

MARIPOSA COUNTY RESOLUTION NO. 85-384

BE IT HEREBY RESOLVED by the Board of Supervisors of Mariposa County, a political subdivision of the State of California, that the Board of Supervisors hereby approved the following document, and Chairman, EUGENE P. DALTON, JR., is hereby authorized to sign same: 1985-86 COST OF LIVING AMENDMENT (COLA) for the Respite Care Program (Welfare Dept.)

PASSED AND ADOPTED by the Mariposa County Board of Supervisors this 10th day of December, 1985, by the following vote:

AYES: BARRICK, ERICKSON, RADANOVICH, TABER  
NOES: NONE  
ABSENT: DALTON  
ABSTAINED: NONE

Eugene P. Dalton  
EUGENE P. DALTON, JR., Chairman  
Mariposa County Board of Supervisors

ATTEST:

Gerald McCarthy  
GERALD MC CARTHY, County Clerk and  
Ex Officio Clerk of the Board

By Beverly Barrick  
BEVERLY BARRICK, Vice-Chairman

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY:

Jeffrey G. Green  
JEFFREY G. GREEN  
County Counsel



**CALIFORNIA STATE DEPARTMENT OF EDUCATION**

**Bill Honig**

721 Capitol Mall

Superintendent

Sacramento, CA 95814-4785

of Public Instruction

**RECEIVED**  
NOV 27 1985

**DEPT. OF SOCIAL WELFARE  
MARIPOSA COUNTY**

1985-86 COST OF LIVING  
AMENDMENT (COLA)

RE: Agreement No. CD- 7428 #1

1. X Submitted for your approval are TWO (2) copies of the 1985-86 COLA Amendment. Please SIGN both copies and insert the current MAILING ADDRESS in the CONTRACTOR'S SIGNATURE BOX and RETURN BOTH COPIES of the contract to the Contracts Office. PLEASE DO NOT REMOVE ANY PAGES STAPLED TO THE CONTRACT FACESHEET. When all signatures are obtained, an approved copy will be mailed to you.
2. \_\_\_\_\_ Please attach TWO (2) copies (with at least one set of original signatures) of a resolution by the local governing body which approves the contract and names the official who is authorized to sign it on their behalf. (A sample for your use is attached.) County Superintendents of Schools who find exception with the resolution requirement should contact Donna Salaj (916-322-3050).
3. \_\_\_\_\_ Enclosed is one fully executed copy of the contract.
4. \_\_\_\_\_ Other:

Sincerely,

Donna Salaj, Manager  
Contracts Office  
(916-322-3050)

DS:lp  
Attachment

PLEASE RETURN ALL COPIES TO:

State Department of Education  
Contracts Office  
721 Capitol Mall  
Sacramento, CA 95814

PLEASE NOTE THAT THE BUDGET, STAFFING RATIOS, AND CALENDAR ARE DUE TO THE CHILD DEVELOPMENT DIVISION BY NOVEMBER 29, 1985 OR YOUR JANUARY APPORTIONMENT WILL BE WITHHELD.



CALIFORNIA STATE DEPARTMENT OF EDUCATION

721 Capitol Mall

Sacramento, CA 95814

Bill Honig

Superintendent

of Public Instruction

F.Y. 85/86

AMENDMENT

1

INFLATION

LOCAL AGREEMENT FOR CHILD DEVELOPMENT SERVICES

CONTRACT NUMBER: CD- 7428

PROGRAM TYPE: Child Protective Services

Mariposa County Department of

CONTRACTOR NAME: Social Welfare

PROJECT NUMBER: 22-N165-03171-5

This agreement with the State of California dated July 1, 1985 designated as number CD- 7428 shall be amended in the following particulars but no others:

The MAXIMUM RATE per child per day of full-time enrollment pursuant to the provisions of this agreement shall be amended by deleting reference to \$ 17.9462 and inserting \$ 18.6665 in place thereof.

The MAXIMUM REIMBURSABLE AMOUNT (MRA) payable pursuant to the provisions of this agreement shall be amended by deleting reference to \$ 7,260 and inserting \$ 7,489 in place thereof.

