

DEPARTMENT: Board of Supervisors

BY: Lyle Turpin
PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION:

Approve the Annual Coulterville Coyote Howl as a county sponsored event for insurance purposes. The 20th Annual Coulterville Coyote Howl will be held on May 21, 2005. The event includes a parade, coyote howling contests, food booths, arts and crafts booths, a flea market, and gunfighter skits. In previous years, the Chamber of Commerce has provided insurance for the event, but the Chamber has relayed to the event's organizers that this may not be possible this year. If the Board approves this as a county sponsored event, then the Coulterville Coyote Howl may be listed as an additional insured on the County's insurance liability rider. There is no cost to the county for this rider.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has approved other community events as county sponsored events for insurance purposes.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not approve the Coulterville Coyote Howl as a county sponsored event. The event will need to pursue insurance from another organization or obtain insurance on their own.

| | | |
|---|---------------------|--|
| Financial Impact? () Yes (X) No | Current FY Cost: \$ | Annual Recurring Cost: \$ |
| Budgeted In Current FY? () Yes () No () Partially Funded | | |
| Amount in Budget: \$ _____ | | List Attachments, number pages consecutively _____ |
| 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.: 05-31 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____
 Approved
 Minute Order Attached No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
 Comments: _____

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

CAO: [Signature]