

DEPARTMENT: Administration BY: John W. McCamman PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION:

Authorize the Administrative Officer to execute a letter agreement with Robert Wieck, who is an expert on AB8, for services in conducting an analysis of the alternatives and the impacts of eliminating the County's contract with the State of California for sanitarian and health services (opt out). The terms of this agreement would provide for a report to be provided to the Board of Supervisors by June 15, 1990, at a total cost not to exceed \$2,500.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

On May 8, 1990, the Board discussed and determined to have an analysis performed regarding the impacts and the alternatives for eliminating the contract with the State of California for sanitarian and health services

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Authorize the Administrative Officer to execute an agreement for services with Mr. Wieck.
2. Take no action and do not have the analysis performed.
3. Direct that another consultant be used for this analysis.

COSTS: ( ) Not Applicable

A. Budgeted current FY \$ \_\_\_\_\_

B. Total anticipated costs \$2,500

C. Required add'l funding \$ \_\_\_\_\_

D. Source: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

List the attachments and number the pages consecutively:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SOURCE: ( ) 4/5ths Vote Required

A. Internal transfers \$ \_\_\_\_\_

B. Unanticipated revenues \$ \_\_\_\_\_

C. Reserve for Contingency \$ \_\_\_\_\_

D. Description: \_\_\_\_\_

Balance in Reserve for Contingency if approved: \$ \_\_\_\_\_

CLERK'S USE ONLY:

Res. No.: 90-245

Ord. No.: \_\_\_\_\_

Vote - Ayes: 5 Noes: \_\_\_\_\_

Absent: \_\_\_\_\_ Abstained: \_\_\_\_\_

~~Approved~~ Approved ( ) Denied

( ) Minutes 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  
County of Mariposa, State of CA  
By: \_\_\_\_\_  
Deputy

Comment: \_\_\_\_\_

\_\_\_\_\_

A.O. Initials: JWM/