SERVICE REQUIREMENTS

Maximum Child Days of Enrollment (CDE) Requirement: 17.2 (no change)

EXCEPT AS AMENDED HEREIN all terms and conditions of the original agreement shall remain unchanged and in full force and effect.

AUTHORIZED SIGNATURE) STATE USE		CONTRACTOR'S AUTHORIZED SIGNATURE			
Robert W. Agee, Director		Beverly Barriack			
Fiscal Services Division		VICE-CHAIRMAN, Mariposa County Board of Supervisors			
CONTINUED ON _____ SHEETS, EACH BEARING NAME OF CONTRACTOR		ADDRESS			
Department of General Services Use Only		P. O. Box 7, Mariposa, California 95338			
AMOUNT ENCUMBERED	\$	PROGRAM/CATEGORY (CODE AND TITLE)	FUND TITLE		
UNENCUMBERED BALANCE	\$	Child Development Programs	General		
ADJ. INCREASING ENCUMBRANCE	\$ + 289	ITEM	CHARTER Budget Act	STATUTE 1985	FISCAL YEAR 1985-86
ADJ. DECREASING ENCUMBRANCE	\$	OBJECT OF EXPENDITURE (CODE AND TITLE)	70102		
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above		T.B.A. NO.	E.F. NO.		
SIGNATURE OF ACCOUNTING OFFICER		DATE			
I hereby certify that all conditions for exemption set forth in State Administrative Manual section 1209 have been complied with and this document is exempt from release by the Department of Finance					
SIGNATURE OF OFFICER SIGNING ON BEHALF OF THE AGENCY					



CALIFORNIA STATE DEPARTMENT OF EDUCATION

721 Capitol Mall

Sacramento, CA 95814

Bill Honig

Superintendent

of Public Instruction

F. Y. 85/86

AMENDMENT

1

INFLATION

LOCAL AGREEMENT FOR CHILD DEVELOPMENT SERVICES

CONTRACT NUMBER: CD- 7428

PROGRAM TYPE: Child Protective Services

Mariposa County Department of

CONTRACTOR NAME: Social Welfare

PROJECT NUMBER: 22-M165-03171-5

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The MAXIMUM REIMBURSABLE AMOUNT (MRA) payable pursuant to the provisions of this agreement shall be amended by deleting reference to \$ 7,200 and inserting \$ 7,489 in place thereof.

SERVICE REQUIREMENTS

Minimum Child Days of Enrollment (CDE) Requirement: 401.2 (no change)

EXCEPT AS AMENDED HEREIN all terms and conditions of the original agreement shall remain unchanged and in full force and effect.

AUTHORIZED SIGNATURE: STATE USE		CONTRACTOR'S AUTHORIZED SIGNATURE			
Robert M. Agee, Director		<i>Beverly Barrick</i>			
Fiscal Services Division		TITLE: VICE-CHAIRMAN, Mariposa County Board of Supervisors			
USED ON _____ SHEETS, EACH BEARING NAME OF CONTRACTOR		ADDRESS: P. O. Box 7, Mariposa, California 95338			
AMOUNT ENCUMBERED	\$	PROGRAM/CATEGORY (CODE AND TITLE)	Child Development Programs		
UNENCUMBERED BALANCE	\$	(OPTIONAL USE)	General		
ADJ. INCREASING ENCUMBRANCE	\$ + 289	ITEM	CHARTER JUDGE Act	STATUTE	FISCAL YEAR
ADJ. DECREASING ENCUMBRANCE	\$	OBJECT OF EXPENDITURE (CODE AND TITLE)	31712- M165	1985	1985-86
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.		T.B.A. NO.	S.R. NO.		
SIGNATURE OF ACCOUNTING OFFICER		DATE			
I hereby certify that all conditions for exemption set forth in State Administrative Manual Section 1209 have been complied with and this document is exempt from review by the Department of Finance.					
SIGNATURE OF OFFICER SIGNING ON BEHALF OF THE AGENCY		DATE			

Department of General Services Use Only