

DEPARTMENT: Community Services BY: Mary E. Williams PHONE: 966-5315

RECOMMENDED ACTION AND JUSTIFICATION: Request approval and authorization for the Chairman of the Board of Supervisors to sign Agreement No.: 2006/2007-Mariposa with Area 12 Agency on Aging for the following programs: Congregate Nutrition, Congregate Restaurant Nutrition, Home Delivered Nutrition and Transportation. Maximum amount of this Agreement is \$63,916.00, sixty-three thousand, nine hundred sixteen dollars and no cents.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Board has historically signed Agreements with Area 12 Agency on Aging for funding for the above services.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Mariposa County would not receive funding for the above mentioned programs from Area 12 Agency on Aging.

Financial Impact? Yes No Current FY Cost: \$ Annual Recurring Cost: \$
 Budgeted In Current FY? Yes No Partially Funded
 Amount in Budget: \$ _____
 Additional Funding Needed: \$ _____
 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.: 06-399 Ord. No. _____
 Vote - Ayes: 4 Noes: _____
 Absent: Bobby
 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: _____

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