE ONLY:
Res. No.: 99-187 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____ Abstained: _____
Approved: _____ () Denied
() 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

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:
 Recommended
 Not Recommended
 For Policy Determination
 Submitted with Comment
 Returned for Further Action
Comment: _____
A.O. Initials: *JR*

